

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>05/27/1969</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>05/27/1969</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>05/27/1969</u>						
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) <u>EZ LOADER BOAT TRAILERS, INC.</u> <u>717 NORTH HAMILTON STREET</u> <u>SPOKANE, WA 99202</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>91-0612518</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>509-489-0181</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>336990</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>91-0612518</u>	2c	Plan Sponsor's telephone number <u>509-489-0181</u>	2d	Business code (see instructions) <u>336990</u>
2b	Employer Identification Number (EIN) <u>91-0612518</u>						
2c	Plan Sponsor's telephone number <u>509-489-0181</u>						
2d	Business code (see instructions) <u>336990</u>						

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.	10/14/2020	MICHELLE ALLISON
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 376
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 376 6a(2) 280 6b 0 6c 10 6d 290 6e 0 6f 290 6g 142 6h 3
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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.
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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	145	01/01/2019	12/31/2019

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 30552	(b) Total amount of fees paid 6620
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid VOYA FINANCIAL ADVISORS INC
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30552			3

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

EZ LOADER BOAT TRAILERS INC	717 N HAMILTON ST SPOKANE, WA 99202
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3670	OTHER PAYMENTS	2

(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	
	2950	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	3542
5 Current value of plan's interest under this contract in separate accounts at year end	5	12455604

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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)
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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	1318	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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:

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EZ LOADER BOAT TRAILERS, INC.</u>	D Employer Identification Number (EIN) <u>91-0612518</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2055 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12314</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2045 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30380</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9202</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>271809</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2030 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22417</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2025 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>135444</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2020 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>993293</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2060 PRESERV		
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) 2876
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2055 PRESERV		
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) 13169
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2050 PRESERV		
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) 82067
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2045 PRESERV		
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) 136791
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2040 PRESERV		
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) 298444
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2035 PRESERV		
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) 450800
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2030 PRESERV		
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) 1310304
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2025 PRESERV		
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) 2108971
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2020 PRESERV		
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) 2063558
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX INCOME PRESERV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
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) 310212

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
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) 844031
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
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) 1286505
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
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) 150148
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
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) 73170
a Name of MTIA, CCT, PSA, or 103-12 IE: AMG MANAGERS FAIRPOINTE MIDCAP		
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) 2170
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS 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) 1873
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL 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) 4077
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL 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) 1365
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) 11427
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) 112423

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP 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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL 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) 4072
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) 2290
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) 7330
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP 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) 2916
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) 3477
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) 1268
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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY 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) 9494
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) 6042

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP 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) 1987	
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) 117036	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP 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) 468	
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) 231539	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA 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) 1096	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH			
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) 3681	
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) 0	
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) 0	
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) 28095	
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) 12960	

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) 12458
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW 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) 417
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) 9735
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) 188340
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BASIC 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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION 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) 4490
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) 2909
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) 0
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) 125235
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL 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) 418

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) 417
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) 4754
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LARGE CAP 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) 745
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. 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) 3573
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) 0
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) 5115
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) 13914
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. 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) 0
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) 0
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) 39326

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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31425
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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31831
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14479
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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5379
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15815
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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262885
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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2578
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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105996
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SEC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1732
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 U.S.A.		
c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7361

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 U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248820
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4033
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27207
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 720
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165
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a Name of MTIA, CCT, PSA, or 103-12 IE: PAX BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

c EIN-PN 01-0233466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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)
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EZ LOADER BOAT TRAILERS, INC.</u>	D Employer Identification Number (EIN) <u>91-0612518</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2329	3542
	(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)	209279	161111
	(9) Value of interest in common/collective trusts	1c(9)	225690	248820
	(10) Value of interest in pooled separate accounts	1c(10)	11340443	12206784
	(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	11777741 12620257
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11777741 12620257

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	435868
	(C) Others (including rollovers)	2a(1)(C)	49926
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	485794
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)	10589
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	10589
(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)		1947219
(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		2443602

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1585484	
(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)		1585484
f Corrective distributions (see instructions)	2f		8684
g Certain deemed distributions of participant loans (see instructions)	2g		2650
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4268	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4268
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1601086

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		842516
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) ☐ Unmodified (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:

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.)

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.)

	Yes	No	Amount
4a		X	
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?	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?		X	
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.)	X		
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			

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

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.)

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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>EZ LOADER BOAT TRAILERS, INC AMENDED AND RESTATED EMPLOYEE'S 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EZ LOADER BOAT TRAILERS, INC.</u>	D Employer Identification Number (EIN) <u>91-0612518</u>

Part I	Distributions
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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	<u>0</u>
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): <u>01-0233346</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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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
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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.
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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

Financial Statements

December 31, 2019

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
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7307 N. Division, Suite 222
Spokane, Washington 99208

INDEPENDENT AUDITOR'S REPORT

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, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

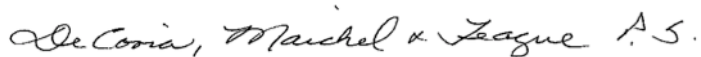
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2019 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*.



Spokane, Washington
October 12, 2020

**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, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value (all participant directed):		
Pooled separate accounts	\$ 12,206,784	\$ 11,340,443
Stable value fund	248,820	225,690
Interest bearing cash	3,542	2,329
	<u>12,459,146</u>	<u>11,568,462</u>
Receivables:		
Participant contributions	-	16,597
Employer contributions	117,527	-
Notes receivable from participants	161,111	209,279
	<u>278,638</u>	<u>225,876</u>
TOTAL ASSETS	<u>12,737,784</u>	<u>11,794,338</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,737,784</u></u>	<u><u>\$ 11,794,338</u></u>

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, 2019**

ADDITIONS:

Investment earnings - Net appreciation in fair value of investments	\$ 1,947,219
Interest from notes receivable from participants	10,589
Participant contributions	419,271
Employer contributions	117,527
Rollovers	49,926
Total additions	<u>2,544,532</u>

DEDUCTIONS:

Benefits paid to participants	1,596,818
Administrative expenses	4,268
Total deductions	<u>1,601,086</u>

**NET INCREASE IN ASSETS AVAILABLE FOR
BENEFITS**

943,446

NET ASSETS AVAILABLE FOR BENEFITS:

Balance, beginning of year	<u>11,794,338</u>
Balance, end of year	<u><u>\$ 12,737,784</u></u>

See accompanying notes to the financial statements.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to 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 effective July 1, 2015. 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 all eligible employees of the Plan Sponsor. 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.

The Plan is administered by members 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 Plan and Trust agreement with the Plan. 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 Sponsor.

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 upon the date of hire. Employees are eligible for employer matching and profit-sharing contributions after one year of service as long as they are employed on the last day of the Plan year (December 31). Exceptions for the year end requirement include termination due to death, disability, and attainment of the age of 65.

Contributions

The Plan contains provisions for the following types of contributions:

- Participants may make voluntary tax-deferred and/or taxed (Roth) contributions to the Plan through payroll deductions of a minimum of 1% up to 100% of annual W-2 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. Participants may also contribute (rollover) amounts representing distributions from other qualified benefit or defined contribution plans.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

1. DESCRIPTION OF THE PLAN, Continued:

- The Plan Sponsor may make employer contributions, at its full discretion, as follows:
 - Matching contributions for participants making contributions based on a discretionary percentage determined by Plan Sponsor.
 - Profit-sharing contributions for all eligible employees.

During the year ended December 31, 2019, the Plan Sponsor made matching contributions of \$117,527 which was receivable at December 31, 2019. There was no employer contributions receivable at December 31, 2018.

Participants direct the investment of their contributions and Plan Sponsor's contributions into various investment options offered by the Plan.

Participant accounts

Individual accounts are maintained for each participant of the Plan. Each participant's account is credited directly with the participant's contributions and Plan Sponsor's contributions as well as allocation of the participant's earnings or losses. The Plan Sponsor's matching contributions are allocated to each participant's account based on the percentage of the participant's contribution during the Plan year. The Plan Sponsor's profit-sharing contributions are allocated to eligible employees in the same proportion that each participant's compensation bears to total compensation in any Plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants' contributions plus actual earnings thereon immediately vest (i.e., become nonforfeitable). Plan Sponsor's contributions plus actual earnings thereon vest 20% after one year of covered service and an additional 20% 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 cannot exceed fifteen years. The loans are collateralized by the balance in the participant's account and bear a rate of interest at 1% above the prime rate. A participant may only have one loan outstanding at any time. Principal and interest are paid ratably through periodic payroll deductions.

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 in lump sum or, if other than upon death, in installments through an annuity.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

1. DESCRIPTION OF THE PLAN, Continued:

Forfeitures

Amounts forfeited from a participants account are used to reduce employer contributions or to pay reasonable Plan expenses. During the year ended December 31, 2019, Plan expenses were reduced \$1,210 by forfeitures.

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.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Plan Sponsor to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures. Actual results may differ from those estimates.

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 and interest and dividend income.

Notes receivable from participants

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

Payment of benefits

Benefits are recognized when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued:

Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under the framework are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include those that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

3. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2019 and 2018, and net appreciation in fair value of investments, for the year ended December 31, 2019, was obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by John Hancock, the custodian of the Plan.

4. INVESTMENTS

At December 31, 2019 and 2018, the fair value of investments of the Plan are as follows:

	Level 1	
	2019	2018
Life insurance company pooled separate accounts	\$ 12,206,784	\$ 11,340,443
Life insurance company stable value fund	248,820	225,690
Interest bearing cash	3,542	2,329
Total	<u>\$ 12,459,146</u>	<u>\$ 11,568,462</u>

4. INVESTMENTS, Continued:

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

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, 2019 and 2018.

- Investments in the pooled separate account funds are valued daily based at their net asset value (NAV). The NAV is based on the fair value of the stocks, debt instruments, mutual funds, and other securities in the accounts. The pooled separate account funds may be traded daily at their NAV (Level 1).
- The Plan invests in a stable value fund. The stable value fund invests in fully benefit-responsive guaranteed investment contracts (GICs), which are general obligations of the insurance companies that issue the contracts, as well as synthetic GICs and other financial instruments. The stable value fund trades daily at its net asset value (NAV) which is based on the contract value of the underlying GICs and the fair values of other investments (Level 1).

Investments can be traded by participants daily at the NAV of the accounts.

5. 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.

6. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and a stable value fund. 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.

7. PARTIES-IN-INTEREST TRANSACTIONS

Plan investments are management by John Hancock thorough participation units held in pooled separate accounts and John Hancock's stable value fund. John Hancock is the Plan's custodian and record keeper and, therefore, these investments and transactions qualify as party-in-interest transactions. For the year ended December 31, 2019, the Plan paid administrative expenses to John Hancock of \$4,268. At December 31, 2019 and 2018, the Plan also had a noninterest-bearing cash account with John Hancock with a balance of \$3,542 and \$2,329, respectively.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

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, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 12,737,784	\$ \$11,794,338
Adjustments to reconcile from cash basis to accrual basis		
Employer contributions	(117,527)	-
Employee contributions	-	(16,597)
Net assets available for benefits per Form 5500	\$ <u>12,620,257</u>	\$ <u>11,777,741</u>
 Net increase in assets available for benefits per the financial statements	 \$ 943,446	
Adjustments to reconcile from cash basis to accrual basis		
Employer contributions	(117,527)	
Employee contributions	16,597	
Net income per the Form 5500	\$ <u>842,516</u>	

9. 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.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management of the Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2020, the date the financial statements were issued. No adjustments were made to the financial statements as a result of this evaluation.

10. SUBSEQUENT EVENTS, Continued:

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

Beginning in the latter half of March 2020, the worldwide spread of the respiratory disease caused by a novel coronavirus (“COVID-19”) caused significant disruptions to the U.S. and world economies. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a worldwide pandemic. On March 13, 2020, President Trump declared a national state of emergency for the United States. In response to the issuance of U.S. federal guidelines to contain the spread of the COVID-19 virus, U.S. state and local jurisdictions implemented various containment or mitigation measures, including shelter-in-place orders and the temporary closure of non-essential businesses, which negatively impacted the economy and have caused significant volatility in capital markets in 2020. As such, the Plan experienced similar volatility in the market value of securities held subsequent to year end.

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, 2019**

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Quantity</u>	<u>Current Value</u>
*	Mutal funds held by John Hancock:		
	JH Multimanager 2060 Lifetime	224 units	\$ 3,294
	JH Multimanager 2055 Lifetime	809 units	12,314
	JH Multimanager 2045 Lifetime	1,426 units	30,380
	JH Multimanager 2040 Lifetime	432 units	9,202
	JH Multimanager 2035 Lifetime	12,905 units	271,809
	JH Multimanager 2030 Lifetime	1,111 units	22,417
	JH Multimanager 2025 Lifetime	6,908 units	135,444
	JH Multimanager 2020 Lifetime	52,236 units	993,293
	JH Multi-Index 2060 Preserve	199 units	2,876
	JH Multi-Index 2055 Preserve	869 units	13,169
	JH Multi-Index 2050 Preserve	4,316 units	82,067
	JH Multi-Index 2045 Preserve	6,339 units	136,791
	JH Multi-Index 2040 Preserve	13,942 units	298,444
	JH Multi-Index 2035 Preserve	21,740 units	450,800
	JH Multi-Index 2030 Preserve	67,035 units	1,310,304
	JH Multi-Index 2025 Preserve	118,562 units	2,108,971
	JH Multi-Index 2020 Preserve	131,229 units	2,063,558
	JH Multi-Index Income Preserve	21,972 units	310,212
	JH Multimanager Aggressive LS	29,184 units	844,031
	JH Multimanager Growth LS	44,487 units	1,286,505
	JH Multimanager Balanced LS	5,572 units	150,148
	JH Multimanager Conserve LS	3,254 units	73,170
	AMG Managers Fairpointe MidCap	35 units	2,170
	DFA Emerging Markets Value	41 units	1,873
	DFA International Value	161 units	4,077
	DFA U.S. Small Cap Fund	28 units	1,365
	Dodge and Cox International	14 units	743
	EuroPacific Growth Fund	1,545 units	114,263
	Fidelity Adv Leveraged Co Stk	1,547 units	112,423
	John Hancock Intl Growth	89 units	4,072
	Keeley Small Cap Value	55 units	2,290
	Mid Cap Index Fund	161 units	7,330
	Mid Cap Stock Fund	59 units	2,916
	New World Fund	40 units	3,477
	PGIM Jennison Mid Cap Growth	44 units	3,124
	Real Est Securities Fund	38 units	1,268
	Science & Technology Fund	155 units	9,494
	Small Cap Index Fund	177 units	6,042
	Small Cap Stock Fund	77 units	1,987
	SMALL CAP World Fun	5 units	468
	T. Rowe Price Health Sci	1,598 units	231,539
	T. Rowe Price New Era Fund	31 units	1,096
	T. Rowe Price Sci & Tech	39 units	3,681
	Vanguard Explorer Fund	143 units	28,095

See report of independent auditor.

**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, 2019**

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Quantity</u>	<u>Current Value</u>
*	Mutal funds held by John Hancock:		
	Vanguard Mid-Cap Growth ETF	716 units	12,960
	Vanguard Mid-Cap Value ETF	745 units	12,458
	Vanguard Small Cap Grow Index	7 units	417
	Vanguard Small Cap Value Index	250 units	9,735
	500 Index Fund	5,749 units	188,340
	Blue Chip Growth Fund	1,558 units	117,036
	Capital Appreciation Fund	116 units	4,490
	Capital World Growth & Income	37 units	2,909
	Fidelity ContraFund	613 units	125,235
	Fundamental Investors	4 units	418
	Fundamental Large Cap Value	13 units	417
	Invesco Oppenheimer Global	26 units	4,033
	John Hancock Disiplined Value	144 units	4,754
	JPMorgan Large Cap Growth	11 units	745
	JPMorgan U.S. Equity Fund	149 units	3,573
	MFS Utilities Fund	955 units	27,207
	The Growth Fund of America	57 units	5,115
	Total Stock Market Index Fund	408 units	13,914
	Vanguard Growth Index Fund	391 units	39,326
	Vanguard Value Index Fund	531 units	31,425
	Washington Mutual Invenstors	378 units	31,831
	American Balanced Fund	338 units	14,479
	BlackRock Global Allocation	22 units	720
	Capital Income Builder	2 units	165
	Pax Balanced Fund	6 units	235
	T. Rowe Price Cap Appreciation	4,955 units	262,885
	Capital World Bond Fund	4 units	109
	Core Bond Fund	5,203 units	105,996
	DFA Inflation-Protected Sec	122 units	1,732
	Federated High Yield Bond	309 units	5,379
	Fidelity Advisor Total Bond	596 units	7,361
	High Yield Fund	788 units	15,815
	Templeton Global Bond Fund	152	2,578
	Subtotal		<u>\$ 12,206,784</u>
*	John Hancock Stable Value Fund	206,638 units	248,820
*	Interest bearing cash		3,542
	Notes receivable from participants with interest rates ranging from 4.25% to 6.75% maturing through 2033		<u>161,111</u>
	Total		<u><u>\$ 12,620,257</u></u>

* All securities are held in pooled separate accounts and funds with John Hancock Life Insurance Company who is a party in interest of the Plan.

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

See report of independent auditor.

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

Financial Statements

December 31, 2019

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

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Disclaimer of Opinion

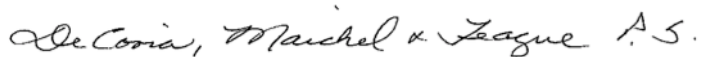
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Spokane, Washington
October 12, 2020

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	<u>278,638</u>	<u>225,876</u>
TOTAL ASSETS	<u>12,737,784</u>	<u>11,794,338</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,737,784</u></u>	<u><u>\$ 11,794,338</u></u>

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, 2019**

ADDITIONS:

Investment earnings - Net appreciation in fair value of investments	\$ 1,947,219
Interest from notes receivable from participants	10,589
Participant contributions	419,271
Employer contributions	117,527
Rollovers	49,926
Total additions	<u>2,544,532</u>

DEDUCTIONS:

Benefits paid to participants	1,596,818
Administrative expenses	4,268
Total deductions	<u>1,601,086</u>

**NET INCREASE IN ASSETS AVAILABLE FOR
BENEFITS**

943,446

NET ASSETS AVAILABLE FOR BENEFITS:

Balance, beginning of year	<u>11,794,338</u>
Balance, end of year	<u>\$ 12,737,784</u>

See accompanying notes to the financial statements.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to 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 effective July 1, 2015. 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 all eligible employees of the Plan Sponsor. 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.

The Plan is administered by members 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 Plan and Trust agreement with the Plan. 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 Sponsor.

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 upon the date of hire. Employees are eligible for employer matching and profit-sharing contributions after one year of service as long as they are employed on the last day of the Plan year (December 31). Exceptions for the year end requirement include termination due to death, disability, and attainment of the age of 65.

Contributions

The Plan contains provisions for the following types of contributions:

- Participants may make voluntary tax-deferred and/or taxed (Roth) contributions to the Plan through payroll deductions of a minimum of 1% up to 100% of annual W-2 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. Participants may also contribute (rollover) amounts representing distributions from other qualified benefit or defined contribution plans.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

1. DESCRIPTION OF THE PLAN, Continued:

- The Plan Sponsor may make employer contributions, at its full discretion, as follows:
 - Matching contributions for participants making contributions based on a discretionary percentage determined by Plan Sponsor.
 - Profit-sharing contributions for all eligible employees.

During the year ended December 31, 2019, the Plan Sponsor made matching contributions of \$117,527 which was receivable at December 31, 2019. There was no employer contributions receivable at December 31, 2018.

Participants direct the investment of their contributions and Plan Sponsor's contributions into various investment options offered by the Plan.

Participant accounts

Individual accounts are maintained for each participant of the Plan. Each participant's account is credited directly with the participant's contributions and Plan Sponsor's contributions as well as allocation of the participant's earnings or losses. The Plan Sponsor's matching contributions are allocated to each participant's account based on the percentage of the participant's contribution during the Plan year. The Plan Sponsor's profit-sharing contributions are allocated to eligible employees in the same proportion that each participant's compensation bears to total compensation in any Plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants' contributions plus actual earnings thereon immediately vest (i.e., become nonforfeitable). Plan Sponsor's contributions plus actual earnings thereon vest 20% after one year of covered service and an additional 20% 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 cannot exceed fifteen years. The loans are collateralized by the balance in the participant's account and bear a rate of interest at 1% above the prime rate. A participant may only have one loan outstanding at any time. Principal and interest are paid ratably through periodic payroll deductions.

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 in lump sum or, if other than upon death, in installments through an annuity.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

1. DESCRIPTION OF THE PLAN, Continued:

Forfeitures

Amounts forfeited from a participants account are used to reduce employer contributions or to pay reasonable Plan expenses. During the year ended December 31, 2019, Plan expenses were reduced \$1,210 by forfeitures.

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.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Plan Sponsor to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures. Actual results may differ from those estimates.

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 and interest and dividend income.

Notes receivable from participants

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

Payment of benefits

Benefits are recognized when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements.

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued:

Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under the framework are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include those that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

3. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2019 and 2018, and net appreciation in fair value of investments, for the year ended December 31, 2019, was obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by John Hancock, the custodian of the Plan.

4. INVESTMENTS

At December 31, 2019 and 2018, the fair value of investments of the Plan are as follows:

	Level 1	
	2019	2018
Life insurance company pooled separate accounts	\$ 12,206,784	\$ 11,340,443
Life insurance company stable value fund	248,820	225,690
Interest bearing cash	3,542	2,329
Total	<u>\$ 12,459,146</u>	<u>\$ 11,568,462</u>

4. INVESTMENTS, Continued:

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

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, 2019 and 2018.

- Investments in the pooled separate account funds are valued daily based at their net asset value (NAV). The NAV is based on the fair value of the stocks, debt instruments, mutual funds, and other securities in the accounts. The pooled separate account funds may be traded daily at their NAV (Level 1).
- The Plan invests in a stable value fund. The stable value fund invests in fully benefit-responsive guaranteed investment contracts (GICs), which are general obligations of the insurance companies that issue the contracts, as well as synthetic GICs and other financial instruments. The stable value fund trades daily at its net asset value (NAV) which is based on the contract value of the underlying GICs and the fair values of other investments (Level 1).

Investments can be traded by participants daily at the NAV of the accounts.

5. 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.

6. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and a stable value fund. 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.

7. PARTIES-IN-INTEREST TRANSACTIONS

Plan investments are management by John Hancock thorough participation units held in pooled separate accounts and John Hancock's stable value fund. John Hancock is the Plan's custodian and record keeper and, therefore, these investments and transactions qualify as party-in-interest transactions. For the year ended December 31, 2019, the Plan paid administrative expenses to John Hancock of \$4,268. At December 31, 2019 and 2018, the Plan also had a noninterest-bearing cash account with John Hancock with a balance of \$3,542 and \$2,329, respectively.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

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, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 12,737,784	\$ 11,794,338
Adjustments to reconcile from cash basis to accrual basis		
Employer contributions	(117,527)	-
Employee contributions	-	(16,597)
Net assets available for benefits per Form 5500	<u>\$ 12,620,257</u>	<u>\$ 11,777,741</u>
 Net increase in assets available for benefits per the financial statements	 \$ 943,446	
Adjustments to reconcile from cash basis to accrual basis		
Employer contributions	(117,527)	
Employee contributions	16,597	
Net income per the Form 5500	<u>\$ 842,516</u>	

9. 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.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management of the Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2020, the date the financial statements were issued. No adjustments were made to the financial statements as a result of this evaluation.

10. SUBSEQUENT EVENTS, Continued:

**EZ Loader Boat Trailers, Inc. Amended and Restated Employee's
401(k) Profit Sharing Plan and Trust
Notes to Financial Statements**

Beginning in the latter half of March 2020, the worldwide spread of the respiratory disease caused by a novel coronavirus (“COVID-19”) caused significant disruptions to the U.S. and world economies. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a worldwide pandemic. On March 13, 2020, President Trump declared a national state of emergency for the United States. In response to the issuance of U.S. federal guidelines to contain the spread of the COVID-19 virus, U.S. state and local jurisdictions implemented various containment or mitigation measures, including shelter-in-place orders and the temporary closure of non-essential businesses, which negatively impacted the economy and have caused significant volatility in capital markets in 2020. As such, the Plan experienced similar volatility in the market value of securities held subsequent to year end.

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, 2019**

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Quantity</u>	<u>Current Value</u>
*	Mutal funds held by John Hancock:		
	JH Multimanager 2060 Lifetime	224 units	\$ 3,294
	JH Multimanager 2055 Lifetime	809 units	12,314
	JH Multimanager 2045 Lifetime	1,426 units	30,380
	JH Multimanager 2040 Lifetime	432 units	9,202
	JH Multimanager 2035 Lifetime	12,905 units	271,809
	JH Multimanager 2030 Lifetime	1,111 units	22,417
	JH Multimanager 2025 Lifetime	6,908 units	135,444
	JH Multimanager 2020 Lifetime	52,236 units	993,293
	JH Multi-Index 2060 Preserve	199 units	2,876
	JH Multi-Index 2055 Preserve	869 units	13,169
	JH Multi-Index 2050 Preserve	4,316 units	82,067
	JH Multi-Index 2045 Preserve	6,339 units	136,791
	JH Multi-Index 2040 Preserve	13,942 units	298,444
	JH Multi-Index 2035 Preserve	21,740 units	450,800
	JH Multi-Index 2030 Preserve	67,035 units	1,310,304
	JH Multi-Index 2025 Preserve	118,562 units	2,108,971
	JH Multi-Index 2020 Preserve	131,229 units	2,063,558
	JH Multi-Index Income Preserve	21,972 units	310,212
	JH Multimanager Aggressive LS	29,184 units	844,031
	JH Multimanager Growth LS	44,487 units	1,286,505
	JH Multimanager Balanced LS	5,572 units	150,148
	JH Multimanager Conserve LS	3,254 units	73,170
	AMG Managers Fairpointe MidCap	35 units	2,170
	DFA Emerging Markets Value	41 units	1,873
	DFA International Value	161 units	4,077
	DFA U.S. Small Cap Fund	28 units	1,365
	Dodge and Cox International	14 units	743
	EuroPacific Growth Fund	1,545 units	114,263
	Fidelity Adv Leveraged Co Stk	1,547 units	112,423
	John Hancock Intl Growth	89 units	4,072
	Keeley Small Cap Value	55 units	2,290
	Mid Cap Index Fund	161 units	7,330
	Mid Cap Stock Fund	59 units	2,916
	New World Fund	40 units	3,477
	PGIM Jennison Mid Cap Growth	44 units	3,124
	Real Est Securities Fund	38 units	1,268
	Science & Technology Fund	155 units	9,494
	Small Cap Index Fund	177 units	6,042
	Small Cap Stock Fund	77 units	1,987
	SMALL CAP World Fun	5 units	468
	T. Rowe Price Health Sci	1,598 units	231,539
	T. Rowe Price New Era Fund	31 units	1,096
	T. Rowe Price Sci & Tech	39 units	3,681
	Vanguard Explorer Fund	143 units	28,095

See report of independent auditor.

**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, 2019**

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Quantity</u>	<u>Current Value</u>
*	Mutal funds held by John Hancock:		
	Vanguard Mid-Cap Growth ETF	716 units	12,960
	Vanguard Mid-Cap Value ETF	745 units	12,458
	Vanguard Small Cap Grow Index	7 units	417
	Vanguard Small Cap Value Index	250 units	9,735
	500 Index Fund	5,749 units	188,340
	Blue Chip Growth Fund	1,558 units	117,036
	Capital Appreciation Fund	116 units	4,490
	Capital World Growth & Income	37 units	2,909
	Fidelity ContraFund	613 units	125,235
	Fundamental Investors	4 units	418
	Fundamental Large Cap Value	13 units	417
	Invesco Oppenheimer Global	26 units	4,033
	John Hancock Disiplined Value	144 units	4,754
	JPMorgan Large Cap Growth	11 units	745
	JPMorgan U.S. Equity Fund	149 units	3,573
	MFS Utilities Fund	955 units	27,207
	The Growth Fund of America	57 units	5,115
	Total Stock Market Index Fund	408 units	13,914
	Vanguard Growth Index Fund	391 units	39,326
	Vanguard Value Index Fund	531 units	31,425
	Washington Mutual Invenstors	378 units	31,831
	American Balanced Fund	338 units	14,479
	BlackRock Global Allocation	22 units	720
	Capital Income Builder	2 units	165
	Pax Balanced Fund	6 units	235
	T. Rowe Price Cap Appreciation	4,955 units	262,885
	Capital World Bond Fund	4 units	109
	Core Bond Fund	5,203 units	105,996
	DFA Inflation-Protected Sec	122 units	1,732
	Federated High Yield Bond	309 units	5,379
	Fidelity Advisor Total Bond	596 units	7,361
	High Yield Fund	788 units	15,815
	Templeton Global Bond Fund	152	2,578
	Subtotal		<u>\$ 12,206,784</u>
*	John Hancock Stable Value Fund	206,638 units	248,820
*	Interest bearing cash		3,542
	Notes receivable from participants with interest rates ranging from 4.25% to 6.75% maturing through 2033		<u>161,111</u>
	Total		<u><u>\$ 12,620,257</u></u>

* All securities are held in pooled separate accounts and funds with John Hancock Life Insurance Company who is a party in interest of the Plan.

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

See report of independent auditor.