Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	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).		
Department of Labor Employee Benefits Security Administration	 Complete all entries in accordance with the instructions to the Form 5500. 	2009	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection	
	tification Information		
For calendar plan year 2009 or fiscal	blan year beginning 05/01/2009 and ending 04/30	/2010	
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or		
	X a single-employer plan;		
B This return/report is:	the first return/report; the final return/report;		
·	an amended return/report; a short plan year return/report (less	han 12 months).	
C If the plan is a collectively bargain	ed plan, check here.		
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;	
	special extension (enter description)		
Part II Basic Plan Inform	nation—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 addres (Address should include room or s RECREATIONAL EQUIPMENT, INC.	s (employer, if for a single-employer plan) suite no.)	2b Employer Identification Number (EIN) 91-0656890	
		2c Sponsor's telephone number 253-395-3780	
6750 SOUTH 228TH STREET KENT, WA 98032-4803	6750 SOUTH 228TH STREET KENT, WA 98032-4803	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		07/21/2011	JANICE MINN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

2.5		04	
	Plan administrator's name and address (if same as plan sponsor, enter "Same") CREATIONAL EQUIPMENT, INC.		ministrator's EIN 0656890
		-	ministrator's telephone
	50 SOUTH 228TH STREET NT, WA 98032-4803	nu	mber
		253	3-395-3780
			T
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 the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		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).		
а	Active participants	6a	9177
b	Retired or separated participants receiving benefits	6b	65
С	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	

Form 5500 (2009)

Page 2

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 fur	nding	arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)				ement (check all that apply)	
	(1)	X	Insurance		(1)	X	Insu	rance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Cod	e section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	X	Trus	t
	(4)	X	General assets of the sponsor		(4)	X	Gen	eral assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, v	wher	e indic	ated, enter the number attached. (See instructions)
а	Pensio	n Scl	hedules	b	Genera	al Sc	hedule	S
а	Pensio (1)	n Sci	hedules R (Retirement Plan Information)	b	Genera (1)	al Sc	hedule	s H (Financial Information)
а		n Sci		b		al Sc X	hedule	-
а	(1)	n Scl	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	al Sc X X	hedule	H (Financial Information)
а	(1)	n Scl	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	al Sc X X X		H (Financial Information)I (Financial Information – Small Plan)
а	(1)	n Scl	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	al Sc		 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information)

SCHEDUL	EA	Insurance Information					/IB No. 1210-0110	
(Form 550)0)						GMB N0. 1210-0110	
Department of the Tre Internal Revenue Se		This schedule is required Employee Retirement In					2009	
Department of La Employee Benefits Security			attachment to Form 55		,-		2000	
Pension Benefit Guaranty		Insurance companies a			tion	This Es	rm is Onen to Dublic	
			ERISA section 103(a)(2)			This Fo	rm is Open to Public Inspection	
For calendar plan year 2	2009 or fiscal plar	year beginning 05/01/2009		and ei	5	/30/2010		
A Name of plan RECREATIONAL EQU	IPMENT, INC. GI	ROUP LIFE AND MEDICAL PLA	N		e-digit number (P	ND b	501	
				plan		N) P		
C Plan sponsor's name	as shown on line	22 of Form 5500			wor Idontific	ation Number	(EIN)	
RECREATIONAL EQU		e za ol Folili 5500.		91-065	•	allon Number		
		ing Insurance Contract						
1 Coverage Information		individual contracto grouped us					, , , , , , , , , , , , , , , , , , ,	
-								
(a) Name of insurance								
AETNA LIFE INSURAN	ICE							
	(c) NAIC	AIC (d) Contract or	(e) Approximate n			Policy or c	contract year	
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To	
06-6033492	60054	393630	64	33	05/01/20	009	04/30/2010	
		ation. Enter the total fees and tot	al commissions paid. L	ist in item 3	the agents	, brokers, and	other persons in	
descending order of t	ne amount paid. al amount of comr	missions paid		(b) To	otal amount	of fees paid		
(4) 101		90608					0	
3 Persons receiving co	mmissions and fe	ees. (Complete as many entries	as needed to report all	persons).				
		nd address of the agent, broker,	· · · · ·	. ,	ions or fees	were paid		
MERCER HEALTH & B	ENEFITS LLC	4565 CHIC	PAYSPHERE CIRCLE AGO, IL 60674					
(b) Amount of sales	and base	Fee	es and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code	
	90608						3	
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid		
	(wy name a	address of the agent, broker,						
(b) Amount of sales	and base	Fee	es and other commissio	ns paid				
commissions r		(c) Amount		(d) Purpos	e		(e) Organization code	

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

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

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid		

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

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

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Na	me and address of the agent, broker, or other person to whom commissions or fees were paid			

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	5			
6		acts With Allocated Funds:				
a State the basis of premium rates						
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Page 4	ŀ
--------	---

Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting put the entire group of such individual contracts of	oup of employees of the surposes if such contracts	are experiend	ce-rated as a unit. Wh	ere contract		۶,
8	Ben	efit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	plovment	h Prescription drug	
	i F	Stop loss (large deductible)	j HMO contract	י, ש∟ k	PPO contract	piejiiein		
	. Ľ			n _			I Indemnity contract	
	m	Other (specify)						
9	Evne	erience-rated contracts:						
J	•	Premiums: (1) Amount received		9a(1)			-	
	ŭ	(2) Increase (decrease) in amount due but unpaid					-	
		(3) Increase (decrease) in unearned premium res					-	
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid				1		
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n 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						
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1	<i>.</i> .			9d(1)		
		(2) Claim reserves				. 9d(2)		
		(3) Other reserves				9d(3)		
4.0	e	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)		. 9e		_
10	_	nexperience-rated contracts:				10	007	640
	a ⊾	Total premiums or subscription charges paid to c				10a	667	049
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				10b		
		recondension of the contract of policy, other than rep	and an and an and a above ab	vo, report am	ount	1	1	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
40				

SCHEDULE	Α	Insurance	ce Informatio	n			
(Form 5500))					ON	1B No. 1210-0110
	Department of the Treasury Internal Revenue ServiceThis schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2009		
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.					2000		
Pension Benefit Guaranty Co	orporation	Insurance companies a			tion	This For	m is Open to Public
For calendar plan year 20	09 or fiscal plan		RISA section 103(a)(2)		nding 04	/30/2010	Inspection
For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 A Name of plan B Three-digit							
	MENT, INC. GF	ROUP LIFE AND MEDICAL PLA	Ν		number (Pl	N) 🕨	501
						,	•
C Plan sponsor's name a	as shown on line	e 2a of Form 5500.		D Emplo	oyer Identific	cation Number	(EIN)
RECREATIONAL EQUIP	MENT, INC.			91-06	56890		
		ing Insurance Contract (
1 Coverage Information:	e Schedule A.	Individual contracts grouped as a	a unit in Parts II and III	can be rep	orted on a s	single Schedule	A.
(a) Name of insurance ca							
KAISER FOUNDATION H	HEALTH PLANS	S INC.					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or contract year	
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
94-1340523	0000	226768	120 05/0		05/01/20	009	04/30/2010
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in item (the agents	, brokers, and	other persons in
	amount of comr	nissions paid		(b) T	otal amount	of fees paid	
		11221					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,		m commiss	ions or fees	s were paid	
WILLIAM M. MERCER IN	ICORPORATE		PAYSPHERE AGO, IL 60674-0045				
		UTIO/	100, 12 0007 + 0043				
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
	11221						3
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
	I						
(b) Amount of sales ar	nd hase	Fee	s and other commission	ns paid			1

(b) Amount of sales and base			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Sch			edule A (Form 5500) 2009

v.092308.1

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

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

(b) Amount of sales and base	Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5	
6		racts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Pa	art II	Welfare Benefit Contract Information	on				
		If more than one contract covers the same gro information may be combined for reporting pur the entire group of such individual contracts wi	poses if such contracts	are experience	ce-rated as a unit. Wh	ere contract	
8	Bene	nefit and contract type (check all applicable boxes)					
	a 🔉	Health (other than dental or vision)	b Dental	с×	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f 🗌 Long-term disabili	ity g	Supplemental unem	oloyment	h Prescription drug
	iΓ	Stop loss (large deductible)	i HMO contract	, s∟ k	PPO contract		I Indemnity contract
				n_			
	m	Other (specify)					
9	Expe	perience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			1
		(2) Increase (decrease) in amount due but unpaid.					1
		(3) Increase (decrease) in unearned premium rese	rve	. 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)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)	гг			_
		(A) Commissions					_
		(B) Administrative service or other fees		9c(1)(B)			4
		(C) Other specific acquisition costs		a (1)(B)			
		(D) Other expenses					4
		(E) Taxes					4
		(F) Charges for risks or other contingencies		a (1)(a)			-
		(G) Other retention charges				0o/1)/U)	
		(H) Total retention		_		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These a					
	d	Status of policyholder reserves at end of year: (1)	•				
		(2) Claim reserves				9d(2)	
	•	(3) Other reserves				9d(3)	
10		Dividends or retroactive rate refunds due. (Do not	Include amount entere	d in c(2) .)		9e	
n		onexperience-rated contracts:	rrior			10-	358828
	-	Total premiums or subscription charges paid to ca				10a	530020
	U	If the carrier, service, or other organization incurre retention of the contract or policy, other than repor				10b	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	

SCHEDUL	EA	Insuran	ce Informatio	n			
(Form 550		inour an		••		ON	IB No. 1210-0110
Department of the Tre Internal Revenue Se	asury		red to be filed under section 104 of the Income Security Act of 1974 (ERISA).				2009
	Department of Labor Employee Benefits Security Administration						
Pension Benefit Guaranty	Corporation	 Insurance companies pursuant to 	are required to provide t ERISA section 103(a)(2)		tion	This For	rm is Open to Public Inspection
For calendar plan year 2	009 or fiscal plar	year beginning 05/01/2009		and e	nding <mark>0</mark> 4	4/30/2010	
A Name of plan RECREATIONAL EQUI	PMENT, INC. GF	ROUP LIFE AND MEDICAL PLA	AN		e-digit number (P	N) 🕨	501
C Plan sponsor's name RECREATIONAL EQUI	≥ 2a of Form 5500.		D Emplo 91-06	•	cation Number	(EIN)	
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information	:						
(a) Name of insurance of AETNA LIFE INSURAN							
(b) EIN	(c) NAIC	C (d) Contract or	(e) Approximate n			Policy or c	ontract year
	code	identification number	persons covered at end policy or contract year		(f)	From	(g) To
06-6033492	60054	393630	6069 05/01		05/01/20	009	04/30/2010
2 Insurance fee and con descending order of th		tion. Enter the total fees and to	tal commissions paid. L	ist in item 3	the agents	s, brokers, and o	other persons in
(a) Tota	I amount of comr	•		(b) To	otal amount	of fees paid	
		107608					0
3 Persons receiving co	mmissions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	. /	nd address of the agent, broker		m commiss	ions or fees	s were paid	
MERCER HEALTH & B			5 PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales			es and other commissio				
commissions p	aid 107608	(c) Amount		(d) Purpos	e		(e) Organization code
107000							5
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees	s were paid	
(b) A	and been	Fe	es and other commissio	ns paid			
(b) Amount of sales commissions p		(c) Amount	(d) Purpose				(e) Organization code

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

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

(b) Amount of sales and base	Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						

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

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

(b) Amount of sales and base	Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						

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

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

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	as a unit for purposes of			
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er		5		
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	h			Ch		
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Page 4

Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the s rposes if such contracts a	are experienc	e-rated as a unit. Wh	ere contrac	
8	Bene	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	b Dental	c	Vision		d X Life insurance
	е	Temporary disability (accident and sickness)	f X Long-term disabilit	ty g	Supplemental unemp	oloyment	h Prescription drug
	iΓ	Stop loss (large deductible)	j HMO contract	k k	PPO contract		I Indemnity contract
	- L	Other (specify) ACCIDENTAL DEATH & DI					
	m	Other (specify)					
9	Expe	rience-rated contracts:					
-	•	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium res	erve				
		(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)	
	С	Remainder of premium: (1) Retention charges (o	n 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) 9c(1)(G)			-
		(G) Other retention charges				9c(1)(H)	
		(H) Total retention	_	_			
	ام	(2) Dividends or retroactive rate refunds. (These					
	d	Status of policyholder reserves at end of year: (1				9d(1)	
		(2) Claim reserves				9d(2)	
	•	(3) Other reserves				9d(3)	
10		Dividends or retroactive rate refunds due. (Do no nexperience-rated contracts:		€(∠) .)		9e	
10		Total premiums or subscription charges paid to c	arrier			10a	817742
	-	If the carrier, service, or other organization incurr				100	011112
		retention of the contract or policy, other than repo				10b	

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
40				

SCHEDULE	Α	Insuranc	ce Informatio	n			
(Form 5500		induiti		•		ON	1B No. 1210-0110
Department of the Treat	sury	This schedule is required					
Internal Revenue Serv		Employee Retirement Inc	come Security Act of 19	974 (ERISA).		2009
Employee Benefits Security Ac	ministration	File as an at	ttachment to Form 55	00.			
Pension Benefit Guaranty Corporation Insurance companies pursuant to			re required to provide t RISA section 103(a)(2)		tion	This For	m is Open to Public Inspection
For calendar plan year 20	09 or fiscal plan	year beginning 05/01/2009		and e	nding <mark>0</mark> 4	/30/2010	
A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLA			N		e-digit number (P	N) 🕨	501
C Plan sponsor's name a RECREATIONAL EQUIP	2a of Form 5500.		D Emplo 91-06	•	cation Number	(EIN)	
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	arrier						
CONTINENTAL CASUAL							
	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of policy or contract year		Policy or co		ontract year
(b) EIN	code	identification number			(f)	From	(g) To
36-2114545	20443	10464	121 0		05/01/20	009	04/30/2010
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in item 3	the agents	, brokers, and	other persons in
(a) Total	amount of comn	nissions paid		(b) To	otal amount	of fees paid	
		2196					0
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all	persons).			
	(a) Name ar	nd address of the agent, broker, o	•		ions or fees	s were paid	
THE MEISENBACK CON	IPANY MCM		4TH AVENUE SUITE 2 TLE, WA 98101	100			
(b) Amount of sales a	nd base	Fees	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
2196						3	
	(a) Name ar	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees	s were paid	
		E00	s and other commission	ns naid			
(b) Amount of sales and base commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code

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

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

(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	

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

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

(b) Amount of sales and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5	
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Part	Part III Welfare Benefit Contract Information	
	If more than one contract covers the same group of employees of the same employer(s) or	
	information may be combined for reporting purposes if such contracts are experience-rated the entire group of such individual contracts with each carrier may be treated as a unit for p	
8 Be	8 Benefit and contract type (check all applicable boxes)	
а	a \square Health (other than dental or vision) b \square Dental c \square Vision	d Life insurance

Page 4

		C VISION
e Temporary disability (accident and sickness)	f Long-term disability	g Supplemental un
i Stop loss (large deductible)	j HMO contract	k PPO contract
m Other (specify) IONG TERM CARE		

d Life insurance

unemployment	h
unemployment	

I Indemnity contract

9 E>	perience-rated contracts:			
а	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)	
k	D 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 paid in	a cash, or Credited.)	9c(2)	
C	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		9e	
10	Nonexperience-rated contracts:			
	Total premiums or subscription charges paid to carrier		10a	43911
k	If the carrier, service, or other organization incurred any specific costs in c			
	retention of the contract or policy, other than reported in Part I, item 2 above		10b	
	Specify nature of costs 🕨			

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

SCHEDULE A (Form 5500)		Insurance Information			OMB No. 1210-0110		
Department of the Treas Internal Revenue Serv			to be filed under section 10- ome Security Act of 1974 (E			2009	
Department of Labo Employee Benefits Security Ad		File as an at	tachment to Form 5500.				
Pension Benefit Guaranty Co	orporation		re required to provide the inf RISA section 103(a)(2).	ormation	This For	m is Open to Public Inspection	
For calendar plan year 20	09 or fiscal plan	year beginning 05/01/2009		and ending 04	4/30/2010		
A Name of plan RECREATIONAL EQUIP	MENT, INC. GF	ROUP LIFE AND MEDICAL PLAN	В	Three-digit plan number (P	PN)	501	
			Employer Identifi 1-0656890	cation Number	(EIN)		
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
MAGELLAN BEHAVIOR	AL HEALTH						
(b) EIN	(c) NAIC	(d) Contract or	 (e) Approximate numbe persons covered at end 		Policy or c	ontract year	
	code	identification number	policy or contract year	(†) From	(g) To	
52-2135463	0	REII0-001	15688	05/01/2	009	04/30/2010	
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	I commissions paid. List in	tem 3 the agents	s, brokers, and o	other persons in	
(a) Total :	amount of comn			(b) Total amount of fees paid			
		0				0	
3 Persons receiving com		es. (Complete as many entries a					
	(a) Name a	nd address of the agent, broker, o	or other person to whom cor	nmissions or fee	s were paid		
						_	
(b) Amount of sales a	nd base	Fees	s and other commissions pa				
commissions pa	commissions paid (c) Amount (d) Purpose		urpose		(e) Organization code		
	I	· · · · · · ·					
	(a) Name a	nd address of the agent, broker, o	or other person to whom cor	nmissions or fee	s were paid		

(b) Amount of sales and base	F				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.			6009 chedule A (Form 5500) v.092308.1		

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

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid		

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

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

(b) Amount of sales and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5	
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

;	Schedule A (Form 5500) 2009		Page 4		
Part III	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts of	oup of employees of the san urposes if such contracts are	experience-rated	as a unit. Where contra	
a [] ⊦ e [] ⊺ i [] s	and contract type (check all applicable boxes) Health (other than dental or vision) Femporary disability (accident and sickness) Stop loss (large deductible) Dther (specify) ► EMPLOYEE ASSISTANCE	<pre>b Dental f Long-term disability j HMO contract PROGRAM</pre>		emental unemployment contract	 d Life insurance h Prescription drug I Indemnity contract
a Prei (2) (3) (4) b Be (2) (3)	nce-rated contracts: miums: (1) Amount received Increase (decrease) in amount due but unpaid Increase (decrease) in unearned premium res Earned ((1) + (2) - (3)) enefit charges (1) Claims paid Increase (decrease) in claim reserves Incurred claims (add (1) and (2)) Claims charged	I	9b(1) 9b(2)		

	(4) Claims charged			0b(d)	
c	(4) Claims charged			9b(4)	
Ŭ	(A) Commissions				
	(B) Administrative service or other fees				
	(C) Other specific acquisition costs				
	(D) Other expenses				
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies				
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention			9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were p	aid in cash, or	credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to pro	ovide benefits afte	r retirement	9d(1)	
	(2) Claim reserves			9d(2)	
	(3) Other reserves			9d(3)	
е	Dividends or retroactive rate refunds due. (Do not include amount er	ntered in c(2) .)		9e	
10 No	pnexperience-rated contracts:				
а	Total premiums or subscription charges paid to carrier			10a	192960
b	If the carrier, service, or other organization incurred any specific costs retention of the contract or policy, other than reported in Part I, item 2			10b	

Specify nature of costs

Part IV Provision of Information	
11 Did the insurance company fail to provide any information necessary to complete Sch	iedule A? Yes X No

				_			
		Insuranc	e Informatior	1		OM	IB No. 1210-0110
(Form 5500 Department of the Treas		This schedule is required t	to be filed under section	n 104 of th	е		
Internal Revenue Serv	ice	Employee Retirement Inco					2009
Department of Labo Employee Benefits Security Ad	ministration	File as an att	tachment to Form 550	00.			
Pension Benefit Guaranty Co	prporation	 Insurance companies are pursuant to EF 	e required to provide th RISA section 103(a)(2).		ion		m is Open to Public Inspection
For calendar plan year 20	For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/			/30/2010	1		
A Name of plan RECREATIONAL EQUIP	MENT, INC. GF	ROUP LIFE AND MEDICAL PLAN			e-digit number (Pl	N) 🕨	501
C Plan sponsor's name a RECREATIONAL EQUIP		e 2a of Form 5500.		D Emplo 91-065	•	ation Number	(EIN)
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca KAISER FOUNDATION F	IEALTH PLAN		(e) Approximate nu	mber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at	end of	(f)	From	
	couc		policy or contract	year	()	FIOIII	(g) To
84-0591617	95669	01282	18	0	05/01/20	09	04/30/2010
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	commissions paid. Lis	st in item 3	the agents	, brokers, and o	other persons in
(a) Total a	amount of comr			(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all p	persons).			
	(a) Name a	nd address of the agent, broker, o	or other person to whon	n commiss	ions or fees	were paid	
(b) Amount of sales ar		Fees	and other commission				
commissions pa	commissions paid (c) Amount (d) Purpose		9		(e) Organization code		
		nd address of the agent broker -	r other percente where		iono orfoco	wore paid	
	(a) Name a	nd address of the agent, broker, o	or other person to whon	COMMISS	IONS OF TEES	were paid	

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Sched			edule A (Form 5500) 2009
	v.092308.1		

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

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid			

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

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

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5	
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Page 4	
---------------	--

Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting p the entire group of such individual contracts	oup of employees of the s urposes if such contracts	are experienc	e-rated as a unit. Wh	ere contrac		
8	Bene	fit and contract type (check all applicable boxes)						
	a 🗡	Health (other than dental or vision)	b Dental	с×	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment	h X Prescription drug	1
	iΓ	Stop loss (large deductible)	j 🛛 HMO contract	k	PPO contract		I Indemnity contra	ct
	m	Other (specify)	•	L	1		· []	
9	Expe	rience-rated contracts:						
	a F	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid					_	
		(3) Increase (decrease) in unearned premium res						
	-	(4) Earned ((1) + (2) - (3))				. 9a(4)		
		Benefit charges (1) Claims paid					_	
		(2) Increase (decrease) in claim reserves				01-(2)		
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o (A) Commissions		9c(1)(A)			-	
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs		a (1)(a)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes					-	
		(F) Charges for risks or other contingencies.					-	
		(G) Other retention charges						
		(H) Total retention				9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
		Status of policyholder reserves at end of year: (1						
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in c(2) .)		. 9e		
10	Nor	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			. 10a		535428
	b	If the carrier, service, or other organization incurring retention of the contract or policy, other than report				10b		

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

SCHEDULE (Form 5500		Insurance Information OMB No. 1210-0110					IB No. 1210-0110
Department of the Treas Internal Revenue Serv	tment of the Treasury nal Revenue ServiceThis schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					2009	
Department of Labor Employee Benefits Security Ad		File as an attachment to Form 5500.					
Pension Benefit Guaranty Co	prporation	 Insurance companies a pursuant to E 	re required to provide to RISA section 103(a)(2)		ion		m is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning 05/01/2009			and er	nding <mark>0</mark> 4	/30/2010		
A Name of plan RECREATIONAL EQUIP	MENT, INC. GF	OUP LIFE AND MEDICAL PLA	N		e-digit number (P	N) 🕨	501
C Plan sponsor's name a RECREATIONAL EQUIP		2a of Form 5500.		D Emplo 91-065	•	cation Number ((EIN)
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 ca VISION SERVICE PLAN	rrier						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	ontract year
	code	identification number	policy or contrac		(f)	From	(g) To
91-6056925	47317	12149216	425	50	05/01/20	009	04/30/2010
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. Li	ist in item 3	the agents	, brokers, and c	other persons in
(a) Total a	amount of comn			(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees	s were paid	
(b) Amount of sales ar			s and other commission				-
commissions paid (c) Amount			(d) Purpos	e		(e) Organization code	
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	
	(a) Name a	a address of the ugont, broker,					

(b) Amount of sales and base	F	Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice	edule A (Form 5500) 2009		
			v.092308.1

Т

Т

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

(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	

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

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

(b) Amount of sales and base		(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5	
6		racts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Page 4	ŀ
--------	---

Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting por the entire group of such individual contracts	oup of employees	ontracts are experie	ence-rated	as a unit. When	re contracts		
8	Ben	efit and contract type (check all applicable boxes)							
	a	Health (other than dental or vision)	b Dental	c	X Vision		c	Life insuranc	e
	e	Temporary disability (accident and sickness)	f Long-term	disability C		emental unempl	oyment ł	Prescription	drug
	ιÌ	Stop loss (large deductible)	j HMO cont			contract	,	I Indemnity co	•
	- L					onnaor	I		Intract
	m	Other (specify)							
9	Expe	erience-rated contracts:							
•	•	Premiums: (1) Amount received					411617		
		(2) Increase (decrease) in amount due but unpaid							
		(3) Increase (decrease) in unearned premium res							
		(4) Earned ((1) + (2) - (3))		·····			9a(4)		411617
	b	Benefit charges (1) Claims paid					358104		
		(2) Increase (decrease) in claim reserves					13485		
		(3) Incurred claims (add (1) and (2))					9b(3)		371589
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (or	n an accrual basi	s)					
		(A) Commissions							
		(B) Administrative service or other fees					82323		
		(C) Other specific acquisition costs							
		(D) Other expenses							
		(E) Taxes							
		(F) Charges for risks or other contingencies.		A (4)(A					
		(G) Other retention charges					a (1)(1))		00000
		(H) Total retention	_		-		9c(1)(H)		82323
		(2) Dividends or retroactive rate refunds. (These					9c(2)		
	d	Status of policyholder reserves at end of year: (1	,	•			9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount	t entered in c(2) .) .			9e		
10		nexperience-rated contracts:				г			
		Total premiums or subscription charges paid to c					10a		
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep					10b		
		retention of the contract of policy, other than rep	nieu III Fait I, Itel	in ∠ above, report a	amount				

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	

						ОМ	OMB No. 1210-0110	
(Form 5500 Department of the Treas Internal Revenue Serv	sury	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).						
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.								
Pension Benefit Guaranty Co					m is Open to Public Inspection			
For calendar plan year 20	09 or fiscal plan	year beginning 05/01/2009		and e	nding <mark>0</mark> 4	/30/2010	•	
A Name of plan RECREATIONAL EQUIP	MENT, INC. GF	ROUP LIFE AND MEDICAL PLAI	N		e-digit number (P	N) 🕨	501	
C Plan sponsor's name as shown on line 2a of Form 5500. D Employer Identification Numb RECREATIONAL EQUIPMENT, INC. 91-0656890					cation Number	(EIN)		
		ing Insurance Contract C Individual contracts grouped as a						
1 Coverage Information:								
(a) Name of insurance ca ZURICH AMERICAN INS		PANY						
(c) NAIC		(d) Contract or		(e) Approximate number of		Policy or contract year		
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To	
36-4233459	16535	GTU 4847733	918	85	05/01/20	009	04/30/2010	
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in item 3	the agents	, brokers, and o	other persons in	
(a) Total :	amount of comr			(b) To	otal amount	of fees paid		
		627					0	
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).				
		nd address of the agent, broker,		m commiss	ions or fees	s were paid		
CONSOLIDATED SPECI	AL RISKS MAN	/ OLIO	NRK DRIVE RAFAEL, CA 94903					
(b) Amount of sales a			s and other commission					
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code	
	627						3	
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	·	
	ndhaaa	Fee	s and other commission	ns paid				
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code	

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

Schedule A (Form 5500) 2009 v.092308.1

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

(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	

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

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

(b) Amount of sales and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid		

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of	
		this report.			, 		
-		ent value of plan's interest under this contract in the general account at year of					
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5		
6		acts With Allocated Funds:					
	a State the basis of premium rates						
	h				Ch		
		Premiums paid to carrier			6b 6c		
		Premiums due but unpaid at the end of the year					
		retention of the contract or policy, enter amount			6d		
		Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferred	d annuity				
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here			
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •				
				ition guarantee			
		(3) ☐ guaranteed investment (4) ☐ other ►		C C			
	b	Balance at the end of the previous year					
		Additions: (1) Contributions deposited during the year					
		(2) Dividends and credits	= (0)				
		(3) Interest credited during the year					
		(4) Transferred from separate account					
		(5) Other (specify below)					
		(6)Total additions			7c(6)		
	d 1	Fotal of balance and additions (add b and c(6))					
	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					
		Balance at the end of the current year (subtract e(5) from d)			7 f		

Schedule A (Form 5500) 2009		Page 4	
Welfare Benefit Contract Inform If more than one contract covers the sam information may be combined for reportin the entire group of such individual contract	e group of employees of the same g purposes if such contracts are ex	perience-rated as a unit. W	here contracts cover individual employees,
 8 Benefit and contract type (check all applicable box a ☐ Health (other than dental or vision) e ☐ Temporary disability (accident and sickness i ☐ Stop loss (large deductible) m X Other (specify) ► GROUP BUSINESS TRUE 	 b Dental f Long-term disability j HMO contract 	C Vision G Supplemental uner k PPO contract	d Life insurance nployment h Prescription drug I Indemnity contract
 9 Experience-rated contracts: a Premiums: (1) Amount received	paid92 reserve	a(1) a(2) a(3)	
b Benefit charges (1) Claims paid		b(1)	

~	Denoni onargeo (1) oranno para	. 00(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (on an accrual basis)				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees				
	(C) Other specific acquisition costs	a (1)(a)			
	(D) Other expenses	0 (4)(D)			
	(E) Taxes				
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges				
	(H) Total retention			9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were paid ir	n cash, or	credited.)	9c(2)	
d				9d(1)	
	(2) Claim reserves			9d(2)	
	(3) Other reserves			9d(3)	
е				9e	
10 N	lonexperience-rated contracts:	() /			
a				10a	4182
b					
	retention of the contract or policy, other than reported in Part I, item 2 abo			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

SCHEDULE		Insuranc	e Information	n		O	MB No. 1210-0110
(Form 5500 Department of the Treas		This schedule is required	to be filed under section	on 104 of th	0		
Internal Revenue Serv	ice	Employee Retirement Inco					2009
Department of Labo Employee Benefits Security Ad		File as an attachment to Form 5500.					
Pension Benefit Guaranty Co	prporation	 Insurance companies ar pursuant to EF 	e required to provide t RISA section 103(a)(2)		ion	This Fo	rm is Open to Public Inspection
For calendar plan year 20	09 or fiscal pla	n year beginning 05/01/2009		and er	nding 04/	/30/2010	
A Name of plan RECREATIONAL EQUIP	MENT, INC. G	ROUP LIFE AND MEDICAL PLAN	I		e-digit number (PN	• (۱	501
C Plan sponsor's name a RECREATIONAL EQUIP		e 2a of Form 5500.		D Emplo 91-065	•	ation Number	(EIN)
		ning Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:				·		-	
(a) Name of insurance ca KAISER FOUNDATION H		S INC.					
(b) EIN	(c) NAIC	(d) Contract or	 (e) Approximate nu persons covered a 			Policy or c	contract year
	code	identification number	policy or contrac		(f)	From	(g) To
94-1340523	0000	03513	37	70	05/01/20	09	04/30/2010
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	l commissions paid. L	ist in item 3	the agents,	brokers, and	other persons in
(a) Total a	amount of com			(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and f	ees. (Complete as many entries a	as needed to report all	persons).			
	(a) Name a	and address of the agent, broker, c	or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fees	and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name a	and address of the agent, broker, c	or other person to who	m commiss	ions or fees	were paid	

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice	e and OMB Control Numbers,	see the instructions for Form 5500. So	hedule A (Form 5500) 2009
			v.092308.1

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

(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	

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

(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	
	(c) Amount	(d) Purpose	code	
(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		(e) Organization	
	(c) Amount	(d) Purpose	code

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	5			
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2009

Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the s rposes if such contracts	are experienc	ce-rated as a unit. Wh	nere contrac		
8	Ben	efit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	с×	Vision		d Life insurance	;
	еĪ	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	plovment	h Prescription d	
	; [Stop loss (large deductible)	i HMO contract	י ש_ k	PPO contract	profilion		•
	. L			r _	FFO contract		I Indemnity cor	itract
	m	Other (specify)						
0	F vn	vience roted contractor						
3		erience-rated contracts: Premiums: (1) Amount received		9a(1)			-	
	a	(2) Increase (decrease) in amount due but unpaid					-	
		(3) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in unearned premium res					4	
		(4) Earned ((1) + (2) - (3))		· · /		. 9a(4)		
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves					-	
		(3) Incurred claims (add (1) and (2))				. 9b(3)		
		(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n 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 paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1	•					
		(2) Claim reserves						
		(3) Other reserves						
4.0		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	l in c(2) .)		. 9e		
10	_	nexperience-rated contracts:				40		1100000
	a ⊾	Total premiums or subscription charges paid to c				. 10a		1190939
	b	If the carrier, service, or other organization incurr				10b		
		retention of the contract or policy, other than reported in Part I, item 2 above, report amount					1	

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e 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 (Form 5500		Insurance Information			OMB No. 1210-0110		
Department of the Treas Internal Revenue Serv	sury	This schedule is required Employee Retirement Inc				2009	
Department of Labo Employee Benefits Security Ad			ttachment to Form 55		,		
Pension Benefit Guaranty Co	re required to provide t RISA section 103(a)(2)		ion	This For	This Form is Open to Public Inspection		
For calendar plan year 20		and er	nding 04	/30/2010			
A Name of plan RECREATIONAL EQUIP	ROUP LIFE AND MEDICAL PLA	N		e-digit number (P	N) 🕨	501	
C Plan sponsor's name a RECREATIONAL EQUIP	e 2a of Form 5500.		D Emplo 91-065	•	cation Number	(EIN)	
Part I Information	on Concern te Schedule A.	ing Insurance Contract (Individual contracts grouped as	Coverage, Fees, a a unit in Parts II and III	nd Com	missions	S Provide inform	mation for each contract
1 Coverage Information:						0	
(a) Name of insurance ca FREE & CLEAR	rrier					Daliau an a	
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contrac	at end of	(f)	From	contract year (g) To
20-0231080	0000	3500	220 05/		05/01/20	009	04/30/2010
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in item 3	the agents	, brokers, and	other persons in
(a) Total a	amount of comn			(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpose	e		(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	
	(~) Harris u						

(b) Amount of sales and base	F				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.			chedule A (Form 5500) 2009 v.092308.1		

Page **2-** 1

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

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	5			
6		racts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2009

Page	4
------	---

Pa	art II						
		If more than one contract covers the same gr information may be combined for reporting pu					
		the entire group of such individual contracts w					
8	Bene	efit and contract type (check all applicable boxes)					
	a 🔉	Health (other than dental or vision)	b Dental	c	Vision		d Life insurance
	еĪ	Temporary disability (accident and sickness)	f Long-term disabili	tv a	Supplemental unem	plovment	h Prescription drug
	iΓ	Stop loss (large deductible)	j HMO contract	, J_ k∏	PPO contract		I Indemnity contract
	- L			ĸ	TTO contract		
	m	Other (specify)					
٩	Evno	erience-rated contracts:					
3		Premiums: (1) Amount received		9a(1)			-
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium res					-
		(4) Earned ((1) + (2) - (3))				9a(4)	
	-	Benefit charges (1) Claims paid					
		(2) Increase (decrease) in claim reserves					7
		(3) Incurred claims (add (1) and (2))				. 9b(3)	
		(4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n 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				0-(4)(1)	
		(H) Total retention	_			. 9c(1)(H))
		(2) Dividends or retroactive rate refunds. (These					_
	d	Status of policyholder reserves at end of year: (1					
		(2) Claim reserves				. 9d(2)	
	•	(3) Other reserves				. 9d(3)	
10		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	a in c(2) .)		. 9e	
10		nexperience-rated contracts: Total premiums or subscription charges paid to c	arrier			. 10a	120561
	-	If the carrier, service, or other organization incurr				iud	120001
	5	retention of the contract or policy, other than repo				. 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	
40				

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

SCHEDUL		Insuran	ce Information	l		OMB No. 1210-0110
(Form 55		This schedule is required to be filed under section 104 of the				
Internal Revenue S	Department of the TreasuryThis schedule is required to be filed under section 104 of theInternal Revenue ServiceEmployee Retirement Income Security Act of 1974 (ERISA).					2009
Department of L Employee Benefits Security		File as an a	ttachment to Form 550	0.		
Pension Benefit Guarant	/ Corporation	 Insurance companies a pursuant to E 	re required to provide the RISA section 103(a)(2).	e information	This F	Form is Open to Public Inspection
For calendar plan year	2009 or fiscal plar	year beginning 05/01/2009		and ending	04/30/2010	
A Name of plan RECREATIONAL EQU	JIPMENT, INC. GF	ROUP LIFE AND MEDICAL PLAI		B Three-digi plan numl		501
C Plan sponsor's nam RECREATIONAL EQU		e 2a of Form 5500.		D Employer lo 91-0656890	dentification Numb	er (EIN)
		ing Insurance Contract (Individual contracts grouped as a				
1 Coverage Information		individual contracts grouped as a			on a single benea	
0						
(a) Name of insurance PRESBYTERIAN HEA						
		1	(e) Approximate nur	mborof	Policy	r contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at policy or contract	end of	(f) From	(g) To
94-3037165	95330	GR001187	62		5/01/2009	04/30/2010
2 Insurance fee and conducted descending order of		ation. Enter the total fees and tota	al commissions paid. Lis	t in item 3 the a	agents, brokers, ar	nd other persons in
	al amount of comr	nissions paid		(b) Total ar	mount of fees paid	
		5970				C
3 Persons receiving c		ees. (Complete as many entries		,		
MERCER HEALTH &		nd address of the agent, broker, 4565	or other person to whom PAYSPHERE CIRCLE	commissions of	or fees were paid	
	SEREITIO	CHIC	AGO, IL 60674			
(b) Amount of sales	and base	Fee	s and other commissions	s paid		
commissions		(c) Amount	(0	d) Purpose		(e) Organization code
	5668					3
	(a) Name a	nd address of the agent, broker,	or other person to whom	commissions	or fees were paid	
PHP EMPLOYEE COM	MISSIONS		BUENA VISTA SE QUERQUE, NM 87105			
(b) Amount of sales	and base	Fee	s and other commissions	s paid		
commissions		(c) Amount	(0	d) Purpose		(e) Organization code
	302					3
	002					

Page **2-** 1

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

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
(a) Nam	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	

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

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

(b) Amount of sales and base		(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

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

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contra	acts with each carrier ma	av be treated	as a unit for purposes of
		this report.			, 	
-		ent value of plan's interest under this contract in the general account at year of				
-		ent value of plan's interest under this contract in separate accounts at year er	nd		5	
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	h				Ch	
		Premiums paid to carrier			6b 6c	
		Premiums due but unpaid at the end of the year				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan	check here		
7		acts With Unallocated Funds (Do not include portions of these contracts mai	• •			
				ition guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►		C C		
	b	Balance at the end of the previous year				
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	= (0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		(6)Total additions			7c(6)	
	d 1	Fotal of balance and additions (add b and c(6))				
	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				
		Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2009

Pa	art III	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	oup of employees of the s urposes if such contracts	are experienc	e-rated as a unit. Wh	ere contrac	
8	Benefi	t and contract type (check all applicable boxes)					
	a 🗙	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	еП	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Rrescription drug
	iП	Stop loss (large deductible)	j 🛛 HMO contract	k	PPO contract		I Indemnity contract
		Other (specify)	, []]		
9	Experie	ence-rated contracts:					
	a Pre	emiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	۱	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)		_	
	(4) Earned ((1) + (2) - (3))				. 9a(4)	
	b B	enefit charges (1) Claims paid		9b(1)			
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3	b) Incurred claims (add (1) and (2))				. 9b(3)	
	(4) Claims charged				. 9b(4)	
	C R	Remainder of premium: (1) Retention charges (o	n an accrual basis)				_
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs					
		(D) Other expenses		9c(1)(D)			
		(E) Taxes					_
		(F) Charges for risks or other contingencies					_
		(G) Other retention charges					
		(H) Total retention	_	_		. 9c(1)(H))
		2) Dividends or retroactive rate refunds. (These				\ /	
	d S	status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	. 9d(1)	
	(2	2) Claim reserves				. 9d(2)	
	(3	3) Other reserves				. 9d(3)	
	e D	Dividends or retroactive rate refunds due. (Do not	ot include amount entered	l in c(2) .)		. 9e	
10	None	experience-rated contracts:					
	a T	otal premiums or subscription charges paid to c	arrier			. 10a	111690
	b If	the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	h the acquisition or	1	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did th	e 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 Service Provider Information		
(Form 5500)			2009
Department of the Treasury Internal Revenue Service	This schedule is required to be filed und Retirement Income Security A		2005
Department of Labor Employee Benefits Security Administration			
Pension Benefit Guaranty Corporation For calendar plan year 2009 or fiscal pl	an year beginning 05/01/2009	and ending 04/30	Inspection. /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 li RECREATIONAL EQUIPMENT, INC.	ne 2a of Form 5500	D Employer Identificati 91-0656890	on Number (EIN)
Part I Service Provider Info	ormation (see instructions)		
or more in total compensation (i.e., r plan during the plan year. If a perso answer line 1 but are not required to	ordance with the instructions, to report the info noney or anything else of monetary value) in o n received only eligible indirect compensatior include that person when completing the rem	connection with services rendered to n for which the plan received the requainder of this Part.	the plan or the person's position with the
	nor you are excluding a percent norm are remained	ander of this Part because they rece	ived only eligible
b If you answered line 1a "Yes," enter	the name and EIN or address of each persor nsation. Complete as many entries as neede	n providing the required disclosures f	ns)Yes 🛛 No
b If you answered line 1a "Yes," enter received only eligible indirect compe	plan received the required disclosures (see in the name and EIN or address of each persor	structions for definitions and condition providing the required disclosures for disclosures for disclosures.	ns) Yes No
b If you answered line 1a "Yes," enter received only eligible indirect compe	plan received the required disclosures (see in the name and EIN or address of each persor nsation. Complete as many entries as neede	structions for definitions and condition providing the required disclosures for disclosures for disclosures.	ns) Yes No
 b If you answered line 1a "Yes," enter received only eligible indirect competition (b) Enter national (b) 	plan received the required disclosures (see in the name and EIN or address of each persor nsation. Complete as many entries as neede	structions for definitions and condition n providing the required disclosures f ed (see instructions). led you disclosures on eligible indirect	ns) Yes No or the service providers who et compensation
 b If you answered line 1a "Yes," enter received only eligible indirect competition (b) Enter national (b) 	olan received the required disclosures (see in the name and EIN or address of each persor nsation. Complete as many entries as neede me and EIN or address of person who provid	structions for definitions and condition n providing the required disclosures f ed (see instructions). led you disclosures on eligible indirect	ns) Yes No or the service providers who et compensation
 b If you answered line 1a "Yes," enter received only eligible indirect competition (b) Enter national (b) Enter na	olan received the required disclosures (see in the name and EIN or address of each persor nsation. Complete as many entries as neede me and EIN or address of person who provid	structions for definitions and condition n providing the required disclosures f ed (see instructions). led you disclosures on eligible indirect led you disclosure on eligible indirect	ns)
 b If you answered line 1a "Yes," enter received only eligible indirect competition (b) Enter national (b) Enter na	plan received the required disclosures (see in the name and EIN or address of each persor insation. Complete as many entries as neede ime and EIN or address of person who provid ame and EIN or address of person who provid	structions for definitions and condition n providing the required disclosures f ed (see instructions). led you disclosures on eligible indirect led you disclosure on eligible indirect	ns)
 b If you answered line 1a "Yes," enter received only eligible indirect competition (b) Enter nation (b) Enter national (b) Enter nati	plan received the required disclosures (see in the name and EIN or address of each persor insation. Complete as many entries as neede ime and EIN or address of person who provid ame and EIN or address of person who provid	In providing the required disclosures f and (see instructions). Inded you disclosures on eligible indirect ded you disclosure on eligible indirect ded you disclosure on eligible indirect	ns)

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

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

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

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

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

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

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

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

(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

00 000040	2					
(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 🗌 No 🔀	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
59-342446	9					
(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 🗌 No 🕅	Yes No		Yes No
1		((a) Enter name and EIN or	address (see instructions)		
WASHING	TON DENTAL SERVI	CE				

91-0621480

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest		receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you	
					answered "Yes" to element (f). If none, enter -0	
13	SERVICE PROVIDER	81264	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗌

(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		(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	
13 SERVICE PROVIDER 65637 Yes No Yes Yes No Yes Yes No Yes Yes						
(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	by the plan. If none,	(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	29 SERVICE PROVIDER 32819 Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes					
	(a) Enter name and EIN or address (see instructions)					

MAGELLAN BEHAVIORAL HEALTH

52-2135463

(b) Service Code(s)	(c) Relationship to employer, employee			(f) Did indirect compensation include eligible indirect		(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	30629	Yes 🗌 No 🕅	Yes 🗌 No 🗌		Yes 🗌 No 🗌

(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 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗍
		(a) Enter name and EIN or	address (see instructions)		
CLARK NUI	BER 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 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗍
		(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		(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	formula instead of an amount or
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗌

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	formula used to determine	compensation, including any the service provider's eligibility
	for or the amount of the	he indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect of	compensation, including any
	formula used to determine	the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect of	compensation, including any
	formula used to determine	the service provider's eligibility he indirect compensation.

Page 6-	1
Page o-	1

Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for ea this Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete			
(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			
(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			
(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			
(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			
(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			
(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			

Page	7-	1
i ugo	•	

Part III	Termination Information on Accountants and Enrolled (complete as many entries as needed)	d Actuaries (see instructions)
a Nam		b EIN:
C Posi	tion:	
d Add	ress:	e Telephone:
Explanat	ion:	
a Nam	¢.	b EIN:
C Posi		
d Add		e Telephone:
Explanat	ion:	
∟лріана		
a Nam	e:	b EIN:
C Posi	tion:	
d Add	ess:	e Telephone:
Explanat	ion:	
a Nam		b EIN;
C Posi		O Telesbarra
d Addı	ess.	e Telephone:
Explanat	ion:	

а	Name:	b EIN;
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE H	Financial In	formatio	on				OMB No. 1210)-0110	
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed u Retirement Income Security Act of 1974 Internal Revenue C File as an attachm		2009 This Form is Open to Public Inspection						
For calendar plan year 2009 or fiscal pla	n year beginning 05/01/2009		and	endi	ng 04/30/	2010		-	
A Name of plan RECREATIONAL EQUIPMENT, INC. G	ROUP LIFE AND MEDICAL PLAN			В	Three-dig plan num	-digit umber (PN) 501			
C Plan sponsor's name as shown on lin RECREATIONAL EQUIPMENT, INC.				D	Employer 91-065689		on Number (l	EIN)	
the value of the plan's interest in a c lines 1c(9) through 1c(14). Do not er benefit at a future date. Round off a	tatement ilities at the beginning and end of the plan commingled fund containing the assets of m ther the value of that portion of an insuranc mounts to the nearest dollar. MTIAs, Cl also do not complete lines 1d and 1e. Sec	nore than one e contract wh CTs, PSAs, a	plan on a nich guaran nd 103-12	line-l itees	oy-line basi , during this	s unless tł s plan yeai	ne value is re r, to pay a sp	portable on ecific dollar	
As:	sets		(a) B	eginr	ning of Yea	r	(b) End	of Year	
a Total noninterest-bearing cash		1a							
b Receivables (less allowance for dou	btful accounts):								
(1) Employer contributions		1b(1)							
(2) Participant contributions		1b(2)							
(3) Other		1b(3)							
	noney market accounts & certificates	1c(1)			169	8585		0	
(2) U.S. Government securities		1c(2)							
(3) Corporate debt instruments (otl	ner than employer securities):								
(A) Preferred		1c(3)(A)							
(B) All other		1c(3)(B)							
(4) Corporate stocks (other than er	nployer securities):								
(A) Preferred		1c(4)(A)							
(B) Common		1c(4)(B)							
(5) Partnership/joint venture interes	sts	1c(5)							
(6) Real estate (other than employed	er real property)	1c(6)							
(7) Loans (other than to participant	s)	1c(7)							
(8) Participant loans		1c(8)							
(9) Value of interest in common/co	lective trusts	1c(9)							
(10) Value of interest in pooled sepa	rate accounts	1c(10)							
(11) Value of interest in master trust	investment accounts	1c(11)							
(12) Value of interest in 103-12 inve	stment entities	1c(12)							
 (13) Value of interest in registered in funds) (14) Value of funda hold in insurance 		1c(13)							
	e company general account (unallocated	1c(14)							
		1c(15)							

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

Schedule H (Form 5	5000	2009
--------------------	------	------

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1698585	C
	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 through1j)	1k		
	Net Assets			
L	Net assets (subtract line 1k from line 1f)	11	1698585	C

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) Amount	(b) Total
a Contributions:			
(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)		
С	Other income	2c		
d	Total income. Add all income amounts in column (b) and enter total	2d		9642010
	Expenses			
е	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		
		2g		
č	Interest expense	2h	Ī	
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
i	Total expenses. Add all expense amounts in column (b) and enter total	2j		11340595
J	Net Income and Reconciliation	•		
k	Net income (loss). Subtract line 2j from line 2d	2k		-1698585
	Transfers of assets:		-	
•		2l(1)	-	
	(1) To this plan	21(2)	-	
	(2) From this plan	21(2)		
Ра	art III Accountant's Opinion			
	Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.	countant is	attached to this Form 5500. Comp	plete line 3d if an opinion is not
a ¬	The attached opinion of an independent qualified public accountant for this plan	is (see instr	ructions):	
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse		
b [Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8	8 and/or 103	3-12(d)?	X 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 becaund (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		ext Form 5500 pursuant to 29 CFR	2520.104-50.

Page **4-** 1

Pa	t IV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4i	m, 4n, or 5.		
	During the plan year:	_	Yes	No	Αποι	unt
а	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.)	4a		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		
С	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.)	4b 4c		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.)	4d		×		
е	Was this plan covered by a fidelity bond?	4e	Х			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?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		×		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
I	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		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	XNo	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) transferred. (See instructions.)	, identi	fy the pla	n(s) to which	assets or liabil	ities were
	5b(1) Name of plan(s)			5b(2) EIN(s)		5b(3) PN(s)

Financial Statements and Supplemental Schedules with Independent Auditors' Report

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

Table of Contents

	Page
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Plan Benefits (Cash Basis)	3
Statements of Changes in Net Assets Available for Plan Benefits (Cash	Basis) 4
Notes to Financial Statements (Cash Basis)	5 - 7
Supplemental Schedules:	
Schedule I - Attachment to Form 5500, Schedule H, Line 4(i) Schedule of Assets Held as of April 30, 2009 (Cash Basis)	8
Schedule II - Attachment to Form 5500, Schedule H, Line 4(j) Schedule of Reportable Transactions for the Period Ending August 31, 2009 (Cash Basis)	9
Schedule III - Attachment to Form 5500, Schedule H, Line 4(j) Schedule of Reportable Transactions for the Year Ending April 30, 2009 (Cash Basis)	10 - 13

CLARK NUBER

10900 NE 4th Street Suite 1700 Bellevue WA 98004 tel 425 454 4919 fax 425 454 4620 800 504 8747 clarknuber.com

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

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

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

See accompanying notes to financial statements.

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

`	For th	e Four Month		
		Period Ended	For	he Year Ended
	A1	ıgust 31, 2009		April 30, 2009
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.

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, 2009 approximately \$2,982,000. Claims incurred prior to April 30, 2008, but reported subsequent 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.

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.

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

 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
Setement (III)	Series Plan assets transactions								
alegory (iii) -	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) - S	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		000,020	2,316,651	2,316,651	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		2,010,001		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		00,011		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		0,101,001		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		251,571	2,420,290	2,420,290	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		2,420,230		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 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 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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		261,351		300,045	261,351	261,351	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		201,351		375,732	375,732	375,732	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		332,652		5/5,/32	375,732	375,732	
	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451								
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund		346,423		200 542	346,423	346,423	
**						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.

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
<u>Category (iii</u>	<u>) - Series Plan assets transactions</u> Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund	59	\$ 33,705,838	173	\$- 32,169,096	\$ 33,705,838 32,169,096	\$ 33,705,838 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	
**	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		004.050	21,037	21,037	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund				334,858 38,898	334,858 38,898	334,858 38,898	
**	Wells Fargo Cash Investment Institutional Class #451 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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund		1 924 075		196,841	196,841	196,841	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		1,834,075		359,454	1,834,075 359,454	1,834,075 359,454	
**	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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund				23,458 265.048	23,458 265,048	23,458	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund				205,048	205,048	265,048 512,507	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		182.029		512,507	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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund		22,647		272,720	22,647 272,720	22,647 272,720	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund				38,453	38,453	38,453	
**	Wells Fargo Cash Investment Institutional Class #451 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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund				78,811 228,179	78,811 228,179	78,811 228,179	
**	Wells Fargo Cash Investment Institutional Class #451 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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund		80,436		21,265	21,265	21,265	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund Money Market Fund		00,430		625,451	80,436 625,451	80,436 625,451	
**	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	
				1000 mg 2000 mg 20					

** Party-in-interest

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

See auditors' report.

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

						(h)	
						Current	
	(a)	(b)	(c)	(d)	(a)	Value of	(i)
	(a)	(b)	Purchase		(g)		
	Identity of Party Involved	Description of Asset	Price	Selling Price	Cost of Asset	Asset on	Net Gain
			11100			Transaction	
						Date	
Category (i) - :	Series Plan assets transactions						
		1001 1001 0 1001 10		100000000	100000000000000000000000000000000000000		
**	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	_0,,,,4	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	10,270	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 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		440,475	440,475	440,475	
	wens rargo cash nivestment institutional class #451	woney warket Fund		440,475	440,475	440,475	

** Party-in-interest

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

 EMPLOYER:
 Recreational Equipment, Inc.

 EIN:
 91-0656890

 Plan # :
 501

						(h)	
						Current	
	(a)	(b)	(c)	(d)	(g)	Value of	(1)
			Purchase				(i)
	Identity of Party Involved	Description of Asset	Price	Selling Price	Cost of Asset	Asset on	Net Gair
			11100			Transaction	
						Date	
ategory (i) - S	Series Plan assets transactions						
**	Wells Force Cook Investment Institutional Close #451	Manau Market Fund	70.004		70.004	70.004	
	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund	76,364	400.007	76,364	76,364	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund	750 000	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	211,021	1,936,076	1.936.076	
**	Wells Fargo Cash Investment Institutional Class #451 Wells Fargo Cash Investment Institutional Class #451	Money Market Fund	1,930,076	10 E40			
**				42,548	42,548	42,548	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund	20.800	439,288	439,288	439,288	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund	20,866	470 000	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	10,001	15,881	15,881	15.881	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund	80,898	10,001	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	110,420	759.877	759.877	759.877	
**	Wells Fargo Cash Investment Institutional Class #451	Money Market Fund		532,363	532,363	532,363	
	wens Fargo Cash investment institutional Class #451	money market rund		552,363	552,363	532,363	

** Party-in-interest

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

EMPLOYER: Recreational Equipment, Inc. 91-0656890 EIN: 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) - S	eries 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	012,010	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

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

4