				Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service This form is required to be filed						2011				
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ER	ISA), and sections 6057(b) and 6058( Code (the Code).	_					
P	ension Benefit Guaranty Corporation	h the instructions to the Form 5500	)-SF.	Ins	pection					
		entification Information								
For	calendar plan year 2011 or fisca		1		2/31/2					
Α -	This return/report is for:	a single-employer plan the first return/report	· ·	e-employer plan (not multiemployer) eturn/report		a one-particip	oant plan			
Β.	This return/report is:									
		an year return/report (less than 12 mo	onths)	_						
C	Check box if filing under:		DFVC progra	m						
		special extension (enter description								
<u> </u>		nation—enter all requested inform	ation							
	Name of plan		-		1b	Three-digit plan number				
GRU		IG 401(K) SAVINGS PLAN & TRUS	1			(PN) ►	001			
				-	1c	Effective date or 05/01	•			
	Plan sponsor's name and addre	ess; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identii (EIN) 91-20	fication Number			
					2c	Sponsor's telep 208-664				
	5650 SELTICE WAY FALLS, ID 83854				2d	Business code (	see instructions)			
		address (if same as plan sponsor, e G, LLC EAST 5650 \$			3b	Administrator's				
GROUND FORCE MANUFACTURING, LLC EAST 5650 SI POST FALLS					3c	Administrator's telephone number 208-664-9291				
4	If the name and/or EIN of the p	lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b					
2	name, EIN, and the plan numb	er from the last return/report.			4c					
	Sponsor's name	the beginning of the plan year				PN	109			
-			-	5a	u					
<ul><li>b Total number of participants at the end of the plan year</li><li>c Number of participants with account balances as of the end of the plan</li></ul>					5b	50				
					5c		129			
6a	Were all of the plan's assets d	uring the plan year invested in eligit	le assets?	(See instructions.)			X Yes 🗌 No			
b				ndent qualified public accountant (IQF ions.)			X Yes 🗌 No			
		<b>3</b> ,		SF and must instead use Form 550						
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End				
а	Total plan assets		. 7a	365731			485318			
b	•			005704			405240			
	•	'b from line 7a)	. 7c	365731			485318			
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal			
а	Contributions received or recei (1) Employers		. 8a(1)	89267						
	(2) Participants		. 8a(2)	64855						
	(3) Others (including rollovers)	)	. 8a(3)							
b	Other income (loss)		. 8b	-20607						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				133515			
d		ollovers and insurance premiums	. 8d	13588						
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e							
f	Administrative service provider	s (salaries, fees, commissions)	. 8f							
g	Other expenses		. 8g	340						
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)						13928			
i		e 8h from line 8c)					119587			
]	( ) 1 (	ee instructions)	oj				Form 5500 SF (2014)			

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

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	۷	Compliance Questions							
10	Duri	During the plan year:					Amou	Int	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Wa	s the plan covered by a fidelity bond?	10c	Х				1(	00000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е					x				
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 year end.)	10g	Х				2	24146
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance				•			
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	< No
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a 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 letter ruling granting the waiver</li></ul>								g	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	)	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?	·····		1	res X N	lo		
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li></ul>									
which assets or liabilities were transferred. (See instructions.) <b>13c(1)</b> Name of plan(s):						N(s)	13	3c(3) F	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							- (-)
Unde	r nen	alties of periury and other penalties set forth in the instructions. I declare that I have examined this retu	urn/re	nort i	ncludin	d if applic	able a	Scher	lule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/12/2012	JOHN CHAMBERS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/12/2012	JOHN CHAMBERS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 5500-SF Electronic Filing Authorization

Plan Name:Ground Force Manufacturing 401(k) Savings Plan & TrustEIN/PN:91-2095051/001Plan Year:01/01/2011 - 12/31/2011

I hereby authorize Magnuson, McHugh & Co. PA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Admin ra (date

Plan Sponsor

(sign)

(date)

Form 5500-SF		Short Form Annual Re	e	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration				2011						
		This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) the Internal Revenue Code (the Code).				This Form is Open to Public Inspection				
	ion Benefit Guaranty Corporation	SF.	Inspection							
Parl	Annual Report	► Complete all entries in accord Identification Information								
	calendar plan year 2011 or f		01/01/	2011 and ending	12/	31/2011				
Thi	s return/report is for:	x a single-employer plan	a multiple-en	nployer plan (not multiemployer)		a one-participant plan				
	s return/report is:	the first return/report	the final retu	rn/report						
	o rotan moport for	an amended return/report		year return/report (less than 12 mon	hs)					
~	the second filling standard	x Form 5558	automatic ex		П	DFVC program				
Ch	eck box if filing under:	special extension (enter description								
10.413.00	9-1-2-1-2									
Parl		rmation enter all requested info	rmation.		<b>1b</b> T	hree-digit				
	lame of plan				р	lan number				
G	round Force Manufac	turing 401(k) Savings Plar	a & Trust		·····	PN) ▶ 001				
						ffective date of plan 5/01/1995				
		Iress; include room or suite number (en	nlover if for s	single-employer plan)		2b Employer Identification Number				
a F G	lan sponsors name and add Fround Force Manufac	sturing, LLC	ipioyer, il ior i	single employer plan		(EIN) 91-2095051				
					2c P	2c Plan sponsor's telephone number				
					(208) 664-9291 <b>2d</b> Business code (see instructions)					
E	last 5650 Seltice Wa	ay								
S I	ost Falls	ID 83854			333100					
		d address (if same as plan sponsor, en	ter "Same")		<b>3b</b> ∧	dministrator's EIN				
5	Same									
					3c Administrator's telephone number					
		plan sponsor has changed since the la	st return/repo	rt filed for this plan, enter the	<b>4b</b> E	<b>b</b> EIN				
	rame, EIN, and the plan num	ber from the last return/report.	lot roturniropo		Ac a	C PN				
a	Sponsor's Name	·			5a					
		at the beginning of the plan year		· · · · · · · · · ·	<u>5a</u> 5b	109				
b	Total number of participants	at the end of the plan year	•••••	hed benefit plans do not						
					5c	129				
a	Were all of the plan's assets	during the plan year invested in eligible	assets? (See	e instructions.)	• • •	XYes No				
h	Are you claiming a waiver of	the annual examination and report of a	n independen	t qualified public accountant (IQPA)						
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	nd conditions.	)	•••					
CONTRACT.	A. 51.6977	her 6a or 6b, the plan cannot use For	rm 5500-SF a	nd must instead use Form 5500.						
	t III Financial Infor	mation		(a) Beginning of Year		(b) End of Year				
	Plan Assets and Liabilities			365,731		485,318				
	Total plan assets		. <u>7a</u>			100,020				
	Total plan liabilities		. 7b	365,731		485,318				
	Net plan assets (subtract line		. 7c	(a) Amount		(b) Total				
	Income, Expenses, and Trar Contributions received or rec			(a) Amount	<b>0</b> 1615					
	(1) Employers		. 8a(1)	89,267						
	(2) Participants		. 8a(2)	64,855						
	(3) Others (including rollove		. 8a(3)							
	Other income (loss)		. 8b	(20,607)						
		i), 8a(2), 8a(3), and 8b) • • • •	. 8c			133,515				
d	Benefits paid (including direct	ct rollovers and insurance premiums		13,588						
	to provide benefits)	nefits)								
е		ective distributions (see instructions) .								
f	Administrative service provid	ders (salaries, fees, commissions) • •								
g	Other expenses		. <u>8g</u>	340	前前。 影响	13,928				
h	Total expenses (add lines 8		. <u>8h</u>		約至 評判					
i	Net income (loss) (subtract l	line 8h from line 8c)	. <u>8i</u>		2845 1946)	119,587				
i	Transfers to (from) the plan	(see instructions)	. 8j		國際	Form 5500.SF (201				

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

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Form 5500-SF (2011) v.012611 Form 5500-SF 2011

## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K

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

## Part V Compliance Questions

40			-		Yes	NO	Amo	unt		
10	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in									
	20 CEP 2510 3-1022 (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					x				
	on line 10a.)				x					
С	Was the plan covered by a fidelity bond?							100	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity b	oond, that was caus	ed by fraud			x				
	or dishonesty?			10d					•••••	
е	Were any fees or commisions paid to any brokers, agents, or other person	ns by an insurance	carrier,							
Ŭ	insurance services or other organization that provides some or all of the b	enetits under the pl	an? (See	10e		x				
	instructions.)					x				
f	Has the plan failed to provide any benefit when due under the plan? . $\ .$			10f		+			4,146	
g	Did the plan have any participant loans? (If "Yes," enter amount as of yea	arend.) • • • •	• • • • •	10g	x			<b>۔ ک</b> (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999): (1999):	4,140	
ĥ	If this is an individual account plan, was there a blackout period? (See ins	structions and 29 CF	R	406		x				
	2520.101-3.)		• • • • •	10h						
i	If 10h was answered "Yes," check the box if you either provided the requirexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one of	the	10i				an da territaria. Nel Transferia		
124290405					L					
	VI         Pension Funding Compliance           Is this a defined benefit plan subject to minimum funding requirements? (		tions and comple	ete So	hedu	le SB (F	Form			
11	Is this a defined benefit plan subject to minimum funding requirements?	· · · · · · · · · · · · · · · · · · ·				· · ·		Yes 2		
12	Is this a defined contribution plan subject to the minimum funding require	ments of section 41	2 of the Code or	secti	on 30	2 of ER	ISA?	Yes 2	<u>x</u> No	
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
2	If a waiver of the minimum funding standard for a prior year is being amo	ortized in this plan ye	ear, see instructio	ons, a	nd er	ter the	date of the lett	er ruling		
а	granting the waiver			nth		Day	′Ye	ear		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	form 5500), and ski	p to line 13.		ſ	12b	[			
b	Enter the minimum required contribution for this plan year			• •	•					
С	Enter the amount contributed by the employer to the plan for this plan ye	ear • • • • •		• •	•	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d									
					• (		Yes	No [	]N/A	
<b>e</b>		haing deadline?	<u></u>	· · ·	<u> </u>					
and the second second	VII Plan Terminations and Transfers of Assets							TYes [	X No	
13a	Has a resolution to terminate the plan been adopted in any plan year?			•	•••	•••	· · · · ·	, , , , , , , , , , , , , , , , ,		
	If "Yes," enter the amount of any plan assets that reverted to the employ	ver this year	• • • • •	• •	•••	13a	<u> </u>			
b		sferred to another pl	an, or brought ur	nder ti	he co	ntrol		∏Yes	x No	
				•	• •	• • •				
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another pla	in(3), identity the	picin						
	Which assets of habilities were transiened. (eee mediatener)				13c(2) EIN(s) 13c(3) PN(s)					
	13c(1) Name of plan(s):									
			ullin,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	tions A people for the late or incomplete filing of this return/report wil	I be assessed unle	ess reasonable o	cause	e is es	stablish	ied.			
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, if applicable, a Schedule										
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and completed actuary.										
belief, it is true, corregit, app goinplete										
新物	JOHN CHAMBE									
	CN MARKA MARKAN	Date	Enter name of i	individual signing as plan administrator						
CHURSE CHURSE CHURSE										
2,5326	GN	Data	Enter name of i	ndivic	lual s	ianina a	s employer or	plan spons	or	
E H	HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor									

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