# 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 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

**2016**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

**B** This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 05/27/1969

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EZ LOADER BOAT TRAILERS, INC.

717 NORTH HAMILTON STREET
SPOKANE, WA 99202

**2b** Employer Identification Number (EIN) 91-0612518

**2c** Plan Sponsor's telephone number 509-489-0181

**2d** Business code (see instructions) 336990

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2017 | RANDY JOHNSON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 326 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 302 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 301 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 5 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 306 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 306 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 306 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2J 2K 2F 2G 3D 3H

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EZ LOADER BOAT TRAILERS, INC.

**D** Employer Identification Number (EIN)
91-0612518

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

**1** Coverage Information:

**(a)** Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)) (JOHN HANCOCK USA)

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 01-0233346 | 65838 | 111021 | 177 | 01/01/2016 | 12/31/2016 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 28483 | 6242 |

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 28483 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
EZ LOADER BOAT TRAILERS
P.O.BOX 3263
SPOKANE, WA 99202

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 3127 | OTHER PAYMENTS | 0 |

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

JOHN HANCOCK RPS LLC
P.O.BOX 600
BUFFALO, NY 14201-0600

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | 3115 | TPA FEES | 5 |

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 769 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 11764939 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 0 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (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) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2016**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EZ LOADER BOAT TRAILERS, INC.

**D** Employer Identification Number (EIN)
91-0612518

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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**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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (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? |
|---|---|---|---|---|---|---|
| 15 28 59 60 62 63 68 | RECORDKEEPER | 444 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] 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 | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**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)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ 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 | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ 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 | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ 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 | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

| **(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 |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
EZ LOADER BOAT TRAILERS, INC.

**D** Employer Identification Number (EIN)
91-0612518

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2055 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 3055 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 16642 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2040 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 14669 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 197149 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 17376 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 83427 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2015 ACTIVE STRATEGY

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2055 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6517 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2050 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58199 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2045 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89873 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2040 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216849 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2035 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319143 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2030 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1059862 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2025 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2024823 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2020 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2844561 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2015 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2010 MANAGED PORT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH RET INCOME MANAGED PORT | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214067 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 851910 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 629989 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156139 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14277 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93692 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 452 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: KEELEY SMALL CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2065 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 758 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2254 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39650 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9268 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202613 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE HEALTH SCI | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37141 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOCQUEVILLE GOLD FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11908 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43974 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9403 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131527 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 402206 |

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| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ASTON/FAIRPOINTE MID CAP FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8529 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85440 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3486 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5524 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX STOCK FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3136 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66538 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118994 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194128 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8349 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10809 |

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| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15690 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN US EQUITY FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11995 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16653 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3129 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 645 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE EQUITY INC. | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3158 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 570 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10089 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92595 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5059 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25313 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22955 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE CAP APPRECIATION | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64846 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25320 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101969 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HIGH YIELD BOND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4940 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5831 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH FIELD FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14488 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1976 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY USA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222358 |

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EZ LOADER BOAT TRAILERS, INC.

**D** Employer Identification Number (EIN)
91-0612518

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 0 | 4079 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2 | 769 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 36910 | 217363 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 325036 | 222358 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 10790252 | 11542581 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 11152200 | 11987150 |
| | **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 | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 11152200 | 11987150 |

## 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) | 116173 | |
| | **(B)** Participants | 2a(1)(B) | 373979 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 24315 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 514467 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 6401 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 6401 |
| | **(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) | | 0 |
| | **(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) | | 0 |
| | **(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) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 696768 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1217636 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 379127 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 379127 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 3559 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 3559 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 382686 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 834950 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DECORIA MAICHEL TEAGUE (2) EIN: 91-1632354

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 4079 |
| **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.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 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 | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| 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 | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | 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 | | | |
| o | Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? | 4o | | | |

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

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

## Part V Trust Information

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

**2016**

**This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

**A** Name of plan
EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EZ LOADER BOAT TRAILERS, INC.

**D** Employer Identification Number (EIN)
91-0612518

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

## Part VII IRS Compliance Questions

| | |
|---|---|
| **20a** Is the plan a 401(k) plan? If "No," skip b | ☐ Yes ☐ No |
| **20b** How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | ☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A |
| **21a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | ☐ Ratio percentage test ☐ Average benefit test ☐ N/A |
| **21b** Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? | ☐ Yes ☐ No |

**22a** If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

**22b** If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

# EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust

*Financial Statements*

**December 31, 2016**

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
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A PROFESSIONAL SERVICES FIRM
Certified Public Accountants | Business Consultants
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REPORT OF INDEPENDENT AUDITORS

Trustees and Participants
EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Spokane, Washington

### *Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance on internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974* (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

### *Disclaimer of Opinion*

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### *Other Matter*

The supplemental Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's *Rules and Regulations for Reporting and Disclosure under ERISA* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

## *Report on Form and Content in Compliance with DOL Rules and Regulations*

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL's *Rules and Regulations for Reporting and Disclosure under ERISA.*

De Coria, Maichel + Teague P.S.

Spokane, Washington
October 13, 2017

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Statements of Net Assets Available for Benefits**
**December 31, 2016 and 2015**

| | 2016 | 2015 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value (all participant directed): | | |
| Pooled separate accounts | $ 11,542,581 | $ 10,790,254 |
| Interest bearing cash | 769 | - |
| Common/collective trust | 222,358 | 325,036 |
| | 11,765,708 | 11,115,290 |
| Receivables: | | |
| Employer contribution | 115,751 | 116,173 |
| Participants contribution | 4,079 | - |
| Notes receivable from participants | 217,363 | 36,910 |
| | 337,193 | 153,083 |
| **TOTAL ASSETS** | 12,102,901 | 11,268,373 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 12,102,901 | $ 11,268,373 |

*See accompanying notes to the financial statements.*

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Statement of Changes in Net Assets Available for Benefits**
**For the year ended December 31, 2016**

| | 2016 |
|---|---|
| **ADDITIONS:** | |
| Investment earnings: | |
| Net appreciation in fair value of investments | $ 696,768 |
| Interest from notes receivable from participants | 6,401 |
| Contributions: | |
| Participants | 373,979 |
| Rollovers | 24,315 |
| Employer | 115,751 |
| | 514,045 |
| Total additions | 1,217,214 |
| **DEDUCTIONS:** | |
| Benefits paid to participants | 379,127 |
| Administrative expenses | 3,559 |
| Total deductions | 382,686 |
| **NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS** | 834,528 |
| **NET ASSETS AVAILABLE FOR BENEFITS:** | |
| Balance, beginning of year | 11,268,373 |
| Balance, end of year | $ 12,102,901 |

*See accompanying notes to the financial statements.*

## 1. DESCRIPTION OF THE PLAN

The following description of the EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

*General*

The Plan was established by a resolution of the Board of Directors of EZ Loader Boat Trailers, Inc. (the Plan Sponsor) on May 27, 1969. The Plan and Trust agreement was subsequently amended and restated. The Plan was created to provide certain benefits to employees in the event of retirement, permanent disability, death, or termination of employment. The Trust is designed to constitute a part of the EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan, which qualifies for tax exemption under Section 401(a) of the Internal Revenue Code.

The Plan is a defined contribution plan which covers eligible employees of the Plan Sponsor who have completed one year of service. In 1991 the Plan was amended to include a 401(k) salary deferral arrangement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent statutory revisions thereto.

*Eligibility*

All employees who are employed by the Plan Sponsor or any affiliate who has adopted the Plan are eligible to be enrolled in the Plan.

*Contributions*

The Plan contains provisions for the following types of contributions:

- Participants may make voluntary tax-deferred contributions to the Plan through payroll deductions of up to 100% of pretax annual compensation subject to Internal Revenue Service maximum limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participating employees may make additional voluntary contributions (in after-tax dollars) up to 10% of their gross compensation. Participants may also contribute (rollover) amounts representing distributions from other qualified benefit or defined contribution plans.

- The Plan Sponsor may make employer matching contributions for participants making voluntary tax-deferred contributions. Such matching contributions are at the sole discretion of the Plan Sponsor. The Plan Sponsor may contribute an amount equal to 50% of the employee's before-tax contribution, up to a maximum of 5% of the employee's annual compensation. During the year ended December 31, 2016, the Plan Sponsor made matching contributions of $115,751.

Each participating employee may designate the percentage of his or her total contribution, including the Plan Sponsor's matching portion, to be invested in any of the available investment options offered by the Plan.

## 1. DESCRIPTION OF THE PLAN, Continued:

*Payments of benefits*

Participants are eligible to receive 100% of their account balance at normal retirement (age 65), death, or permanent disability. Participants who terminate employment are eligible to receive their vested account balance after separation from service.

*Participant accounts*

Each participant's account is credited directly with the participant's and employer matching contributions, and allocations of the Company's discretionary contributions and net plan earnings. The Company's discretionary contributions are allocated to each participant's account in the same proportion that each participant's compensation bears to total compensation. If administrative expenses exceed forfeitures in any single year, the excess expenses will be charged to all individual participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants direct the investment of their contributions and Company employer matching and profit sharing contributions to any of the Plan's fund options.

*Vesting*

Net assets of the Plan are obligated for the benefits which have accrued to participating employees. Participant salary deferrals are fully vested at all times. Such benefits which have accrued to a participating employee attributable to employer contributions are vested (i.e., become nonforfeitable) pursuant to a prescribed schedule. The vesting schedule provides 20% vesting after one year of covered service, and additional 20% vesting for each year thereafter, until five years of covered service whereupon participants are 100% vested.

*Notes receivable from participants*

Participants may borrow from their account up to the lesser of 50% of their vested account balance or $50,000. The minimum loan amount is $1,000. Loan terms cannot exceed five years except for the purchase of a primary residence which is fifteen years. The loans are collateralized by the balance in the participant's account and bear a reasonable rate of interest, as determined by the Plan administrator. Principal and interest are paid ratably through periodic payroll deductions.

*Administration of the Plan*

The Plan administrator is a committee (the Administrative Committee) consisting of the Plan Sponsor's management. The Plan assets are held and invested by the Plan's custodian, John Hancock Life Insurance Company (John Hancock), in accordance with the Adoption Agreement with the Administrative Committee. Records of participant account activity are processed and maintained by the custodian who also performs other administrative support services for the Plan. Substantially all expenses of operating and maintaining the Plan are paid by the Plan.

## 1. DESCRIPTION OF THE PLAN, Continued:

*Forfeitures*

To the extent attributable to matching contributions, forfeitures are first allocated to reduce employer matching contributions for the Plan year in which the forfeiture occurs. Forfeitures of employer profit sharing contributions are allocated to the remaining participants' accounts. During the year ended December 31, 2016 there were $766 in forfeitures that reduced the employer contribution.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Basis of accounting*

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, (Part I) Fully Benefit-Response Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient ("ASU 2015-12"). ASU 2015-12 removes the requirement to: 1) measure fully benefit-responsive investment contracts at fair value; 2) disaggregate investments by nature, risks, and characteristics; 3) disclose individual investments that represent five percent or more of net assets available for benefits; and 4) disclose net appreciation or depreciation for investments by general type. ASU 2015-12 was effective for fiscal years beginning after December 15, 2015 with early adoption permitted. The Plan adopted ASU 2015-12 effective January 1, 2016 and applied it retrospectively to the 2015 statement of net assets available for benefits.

As a result of clarifications contained in ASU 2015-12, the Plan no longer presents the common collective trust fund as a fully benefit-responsive investment contract as it is an indirect investment in fully benefit-responsive contracts. Contract value adjustments have been removed from current and prior period.

*Investment valuation and income recognition*

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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

*Notes receivable from participants*

When management determines that participant loans are uncollectible, a loan loss provision is recognized. At December 31, 2016 and 2015, management believes that all material participant loans are collectible.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued:

*Use of estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

*Payment of benefits*

Benefits are recorded when paid.

*Fair Value Measurements*

The Plan adheres to accounting standards that deal with fair value measurements. These standards define fair value, establish a framework for measuring that value, and include disclosure requirements concerning the fair value measurement, and its fair value hierarchy level, for each major category of assets and liabilities that are measured at fair value. Hierarchy level is determined by segregating fair value measurements using quoted prices in active markets for identical assets or liabilities (Level 1), significant other observable inputs (Level 2), and significant unobservable inputs (Level 3). Transfers between levels are recognized at the end of the year.

The Plan has no assets or liabilities measured at fair value on a nonrecurring basis at December 31, 2106 or 2015.

## 3. FAIR VALUE MEASUREMENTS

At December 31, 2016 and 2015, the fair value of the financial assets of the Plan are as follows:

| | 2016 | 2015 |
|---|---|---|
| Life insurance company pooled separate accounts (fair value hierarchy Level 1) | $ 11,542,581 | $ 10,790,254 |
| Interest bearing cash (fair value hierarchy Level 1) | 769 | - |
| Common/collective trust fund (fair value hierarchy Level 1) | 222,358 | 325,036 |
| Total | $ 11,765,708 | $ 11,115,290 |

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

## 3. FAIR VALUE MEASUREMENTS, Continued:

**Pooled separate accounts:** The fair value of the units in pooled separate accounts is based on the estimated daily net asset value (NAV) of the underlying investments, as reported to the Plan by the contract issuer. The NAV, as provided to the custodian, is used as a practical expedient to estimate fair value. The pooled separate accounts are comprised of underlying securities that can be valued by active markets, and may be redeemed upon notice.

**Common/collective trust fund, pooled separate account:** The Plan invests in the John Hancock Stable Value Fund (Stable Value Fund) which is a collective investment trust fund sponsored by John Hancock. Common/collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value of the Stable Value Fund. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

## 4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

## 5. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and common/collective trusts. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## 6. BENEFITS PAYABLE

There were no benefits payable to persons who have withdrawn from participation in the Plan at December 31, 2016 and 2015.

## 7. STABLE VALUE FUND

The Plan invests in the John Hancock Stable Value Fund which is a collective investment trust fund sponsored by John Hancock. The fund's primary investment objectives are to preserve principal, maintain a competitive interest rate, and provide daily liquidity at contract value for plan-permitted, participant-directed withdrawals. The fund invests primarily in diversified fixed-income mutual funds and separately managed bond accounts run by investment subsidiaries of John Hancock, and in contract value stabilizing agreements offered by high-quality financial institutions. The stabilizing agreements are designed to offset price fluctuations associated with fixed-income investments by smoothing the effect of any gains or losses on the assets and to offer participants daily liquidity at contract value. Contract value is generally equal to the principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustment for withdrawals.

## 7. STABLE VALUE FUND, Continued:

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Stable Value Fund is expected to have a constant contract value of $1.00, although there is no assurance that it will remain constant at $1.00. The fund's trust agreement provides that withdrawals for purposes other than normal benefit payments or plan permitted investment option transfers are subject to either up to a 12-month hold or a market value adjustment, as elected by the Plan Sponsor.

In addition, a breach of material obligation under a stability agreement could cause John Hancock or the stability provider to terminate the contract. Most stabilizing agreements also may be terminated by the stability provider due to adverse changes in applicable laws, regulations or accounting treatment. Replacement stabilizing agreements may not be available and participants may experience losses if the market value of the separate account assets no longer covered by the stabilizing agreement is below contract value.

At December 31, 2016, the Plan administrator believes the occurrence of an event that would limit the ability of the Stable Value Fund to transact at contract value with the participants in the fund is not probable.

## 8. PARTIES-IN-INTEREST TRANSACTIONS

The Plan has investments in participation units held in pooled separate accounts through sub-accounts of John Hancock. John Hancock provides services to the Plan as the custodian and record keeper; therefore, these investments and transactions qualify as party-in-interest transactions. At December 31, 2016 and 2015, the Plan also had a noninterest-bearing cash account with John Hancock with a balance of $769 and $0, respectively. For the year ended December 31, 2016, the Plan paid administrative expenses to John Hancock of $3,559.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan's custodian reports the Plan's financial activity on the cash basis.

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2016 and 2015:

| | 2016 | 2015 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 12,102,901 | $ 11,268,373 |
| Adjustment to reconcile employer contribution from cash basis to the accrual basis | (115,751) | (116,173) |
| Net assets available for benefits per Form 5500 | $ 11,987,150 | $ 11,152,200 |

## 10. INCOME TAXES AND INCOME TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the IRS stated that the Plan, as designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC) as a tax-exempt organization. The Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 11. SUBSEQUENT EVENTS

Management evaluates, as of each reporting period, events or transactions that occur after the date of the statement of net assets available for benefits through the date that the financial statements are issued or are available to be issued. The Plan has evaluated its financial statements as of December 31, 2016 for subsequent events through October 13, 2017, the date the financial statements were available to be issued, and determined that no recognized subsequent events and nonrecognized subsequent events existed.

# Supplemental Schedule

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)**
**December 31, 2016**

| (a) | (b) Identity of Issue | (c) Quantity | | (e) Current Value |
|---|---|---|---|---|
| * | JH Thru 2055 Active Strategy | 274 | units | $ 3,055 |
| * | JH Thru 2045 Active Strategy | 1,048 | units | 16,642 |
| * | JH Thru 2040 Active Strategy | 922 | units | 14,669 |
| * | JH Thru 2035 Active Strategy | 12,355 | units | 197,149 |
| * | JH Thru 2030 Active Strategy | 1,116 | units | 17,376 |
| * | JH Thru 2025 Active Strategy | 5,381 | units | 83,427 |
| * | JH Thru 2020 Active Strategy | 51,748 | units | 799,544 |
| * | JH Ret To 2055 Managed Port | 576 | units | 6,517 |
| * | JH Ret To 2050 Managed Port | 4,113 | units | 58,199 |
| * | JH Ret To 2045 Managed Port | 5,572 | units | 89,873 |
| * | JH Ret To 2040 Managed Port | 13,475 | units | 216,849 |
| * | JH Ret To 2035 Managed Port | 20,138 | units | 319,143 |
| * | JH Ret To 2030 Managed Port | 68,734 | units | 1,059,862 |
| * | JH Ret To 2025 Managed Port | 137,937 | units | 2,024,823 |
| * | JH Ret To 2020 Managed Port | 208,198 | units | 2,844,561 |
| * | JH Ret Income Managed Port | 16,971 | units | 214,067 |
| * | JH LS Agg Active Strategy | 39,155 | units | 851,910 |
| * | JH LS Grow Active Strategy | 27,764 | units | 629,989 |
| * | JH LS Bal Active Strategy | 7,041 | units | 156,139 |
| * | JH LS Mod Active Strategy | 677 | units | 14,277 |
| * | JH LS Con Active Strategy | 4,578 | units | 93,692 |
| * | Financial Industries Fund | 17 | units | 452 |
| * | Natural Resources Fund | 28 | units | 758 |
| * | Royce Opportunity | 385 | units | 9,268 |
| * | Vanguard Energy Fund | 149 | units | 11,908 |
| * | Fidelity Adv Leveraged Co Stock | 2,085 | units | 118,994 |
| * | Keeley Small Cap Value | 52 | units | 2,065 |
| * | T. Rowe Price Science & Tech | 727 | units | 37,141 |
| * | Tocqueville Mgr Behavioral | 6 | units | 212 |
| * | Aston/Fairpointe Mid Cap Fund | 142 | units | 8,529 |
| * | Small Cap Index Fund | 163 | units | 5,233 |
| * | Vanguard Explorer Fund | 317 | units | 43,974 |
| * | Euro Pacific Growth Fund | 1,159 | units | 66,538 |
| * | Vanguard Mid-Cap Growth ETF | 781 | units | 9,403 |
| * | New World Fund | 38 | units | 2,254 |
| * | Real Est. Securities Fund | 1,308 | units | 39,650 |
| * | Capital World Growth & Income | 62 | units | 3,486 |
| * | ClearBridge Aggressive Growth | 24 | units | 5,524 |
| * | T. Rowe Price Health Sci | 2,123 | units | 202,613 |

*See report of independent auditors.*

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)**
**December 31, 2016**

| (a) | (b) Identity of Issue | (c) Quantity | | (e) Current Value |
|---|---|---|---|---|
| * | JPMorgan US Equity Fund | 745 | units | 11,995 |
| * | Vanguard Small Cap Value Index | 3,939 | units | 131,527 |
| * | Oppenheimer Global | 6 | units | 645 |
| * | Mid Cap Index Fund | 393 | units | 16,653 |
| * | Dodge & Cox Stock Fund | 14 | units | 3,136 |
| * | John Hancock Disciplined Value | 629 | units | 15,690 |
| * | Blue Chip Growth Fund | 2,030 | units | 85,440 |
| * | The Growth Fund of America | 9 | units | 570 |
| * | Vanguard Mid-Cap Value ETF | 388 | units | 5,059 |
| * | Mid Value Fund | 106 | units | 3,129 |
| * | Vanguard Growth Index Fund | 1,530 | units | 92,595 |
| * | Total Stock Market Index Fund | 408 | units | 10,089 |
| * | Utilities Fund | 945 | units | 25,320 |
| * | Vanguard Value Index Fund | 575 | units | 25,313 |
| * | T. Rowe Price Equity Inc | 65 | units | 3,158 |
| * | 500 Index Fund | 17,844 | units | 402,206 |
| * | Fidelity ContraFund | 1,490 | units | 194,128 |
| * | Mutual Global Discovery | 164 | units | 8,349 |
| * | Washington Mutual Investors | 366 | units | 22,955 |
| * | T. Rowe Price Cap Appreciation | 1,744 | units | 64,846 |
| * | Fundamental Large Cap Value | 396 | units | 10,809 |
| * | Templeton Global Bond Fund | 121 | units | 1,976 |
| * | High Yield Fund | 775 | units | 14,488 |
| * | Federated High Yield Bond | 334 | units | 4,940 |
| * | Fidelity Advisor Total Bond | 529 | units | 5,832 |
| * | Core Bond Fund | 5,251 | units | 101,969 |
| | | | | 11,542,581 |
| | John Hancock Common Collective Trust | | | |
| * | John Hancock Stable Value Fund | 183,201 | units | 222,358 |
| * | Interest bearing cash | | | 769 |
| | Employer contribution receivable | | | 115,751 |
| | Employee contribution receivable | | | 4,079 |
| | Notes receivable from participants with interest rates ranging from 4.25% to 6.75% maturing through 2018 | | | 217,363 |
| | Total | | | $ 12,102,901 |

* Represents party-in-interest to the Plan

Since all investments are participant-directed, cost (column (d)) information is omitted.

The information in this schedule has been certified as to its existence, completeness and accuracy by the Plan custodian, which is John Hancock Life Insurance Company for all assets held.

# EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust

*Financial Statements*

**December 31, 2016**

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
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REPORT OF INDEPENDENT AUDITORS

Trustees and Participants
EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Spokane, Washington

### *Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance on internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974* (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

### *Disclaimer of Opinion*

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### *Other Matter*

The supplemental Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's *Rules and Regulations for Reporting and Disclosure under ERISA* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

## *Report on Form and Content in Compliance with DOL Rules and Regulations*

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL's *Rules and Regulations for Reporting and Disclosure under ERISA.*

De Coria, Maichel + Teague P.S.

Spokane, Washington
October 13, 2017

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Statements of Net Assets Available for Benefits**
**December 31, 2016 and 2015**

| | 2016 | 2015 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value (all participant directed): | | |
| Pooled separate accounts | $ 11,542,581 | $ 10,790,254 |
| Interest bearing cash | 769 | - |
| Common/collective trust | 222,358 | 325,036 |
| | 11,765,708 | 11,115,290 |
| Receivables: | | |
| Employer contribution | 115,751 | 116,173 |
| Participants contribution | 4,079 | - |
| Notes receivable from participants | 217,363 | 36,910 |
| | 337,193 | 153,083 |
| **TOTAL ASSETS** | 12,102,901 | 11,268,373 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 12,102,901 | $ 11,268,373 |

*See accompanying notes to the financial statements.*

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Statement of Changes in Net Assets Available for Benefits**
**For the year ended December 31, 2016**

| | 2016 |
|---|---|
| **ADDITIONS:** | |
| Investment earnings: | |
| Net appreciation in fair value of investments | $ 696,768 |
| Interest from notes receivable from participants | 6,401 |
| Contributions: | |
| Participants | 373,979 |
| Rollovers | 24,315 |
| Employer | 115,751 |
| | 514,045 |
| Total additions | 1,217,214 |
| **DEDUCTIONS:** | |
| Benefits paid to participants | 379,127 |
| Administrative expenses | 3,559 |
| Total deductions | 382,686 |
| **NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS** | 834,528 |
| **NET ASSETS AVAILABLE FOR BENEFITS:** | |
| Balance, beginning of year | 11,268,373 |
| Balance, end of year | $ 12,102,901 |

*See accompanying notes to the financial statements.*

## 1. DESCRIPTION OF THE PLAN

The following description of the EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

*General*

The Plan was established by a resolution of the Board of Directors of EZ Loader Boat Trailers, Inc. (the Plan Sponsor) on May 27, 1969. The Plan and Trust agreement was subsequently amended and restated. The Plan was created to provide certain benefits to employees in the event of retirement, permanent disability, death, or termination of employment. The Trust is designed to constitute a part of the EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan, which qualifies for tax exemption under Section 401(a) of the Internal Revenue Code.

The Plan is a defined contribution plan which covers eligible employees of the Plan Sponsor who have completed one year of service. In 1991 the Plan was amended to include a 401(k) salary deferral arrangement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent statutory revisions thereto.

*Eligibility*

All employees who are employed by the Plan Sponsor or any affiliate who has adopted the Plan are eligible to be enrolled in the Plan.

*Contributions*

The Plan contains provisions for the following types of contributions:

- Participants may make voluntary tax-deferred contributions to the Plan through payroll deductions of up to 100% of pretax annual compensation subject to Internal Revenue Service maximum limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participating employees may make additional voluntary contributions (in after-tax dollars) up to 10% of their gross compensation. Participants may also contribute (rollover) amounts representing distributions from other qualified benefit or defined contribution plans.

- The Plan Sponsor may make employer matching contributions for participants making voluntary tax-deferred contributions. Such matching contributions are at the sole discretion of the Plan Sponsor. The Plan Sponsor may contribute an amount equal to 50% of the employee's before-tax contribution, up to a maximum of 5% of the employee's annual compensation. During the year ended December 31, 2016, the Plan Sponsor made matching contributions of $115,751.

Each participating employee may designate the percentage of his or her total contribution, including the Plan Sponsor's matching portion, to be invested in any of the available investment options offered by the Plan.

## 1. DESCRIPTION OF THE PLAN, Continued:

*Payments of benefits*

Participants are eligible to receive 100% of their account balance at normal retirement (age 65), death, or permanent disability. Participants who terminate employment are eligible to receive their vested account balance after separation from service.

*Participant accounts*

Each participant's account is credited directly with the participant's and employer matching contributions, and allocations of the Company's discretionary contributions and net plan earnings. The Company's discretionary contributions are allocated to each participant's account in the same proportion that each participant's compensation bears to total compensation. If administrative expenses exceed forfeitures in any single year, the excess expenses will be charged to all individual participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants direct the investment of their contributions and Company employer matching and profit sharing contributions to any of the Plan's fund options.

*Vesting*

Net assets of the Plan are obligated for the benefits which have accrued to participating employees. Participant salary deferrals are fully vested at all times. Such benefits which have accrued to a participating employee attributable to employer contributions are vested (i.e., become nonforfeitable) pursuant to a prescribed schedule. The vesting schedule provides 20% vesting after one year of covered service, and additional 20% vesting for each year thereafter, until five years of covered service whereupon participants are 100% vested.

*Notes receivable from participants*

Participants may borrow from their account up to the lesser of 50% of their vested account balance or $50,000. The minimum loan amount is $1,000. Loan terms cannot exceed five years except for the purchase of a primary residence which is fifteen years. The loans are collateralized by the balance in the participant's account and bear a reasonable rate of interest, as determined by the Plan administrator. Principal and interest are paid ratably through periodic payroll deductions.

*Administration of the Plan*

The Plan administrator is a committee (the Administrative Committee) consisting of the Plan Sponsor's management. The Plan assets are held and invested by the Plan's custodian, John Hancock Life Insurance Company (John Hancock), in accordance with the Adoption Agreement with the Administrative Committee. Records of participant account activity are processed and maintained by the custodian who also performs other administrative support services for the Plan. Substantially all expenses of operating and maintaining the Plan are paid by the Plan.

## 1. DESCRIPTION OF THE PLAN, Continued:

*Forfeitures*

To the extent attributable to matching contributions, forfeitures are first allocated to reduce employer matching contributions for the Plan year in which the forfeiture occurs. Forfeitures of employer profit sharing contributions are allocated to the remaining participants' accounts. During the year ended December 31, 2016 there were $766 in forfeitures that reduced the employer contribution.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Basis of accounting*

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, (Part I) Fully Benefit-Response Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient ("ASU 2015-12"). ASU 2015-12 removes the requirement to: 1) measure fully benefit-responsive investment contracts at fair value; 2) disaggregate investments by nature, risks, and characteristics; 3) disclose individual investments that represent five percent or more of net assets available for benefits; and 4) disclose net appreciation or depreciation for investments by general type. ASU 2015-12 was effective for fiscal years beginning after December 15, 2015 with early adoption permitted. The Plan adopted ASU 2015-12 effective January 1, 2016 and applied it retrospectively to the 2015 statement of net assets available for benefits.

As a result of clarifications contained in ASU 2015-12, the Plan no longer presents the common collective trust fund as a fully benefit-responsive investment contract as it is an indirect investment in fully benefit-responsive contracts. Contract value adjustments have been removed from current and prior period.

*Investment valuation and income recognition*

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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

*Notes receivable from participants*

When management determines that participant loans are uncollectible, a loan loss provision is recognized. At December 31, 2016 and 2015, management believes that all material participant loans are collectible.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued:

*Use of estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

*Payment of benefits*

Benefits are recorded when paid.

*Fair Value Measurements*

The Plan adheres to accounting standards that deal with fair value measurements. These standards define fair value, establish a framework for measuring that value, and include disclosure requirements concerning the fair value measurement, and its fair value hierarchy level, for each major category of assets and liabilities that are measured at fair value. Hierarchy level is determined by segregating fair value measurements using quoted prices in active markets for identical assets or liabilities (Level 1), significant other observable inputs (Level 2), and significant unobservable inputs (Level 3). Transfers between levels are recognized at the end of the year.

The Plan has no assets or liabilities measured at fair value on a nonrecurring basis at December 31, 2106 or 2015.

## 3. FAIR VALUE MEASUREMENTS

At December 31, 2016 and 2015, the fair value of the financial assets of the Plan are as follows:

| | 2016 | 2015 |
|---|---|---|
| Life insurance company pooled separate accounts (fair value hierarchy Level 1) | $ 11,542,581 | $ 10,790,254 |
| Interest bearing cash (fair value hierarchy Level 1) | 769 | - |
| Common/collective trust fund (fair value hierarchy Level 1) | 222,358 | 325,036 |
| Total | $ 11,765,708 | $ 11,115,290 |

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

## 3. FAIR VALUE MEASUREMENTS, Continued:

**Pooled separate accounts:** The fair value of the units in pooled separate accounts is based on the estimated daily net asset value (NAV) of the underlying investments, as reported to the Plan by the contract issuer. The NAV, as provided to the custodian, is used as a practical expedient to estimate fair value. The pooled separate accounts are comprised of underlying securities that can be valued by active markets, and may be redeemed upon notice.

**Common/collective trust fund, pooled separate account:** The Plan invests in the John Hancock Stable Value Fund (Stable Value Fund) which is a collective investment trust fund sponsored by John Hancock. Common/collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value of the Stable Value Fund. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

## 4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

## 5. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and common/collective trusts. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## 6. BENEFITS PAYABLE

There were no benefits payable to persons who have withdrawn from participation in the Plan at December 31, 2016 and 2015.

## 7. STABLE VALUE FUND

The Plan invests in the John Hancock Stable Value Fund which is a collective investment trust fund sponsored by John Hancock. The fund's primary investment objectives are to preserve principal, maintain a competitive interest rate, and provide daily liquidity at contract value for plan-permitted, participant-directed withdrawals. The fund invests primarily in diversified fixed-income mutual funds and separately managed bond accounts run by investment subsidiaries of John Hancock, and in contract value stabilizing agreements offered by high-quality financial institutions. The stabilizing agreements are designed to offset price fluctuations associated with fixed-income investments by smoothing the effect of any gains or losses on the assets and to offer participants daily liquidity at contract value. Contract value is generally equal to the principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustment for withdrawals.

## 7. STABLE VALUE FUND, Continued:

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Stable Value Fund is expected to have a constant contract value of $1.00, although there is no assurance that it will remain constant at $1.00. The fund's trust agreement provides that withdrawals for purposes other than normal benefit payments or plan permitted investment option transfers are subject to either up to a 12-month hold or a market value adjustment, as elected by the Plan Sponsor.

In addition, a breach of material obligation under a stability agreement could cause John Hancock or the stability provider to terminate the contract. Most stabilizing agreements also may be terminated by the stability provider due to adverse changes in applicable laws, regulations or accounting treatment. Replacement stabilizing agreements may not be available and participants may experience losses if the market value of the separate account assets no longer covered by the stabilizing agreement is below contract value.

At December 31, 2016, the Plan administrator believes the occurrence of an event that would limit the ability of the Stable Value Fund to transact at contract value with the participants in the fund is not probable.

## 8. PARTIES-IN-INTEREST TRANSACTIONS

The Plan has investments in participation units held in pooled separate accounts through sub-accounts of John Hancock. John Hancock provides services to the Plan as the custodian and record keeper; therefore, these investments and transactions qualify as party-in-interest transactions. At December 31, 2016 and 2015, the Plan also had a noninterest-bearing cash account with John Hancock with a balance of $769 and $0, respectively. For the year ended December 31, 2016, the Plan paid administrative expenses to John Hancock of $3,559.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan's custodian reports the Plan's financial activity on the cash basis.

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2016 and 2015:

| | 2016 | 2015 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 12,102,901 | $ 11,268,373 |
| Adjustment to reconcile employer contribution from cash basis to the accrual basis | (115,751) | (116,173) |
| Net assets available for benefits per Form 5500 | $ 11,987,150 | $ 11,152,200 |

## 10. INCOME TAXES AND INCOME TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the IRS stated that the Plan, as designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC) as a tax-exempt organization. The Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 11. SUBSEQUENT EVENTS

Management evaluates, as of each reporting period, events or transactions that occur after the date of the statement of net assets available for benefits through the date that the financial statements are issued or are available to be issued. The Plan has evaluated its financial statements as of December 31, 2016 for subsequent events through October 13, 2017, the date the financial statements were available to be issued, and determined that no recognized subsequent events and nonrecognized subsequent events existed.

# Supplemental Schedule

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)**
**December 31, 2016**

| (a) | (b) Identity of Issue | (c) Quantity | | (e) Current Value |
|---|---|---|---|---|
| * | JH Thru 2055 Active Strategy | 274 | units | $ 3,055 |
| * | JH Thru 2045 Active Strategy | 1,048 | units | 16,642 |
| * | JH Thru 2040 Active Strategy | 922 | units | 14,669 |
| * | JH Thru 2035 Active Strategy | 12,355 | units | 197,149 |
| * | JH Thru 2030 Active Strategy | 1,116 | units | 17,376 |
| * | JH Thru 2025 Active Strategy | 5,381 | units | 83,427 |
| * | JH Thru 2020 Active Strategy | 51,748 | units | 799,544 |
| * | JH Ret To 2055 Managed Port | 576 | units | 6,517 |
| * | JH Ret To 2050 Managed Port | 4,113 | units | 58,199 |
| * | JH Ret To 2045 Managed Port | 5,572 | units | 89,873 |
| * | JH Ret To 2040 Managed Port | 13,475 | units | 216,849 |
| * | JH Ret To 2035 Managed Port | 20,138 | units | 319,143 |
| * | JH Ret To 2030 Managed Port | 68,734 | units | 1,059,862 |
| * | JH Ret To 2025 Managed Port | 137,937 | units | 2,024,823 |
| * | JH Ret To 2020 Managed Port | 208,198 | units | 2,844,561 |
| * | JH Ret Income Managed Port | 16,971 | units | 214,067 |
| * | JH LS Agg Active Strategy | 39,155 | units | 851,910 |
| * | JH LS Grow Active Strategy | 27,764 | units | 629,989 |
| * | JH LS Bal Active Strategy | 7,041 | units | 156,139 |
| * | JH LS Mod Active Strategy | 677 | units | 14,277 |
| * | JH LS Con Active Strategy | 4,578 | units | 93,692 |
| * | Financial Industries Fund | 17 | units | 452 |
| * | Natural Resources Fund | 28 | units | 758 |
| * | Royce Opportunity | 385 | units | 9,268 |
| * | Vanguard Energy Fund | 149 | units | 11,908 |
| * | Fidelity Adv Leveraged Co Stock | 2,085 | units | 118,994 |
| * | Keeley Small Cap Value | 52 | units | 2,065 |
| * | T. Rowe Price Science & Tech | 727 | units | 37,141 |
| * | Tocqueville Mgr Behavioral | 6 | units | 212 |
| * | Aston/Fairpointe Mid Cap Fund | 142 | units | 8,529 |
| * | Small Cap Index Fund | 163 | units | 5,233 |
| * | Vanguard Explorer Fund | 317 | units | 43,974 |
| * | Euro Pacific Growth Fund | 1,159 | units | 66,538 |
| * | Vanguard Mid-Cap Growth ETF | 781 | units | 9,403 |
| * | New World Fund | 38 | units | 2,254 |
| * | Real Est. Securities Fund | 1,308 | units | 39,650 |
| * | Capital World Growth & Income | 62 | units | 3,486 |
| * | ClearBridge Aggressive Growth | 24 | units | 5,524 |
| * | T. Rowe Price Health Sci | 2,123 | units | 202,613 |

*See report of independent auditors.*

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's 401(k) Profit Sharing Plan and Trust**
**Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)**
**December 31, 2016**

| (a) | (b) Identity of Issue | (c) Quantity | | (e) Current Value |
|---|---|---|---|---|
| * | JPMorgan US Equity Fund | 745 | units | 11,995 |
| * | Vanguard Small Cap Value Index | 3,939 | units | 131,527 |
| * | Oppenheimer Global | 6 | units | 645 |
| * | Mid Cap Index Fund | 393 | units | 16,653 |
| * | Dodge & Cox Stock Fund | 14 | units | 3,136 |
| * | John Hancock Disciplined Value | 629 | units | 15,690 |
| * | Blue Chip Growth Fund | 2,030 | units | 85,440 |
| * | The Growth Fund of America | 9 | units | 570 |
| * | Vanguard Mid-Cap Value ETF | 388 | units | 5,059 |
| * | Mid Value Fund | 106 | units | 3,129 |
| * | Vanguard Growth Index Fund | 1,530 | units | 92,595 |
| * | Total Stock Market Index Fund | 408 | units | 10,089 |
| * | Utilities Fund | 945 | units | 25,320 |
| * | Vanguard Value Index Fund | 575 | units | 25,313 |
| * | T. Rowe Price Equity Inc | 65 | units | 3,158 |
| * | 500 Index Fund | 17,844 | units | 402,206 |
| * | Fidelity ContraFund | 1,490 | units | 194,128 |
| * | Mutual Global Discovery | 164 | units | 8,349 |
| * | Washington Mutual Investors | 366 | units | 22,955 |
| * | T. Rowe Price Cap Appreciation | 1,744 | units | 64,846 |
| * | Fundamental Large Cap Value | 396 | units | 10,809 |
| * | Templeton Global Bond Fund | 121 | units | 1,976 |
| * | High Yield Fund | 775 | units | 14,488 |
| * | Federated High Yield Bond | 334 | units | 4,940 |
| * | Fidelity Advisor Total Bond | 529 | units | 5,832 |
| * | Core Bond Fund | 5,251 | units | 101,969 |
| | | | | 11,542,581 |
| | John Hancock Common Collective Trust | | | |
| * | John Hancock Stable Value Fund | 183,201 | units | 222,358 |
| * | Interest bearing cash | | | 769 |
| | Employer contribution receivable | | | 115,751 |
| | Employee contribution receivable | | | 4,079 |
| | Notes receivable from participants with interest rates ranging from 4.25% to 6.75% maturing through 2018 | | | 217,363 |
| | Total | | | $ 12,102,901 |

* Represents party-in-interest to the Plan

Since all investments are participant-directed, cost (column (d)) information is omitted.

The information in this schedule has been certified as to its existence, completeness and accuracy by the Plan custodian, which is John Hancock Life Insurance Company for all assets held.