## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	)-SF.			
		lentification Information						
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В .	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter description	on)					
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	ation					_
	Name of plan	ination of an requested inform	ation		1b	Three-digit		_
		NG 401(K) SAVINGS PLAN & TRUS	Т			plan number	001	
						(PN) <b>•</b>		
					1c	Effective date of 05/01/1		
2a	Plan enoneor's name and addr	ess (employer, if for single-employer	nlan)		2h	Employer Identi		
	UND FORCE MANUFACTURIN	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	piai i)		20	(EIN) 91-209		
					2c Plan sponsor's telephone number			
	Γ 5650 SELTICE WAY Γ FALLS, ID 83854			•	24	208-66		
1 00	T ALLO, ID 00004				20	Business code 333100	(see instructions)	i
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's		
GRO	UND FORCE MANUFACTURIN	NG, LLC EAST 5650 S POST FALLS				91-209		
		FOST FALL	3, 10 03034	*	3с	Administrator's 208-66	telephone numbe	∍r
<b>4</b> 1	f the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h	EIN	4-3231	
		r from the last return/report. Sponso		,				
						PN		
_	• •	the beginning of the plan year		ł	5a		10	00
	· ·	the end of the plan year		ļ	5b		8	81
С		ith account balances as of the end o			5c		7	76
6a	, ,			(See instructions.)			X Yes I	No
				ndent qualified public accountant (IQF				
				ons.)			X Yes [ ]	No
Do			orm 5500-	SF and must instead use Form 550	00.			
		ation			1			
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End	of Year	22
	Total plan liabilities		. 7a	165016	-		27152	
C	'	7h from line 7a)		165016			27152	22
8		7b from line 7a)	. 7с			/L) :		
а	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b)	Total	
<u> </u>			. 8a(1)	22413				
	(2) Participants		. 8a(2)	33618				
	(3) Others (including rollovers	)	. 8a(3)					
b	Other income (loss)		. 8b	55001				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				11103	32
d	Benefits paid (including direct to provide benefits)	rollovers and insurance premiums	. 8d	4186	i			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g	340				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)					452	26
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				10650	J6
j		ee instructions)						

Dart IV	Dlan	Characteristics	
Part IV	Pian	Characteristics	Š

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ					8793
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.	. [	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required contribution for this plan year		⊢					
	Enter the amount contributed by the employer to the plan for this plan year			12c				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		<b>13c(2)</b> EIN(s)				<b>13c(3)</b> PN(s)	
aut	ا ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.	rn/rep	ort, in	cluding	g, if appli			
	, , , , ,							

SIGN	Filed with authorized/valid electronic signature.	07/16/2010	JOHN CHAMBERS					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/16/2010	JOHN CHAMBERS					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection.

F	Pension Benefit Guaranty Corporation		lance with	the instructions to the Form 5500-	SF.			
		dentification Information						
For	the calendar plan year 2009 or	fiscal plan year beginning	2009-	01-01 and ending	20	09-12-31		
Α	This return/report is for:	single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	first return/report	final return	report/				
	Ī	an amended return/report	short plan	year return/report (less than 12 months	3)			
С	Check box if filing under:	Form 5558	automatic e	extension	ſ	DFVC progra	m	
•		special extension (enter description)	is a second		L	_ , ,		
-	Pasia Diam Inform							
	Art II Basic Plan Infor	mation enter all requested inform	mation		1b	Three-digit		
ıa						plan number		
	Ground Force Manufact	uring 401(k) Savings Plan	& Trust	-		(PN) ►	001	
						Effective date o 1995-05-01	fplan	
2a	Plan sponsor's name and addre	ess (employer, if for single-employer plants	an)				fication Number	
	Ground Force Manufact		,			(EIN) 91-20		
	- For 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				2c	and the second of the second o	telephone number	
	East 5650 Seltice Way				24	(208) 664-9		
US	Post Falls	ID 83854			Zu	333100	(see instructions)	
3a	Plan administrator's name and	address (If same as plan employer, en	ter "Same")	)	3b	<b>b</b> Administrator's EIN		
	Same							
					3c	Administrator's telephone number		
4	If the name and/or FIN of the pl	lan sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b	FIN		
-		r from the last return. Sponsor's Name		or med for any plan, erner are	4c PN			
F-						T -		
		the beginning of the plan year			5a 5b	<del></del>	100	
b		the end of the plan year			ວນ		01	
_	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			120	5c		76	
6a	Were all of the plan's assets du	ring the plan year invested in eligible a	ssets? (Se	e instructions.)			X Yes No	
b		e annual examination and report of an						
		See instructions on waiver eligibility and refer for the plan cannot use Form			•		X Yes No	
D	art III Financial Inform			and must mistead use i oim 5500.				
7	Plan Assets and Liabilities		No 12 19	(a) Beginning of Year		(b) End	of Year	
a	Total plan assets		70		-	(0) End		
b	Total plan liabilities		7a 7b	165,016			271,522	
	4. Strategy I wild by Excell descriptions in the St.	h from line 70)	T 10 1	165,016			271,522	
<u>c</u>	Net plan assets (subtract line 7)	135 MAR 55 M-1490 S-17150	7c	A22 M22 NA				
8	Income, Expenses, and Transfe Contributions received or received			(a) Amount		(b)	Total	
а	(1) Employers		8a(1)	22,413				
	(2) Participants		8a(2)	33,618	A			
	(3) Others (including rollovers)		. 8a(3)					
b	Other income (loss)		. 8b	55,001				
С	Total income(add lines 8a(1), 8	a(2), 8a(3), and 8b)	. 8c				111,032	
d	Benefits paid (including direct re	ollovers and insurance premiums	-	A	14 80	A SERVICE		
	to provide benefits)		8d	4,186	14			
е		ve distributions (see instructions)	8e					
f	2000	s (salaries, fees, commissions)	. 8f					
g	Other expenses		8g	340	137		THE PERSON NAMED IN	
h	Total expenses (add lines 8d, 8	e 8f and 8d)	8h				4,526	
_		c, or, and og/	VII		-			
İ	Net income (loss) (subject line 8	8h from line 8c)	8i				106,506	

Par	IV Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension feature	e codes from the Lis	t of Plan Characte	ristic (	Codes	in the	instructions:	
b	2E 2G 2J 2K f the plan provides welfare benefits, enter the applicable welfare feature of	codes from the List	of Plan Characteri	stic Co	odes i	n the in	structions:	
Par	t V Compliance Questions							
					Yes	No	An	nount
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution w	vithin the time nerio	d described in		,,,,			
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	Correction Program	)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do			405		x		
	on line 10a.)			10b	7,7			100,000
C	Was the plan covered by a fidelity bond?			10c	Х	-		100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other per			100				
·	insurance services or other organization that provides some or all of the				Ì	x		
	instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the plan? .			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of y			10g	х			8,793
h	If this is an individual account plan, was there a blackout period? (See i			406				
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the rec			10h				
	exceptions to providing the notice applied under 29 CFR 2520.101-3 .	<u></u>	<u></u>	10i				Telling Serve
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	a service program to the control of the	The second section of the second seco			and production to the		Yes X No
12	Is this a defined contribution plan subject to the minimum funding requi				770			Yes X No
5/EE	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.				-11.11.191911			
а	If a waiver of the minimum funding standard for a prior year is being an	nortized in this plan	year, see instruction	ons, ai	nd ent	er the	date of the let	ter ruling
	granting the waiver			nth		Day	Y	ear
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (				Γ	12b		
b	Enter the minimum required contribution for this plan year							
c d	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the					12c	_	
u	negative amount)		s sign to the left of		.	12d		
е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline? .					Yes	No N/A
Pari	1.00							
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior year	?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo				[	13a		
_b	Were all the plan assets distributed to participants or beneficiaries, tran	sferred to another p	olan, or brought un	der th	e cont	rol		
_	of the PBGC?							Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	is plan to another p	lan(s), identify the	plan(s	) to			
	13c(1) Name of plan(s):				13	c(2) E	lN(s)	13c(3) PN(s)
<u></u>				L				L
	on: A penalty for the late or incomplete filing of this return/report wil							
SB or	penalties of perjury and other penalties set forth in the instructions, I dea Schedule MB completed and signed by an enrolled actuary, as well as the	ciare that i nave exa he electronic versio	amined this return/ n of this return/rep	report. ort. an	inclue d to th	ding, it ne best	applicable, a of my knowle	Schedule edge and
	it is true, correct and complete.						7	
SIG	N John D. Hours	7/8/2010	JOHN CHAMBE	RS_				
HE	RE Signature of man administrator	Date .	Enter name of inc	dividu	al sign	ing as	plan administ	rator
SIC	N Sport Have	7/1/2010	JOHN CHAMBE	RS_				
HE		Date	Enter name of inc	dividu	al sign	ing as	employer or p	olan sponso

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