## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection		
Part I	Annual Report Ident	ification Information					
For caler	ndar plan year 2011 or fiscal p			and ending 12/31/2	2011		
A This	eturn/report is for:	a multiemployer plan; a multiple-employer plan; or					
	•	a single-employer plan;					
			ш	(specify)			
<b>B</b> This r	return/report is:	the first return/report;					
	•	an amended return/report;	plan year return/report (less th	nan 12 months).			
C If the	plan is a collectively-bargained	d plan, check here					
<b>D</b> Chec	k box if filing under:	X Form 5558;	automa	tic extension;	the DFVC program;		
	ŭ	special extension (enter des	scription)				
Part	I Basic Plan Inform	ation—enter all requested informa	ation				
1a Nam	ne of plan	•			1b Three-digit plan	501	
EZ LOAI	DER GROUP INS PLAN				number (PN) ▶		
					<b>1c</b> Effective date of plan 03/01/1981		
<b>2a</b> Plan	sponsor's name and address	including room or suite number (E	mplover. if for single	e-emplover plan)	2b Employer Identification		
		3 11 11 11 (	1 2,2 7		Number (EIN)		
EZ LOA	DER BOAT TRAILERS, INC.				91-0612518		
					<b>2c</b> Sponsor's telephone		
					number 509-489-0181		
PO BOX	3263 NE, WA 99220-3263		MILTON ST E, WA 99202		2d Business code (see	e	
01 010 11	ve, vv voces or or	OI OIVAIN	instructions)				
					336990		
Caution	A penalty for the late or inc	omplete filing of this return/repo	rt will be assessed	l unless reasonable cause is	s established.		
		nalties set forth in the instructions,					
statemer	nts and attachments, as well as	s the electronic version of this return	n/report, and to the	best of my knowledge and bel	lief, it is true, correct, and com	nplete.	
		atura e la ciama atura	40/40/0040	DANDY JOURIOON			
SIGN HERE	Filed with authorized/valid elec	ctronic signature.	10/12/2012	RANDY JOHNSON			
	Signature of plan administ	rator	Date	Enter name of individual signing as plan administrator			
016							
SIGN HERE							
	Signature of employer/plar	sponsor	Date	Enter name of individual si	igning as employer or plan sp	onsor	
SIGN HERE							
HERE	Signature of DFE		Date	Enter name of individual si	gning as DFE		

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

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	Plan administrator's name and address (if same as plan sponsor, enter "Sam LOADER BOAT TRAILERS, INC.		<b>3b</b> Administrator's EIN 91-0612518					
	BOX 3263 OKANE, WA 99220-3263	3c Administrator's telephone number 509-489-0181						
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	/report filed fo	or this plan, enter the name, EIN	and	4b EIN			
а	Sponsor's name		4c PN					
5	Total number of participants at the beginning of the plan year			5	237			
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a	, <b>6b</b> , <b>6c</b> , and <b>6d</b> ).					
а	Active participants			6a	233			
b	Retired or separated participants receiving benefits			6b				
С	Other retired or separated participants entitled to future benefits			6c				
d	Subtotal. Add lines 6a, 6b, and 6c			6d	233			
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits		6e				
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	233			
g	Number of participants with account balances as of the end of the plan year complete this item)	` •	·	6g				
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h				
7	Enter the total number of employers obligated to contribute to the plan (only			7				
8a	If the plan provides pension benefits, enter the applicable pension feature co	des from the I	ist of Plan Characteristic Codes	in the i	instructions:			
b	<b>b</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 4F 4H							
9a	Plan funding arrangement (check all that apply)	9b Plan be (1)	enefit arrangement (check all tha	t apply)				
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	Insurance	(3) insurance contracts					
	(3) Trust	Trust	nouranc	oc contracts				
	(4) X General assets of the sponsor	X General assets of the sp	onsor					
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttached, and,	where indicated, enter the numb	er attac	ched. (See instructions)			
а	Pension Schedules	b Genera	al Schedules					
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	nation)				
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	ation –	Small Plan)					
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A (Insurance Inform	mation)				
	actuary	(4)	C (Service Provide		•			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participatin	-				
	Information) - signed by the plan actuary	(6)	G (Financial Trans	action S	Schedules)			

## **SCHEDULE G** (Form 5500)

Department of Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **Financial Transaction Schedules**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For c	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011									
A Name of plan  B Three-digit										
EZ LO	ADER GROUP INS	PLAN				plan number (PN)	<b>&gt;</b>	501		
C Pl	an sponsor's name a	as shown on line 2a of Form		<b>D</b> Employer Identifica	tion Number (FII	N)				
	ADER BOAT TRAIL		0000				alon Namber (En	••)		
	91-0612518									
Part	Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible									
	Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.									
	is known to	be a party in interest. Attact	i Overdue Loa		ed description of loan included		naturity interest	rate the		
(a)	<b>(b)</b> Ide	entity and address of obligor			and value of collateral, any	renegotiation of the loan a	and the terms of			
					renegotiation	n, and other material items	<u> </u>			
П										
ш										
		Amount received du	ring reporting	year		Amount overdue				
(d) (	Original amount of loan	(e) Principal	<b>(f)</b> Inte	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Intere	est		
					,					
					ed description of loan include					
(a)	( <b>b)</b> Ide	entity and address of obligor		type	and value of collateral, any renegotiation	r renegotiation of the loan and other material items		the		
Ш										
		Amount received du	ring reporting	year		Amount overdue				
(d) (	Original amount of	(e) Principal	(f) Inte	araet	(g) Unpaid balance at end	(h) Principal	(i) Intere	aet .		
	loan	(b) i iiioipai	(1) 11110		of year	(ii) i iiioipai	(1) 111011			
(a)	ALV L.	ontitus and address of other con-			ed description of loan included					
(a)	(b) Identity and address of obligor				type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items					
		Amount received du	ring reporting	vear		Amount	overdue			
(d) (	Original amount of			-	(g) Unpaid balance at end					
	loan	(e) Principal	<b>(f)</b> Inte	51691	of year	(h) Principal	(i) Intere	<b>5</b> 31		
							1			

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Part II	Complete as n	nany entries as need	ed to r	or Classified as Unco	r clas	ssified as uncollectible.	Check box (a) if lessor or	lessee is known to be a
(a)	(b) Identity of lessor/lessee			explanation for each lease li Relationship to plan, employ ployee organization, or othe party-in-interest	er,	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost (f)		(f) Current value at ti	ime of	(g) Gross rental receipts during the plan year	(h) i	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, learns regarding rent, taxes, renewal options, date prop	insurance, repairs,
<b>(e)</b> Or	riginal cost	(f) Current value at ti lease	ime of	(g) Gross rental receipts during the plan year	(h) i	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost		(f) Current value at ti lease	time of (g) Gross rental receipts during the plan year		(h) i	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity	of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest		(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
<b>(e)</b> Or	riginal cost	(f) Current value at time of lease				Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, I erms regarding rent, taxes, renewal options, date prop	insurance, repairs,
<b>(e)</b> Or	riginal cost	(f) Current value at ti lease	ime of	(g) Gross rental receipts during the plan year	(h) i	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity	of lessor/lessee		Relationship to plan, employ ployee organization, or othe party-in-interest		purchased, te	scription (type of property, lerms regarding rent, taxes, renewal options, date prop	insurance, repairs,
<b>(e)</b> Or	riginal cost	(f) Current value at ti lease	ime of	(g) Gross rental receipts during the plan year	(h) i	Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

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Schedule G (Form 5500) 2011

Part III	Complete as many entries as needed to report all nonexempt transactions. <b>Caution:</b> If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.								
(a) Identity of party involved (b) Relationship to plan, employer, or other party-in-interest				to plan, employer,	<b>(c)</b> De	escription of transaction inclusivest, collateral, par or matur	(d) Purchase price		
NONE			or care party are		00	. son, sonatoral, par or mater	,		
(e) Sell	ing price	(f)	Lease rental	(g) Transaction expenses	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction	
(a) Identity of party involved		ed	(b) Relationship or other party-in-	to plan, employer, interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price	
<b>(e)</b> Sell	ing price	(f)	Lease rental	(g) Transaction	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction	
			(h) Deletionship	to plan amplayar	(a) Da	encuintion of transportion in all	uding motivity data rate		
(a) Identit	y of party invo	lved		to plan, employer, rty-in-interest	( <b>c</b> ) De	escription of transaction inclusion of interest, collateral, par		(d) Purchase price	
(e) Selling price		(f)	Lease rental	(g) Transactic expenses	on	(i) Current value o		(j) Net gain (or loss) on each transaction	
(a) Identity	of party involv	ed	(b) Relationship or other party-in-	to plan, employer, interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price	
(e) Selling price (		(f)	Lease rental	(g) Transaction expenses	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction	
(a) Identity of party involved		<b>(b)</b> Relationship or other party-in-	iship to plan, employer, ty-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price		
(e) Selling price (f)		Lease rental	(g) Transaction	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved (b) Relationship or other party-ir					escription of transaction inclurest, collateral, par or matur	(d) Purchase price			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , ,			
(e) Selling price		(f)	Lease rental	(g) Transaction expenses	on	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction	