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).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For	art I Annual Report Identification Information				
	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending 0	6/30/	2010
Α .	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan
B This return/report is for:			n/report		_
	an amended return/report	short plar	year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	<u> </u>	extension	,	DFVC program
•	special extension (enter descripti	4	SACTION OF THE PROPERTY OF THE		_ 5. vo program
Da					
	Irt II Basic Plan Information—enter all requested inform	nation		1h	Throo digit
	Name of plan NGLE RESOURCES, INC. 401K PLAN			טו	Three-digit plan number
TIXIA	NOLE REGOOKOEG, INC. 40TKT EAR				(PN) • 001
				1c	Effective date of plan
					04/01/2004
	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number
IRIA	NGLE RESOURCES, INC.			20	(LIIV)
	BOX 1101			20	Plan sponsor's telephone number 360-834-7253
CAM	AS, WA 98607			2d	Business code (see instructions)
					444200
3a TRIA	Plan administrator's name and address (if same as Plan sponsor, NGLE RESOURCES, INC. P.O. BOX 1		")	3b	Administrator's EIN 91-1670025
	CAMAS, WA			3c	Administrator's telephone number
-					360-834-7253
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan number from the last return/report. Spons	or's name		40	PN
	Total number of participants at the beginning of the plan year			5a	5
	Total number of participants at the end of the plan year				0
	Total number of participants at the end of the plan year			5b	
С	complete this item)		•	5с	0
6a	Were all of the plan's assets during the plan year invested in eligi	ole assets?	(See instructions.)		Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		· ·		Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 55	00.	
7			(a) Banimain a () (a a		
′	Plan Assets and Liabilities	_	(a) Beginning of Year		
а	Total plan assets		29/139)	(b) End of Year
h	Total plan lightities		297139	_	0
	Total plan liabilities	7b	()	0
	Net plan assets (subtract line 7b from line 7a)	7b	297138)	0 0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7b	()	0
	Net plan assets (subtract line 7b from line 7a)	7b	297138)	0 0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1)	(a) Amount	1	0 0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2)	(a) Amount	1	0 0
8 a	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3)	(a) Amount 854 286)) 1	0 0
8 a	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Amount 854 280)) 1	0 0
8 a	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b	297138 (a) Amount 854 286 (1	1	0 0 0 (b) Total
8 a b	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	297138 (a) Amount 854 280 (18101)	1	0 0 0 (b) Total
8 a b c	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	297138 (a) Amount 854 280 (a) 18101	1	0 0 0 (b) Total
8 a b c	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Amount 854 280 (a) 18101	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 (b) Total
c 8 a b c d	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	297138 (a) Amount 854 280 (a) 18101	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 (b) Total
c 8 a b c d	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d	(a) Amount 854 280 (a) 18101	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 (b) Total
c 8 a b c d	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e 8f 8f	(a) Amount 854 280 (a) 18101	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 (b) Total

	F	orm 5500-SF 2010 Page 2-				
Par	t IV	Plan Characteristics				
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteris	stic Co	des in	the instructions:
b		2F 2G 2J 2K 2R 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	ractoris	tic Coc	des in t	the instructions:
b	ii tiic	pair provides welfare betterias, effect the applicable welfare feature codes from the list of Fian one	ractoris	110 000	203 111	ine mandellons.
Part	: V	Compliance Questions				
10	Durir	ng the plan year:		Yes	No	Amount
а		there a failure to transmit to the plan any participant contributions within the time period described i CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1 0a		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	10b		X	
С	Was	the plan covered by a fidelity bond?	10c	X		15000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc shonesty?	10d		X	
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ	
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i			
Part	VI	Pension Funding Compliance				
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ing the waiver				
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	_		Т
b	Enter	r the minimum required contribution for this plan year		⊢	12b	
С		r the amount contributed by the employer to the plan for this plan year			12c	
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)			12d	

Part VII | Plan Terminations and Transfers of Assets

No

X Yes No

Yes

N/A

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le 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 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.	12/02/2010	JUDY JOHNSON
HERE	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

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).

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning	01/01/20	10 and ending		06/30/2010			
A 1	his return/report is for:	multiple-en	nployer plan (not multiemployer)		one-participant plan			
		final return	/report					
	an amended return/report	븎	year return/report (less than 12 mor	nthe\				
~	님 ' '	슼 ' '	, ,		□ DE\/C =======			
C		automatic	extension		DFVC program			
	special extension (enter descript							
	rt II Basic Plan Information—enter all requested inform	nation						
	Name of plan			1b	Three-digit			
	Triangle Resources, Inc. 401k Plan				plan number (PN) • 001			
				10	Effective date of plan			
				10	04/01/2004			
2a	Plan sponsor's name and address (employer, if for single-employe Triangle Resources, Inc.	r plan)		2b	Employer Identification Number			
	Triangle Resources, Inc.				(EIN) 91-1670025			
				2c	Plan sponsor's telephone number			
	P.O. Box 1101			24	(360) 834 - 7253			
	Camas		WA 98607	2u	Business code (see instructions) 444200			
	Plan administrator's name and address (if same as Plan sponsor, rriangle Resources, Inc.	enter "Same'		3b	Administrator's EIN			
	irrangie Resources, Inc.				91-1670025			
	P.O. Box 1101			3c	Administrator's telephone number (360) 834 - 7253			
	Camas WA 98607 The name and/or EIN of the plan sponsor has changed since the land	ast return/rep	ort filed for this plan, enter the	4h	1b EIN			
	name, EIN, and the plan number from the last return/report. Spons		on mod to the plant, office and	""	Liiv			
				4c	PN			
	Total number of participants at the beginning of the plan year			5a				
	Total number of participants at the end of the plan year			5b	b			
С	Total number of participants with account balances as of the end	of the plan ye	ear (defined benefit plans do not	5c				
	complete this item)	•			Vaa □ Na			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
-	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use	and condition	ns.)		X Yes [] No			
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)					
Ра 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use	and condition	ns.)					
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information	and condition	ns.) F and must instead use Form 55	00.				
7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities	and condition	ns.) F and must instead use Form 55 (a) Beginning of Year	00.				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use It III Financial Information Plan Assets and Liabilities Total plan assets	r and condition Form 5500-S	ns.) F and must instead use Form 55 (a) Beginning of Year	00.				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	r and condition Form 5500-S	F and must instead use Form 55 (a) Beginning of Year 297, 13	00.				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7 and condition Form 5500-S 7a 7b 7c	(a) Beginning of Year 297, 13 (a) Amount	00.	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7 and condition Form 5500-S 7a 7b 7c	(a) Beginning of Year 297,13	00.	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7 and condition 7 a 7 b 7 c 8 a(1)	(a) Beginning of Year 297, 13 (a) Amount	00.	(b) End of Year			
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use If III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7 and condition Form 5500-S 7 a 7 b 7 c 8a(1) 8a(2)	(a) Beginning of Year 297, 13 (a) Amount	00.	(b) End of Year			
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7 and condition 7 a 7 b 7 c 8 a(1) 8 a(2) 8 a(3)	(a) Beginning of Year 297, 13 (a) Amount	00. 39 0 39 34 30 0	(b) End of Year			
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7 and condition 7 a 7 a 7 b 7 c 8 a(1) 8 a(2) 8 a(3) 8 b	(a) Beginning of Year 297, 13 (a) Amount	00. 39 0 39 34 30 0	(b) End of Year			
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7 and condition Form 5500-S 7 a 7 b 7 c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 297,13 (a) Amount 85	000.	(b) End of Year (b) Total			
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7 and condition Form 5500-S 7 a	(a) Beginning of Year 297, 13 (a) Amount 85	000.	(b) End of Year (b) Total			
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions)	7 and condition Form 5500-S 7 a	(a) Beginning of Year 297,13 (a) Amount 85	000.	(b) End of Year (b) Total			
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7 and condition Form 5500-S 7 a 7 b 7 c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 297,13 (a) Amount 85	00. 9 0 0 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) Total			
7 a b c 8 a b c f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use it is you answered "No" to either 6a or 6b, the plan cannot use	7 and condition Form 5500-S 7 a 7 b 7 c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 297,13 (a) Amount 85	000.	(b) End of Year (b) Total			
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use IT III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7 and condition Form 5500-S 7 a	(a) Beginning of Year 297,13 (a) Amount 85	00. 9 0 0 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) Total 19,23			
7 a b c 8 a b c f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use it is you answered "No" to either 6a or 6b, the plan cannot use	7 and condition Form 5500-S 7 a 7 b 7 c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 297,13 (a) Amount 85	00. 9 0 0 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) Total			

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		Form 5500-SF 2010	Page	2-[
E 3.2	(A) S	Plan Characterístics				_				
:: ar 8	f IV	plan Characteristics plan provides pension benefits, enter the applicable pension feature 2B 2F 2G 2J 2K 2R 3D	codes from the List	of Plan Charac	teris	tic Co	ies in th	e Instructions	E	
b	If the	plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Charact	erist	ic Cod	es in the	e Instructions:		
ar	v	Compliance Questions								
0	Duri	ng the plan year.				Yes	No	Am	ount	
	Was 29	there a failure to transmit to the plan any participant contributions w CFR 2510,3-102? (See instructions and DOL's Voluntary Flouciary 0	Correction Program)		102		х			
þ	Wer on H	e there any nonexempt transactions with any party-in-interest? (Do noted to the second	not include transact	ons reported	106		х			
C	Wa	s the plan covered by a fidelity bond?	4441 4884-4484 1 1444-4444 7 - 444		10c	Х			15,	000
	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity	bond, that was cau	sed by fraud	10d		х			
e	Wer	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the b uctions.)	sons by an insurance benefits under the pl	e carrier, an? (See	10e		х			
•		the plan failed to provide any benefit when due under the plan?			10f		x.			
Ţ							x			
9	Ifth	the plan have any participant loans? (If "Yes," enter amount as of ye is is an individual account plan, was there a blackout period? (See in	nstructions and 29 C	;FR	10g 10h		X			
į	IF 10	0,101-3.)	uired notice or one	of the	10i					
		eptions to providing the notice applied under 29 CFR 2520.101-3	***************************************	******************************	-101	_	1			
-	t VI	Pension Funding Compliance Is a defined benefit plan subject to minimum funding requirements?	/if "Vac " vac instru	ctions and come	olete	Schee	dule SB	(Form -		
11	18 tt 550	is a defined benefit plan subject to minimum funding requirements (0))	(ii 168' see mand	CHOILD BILD COM					Yes X	
12	is i	his a defined contribution plan subject to the minimum funding requi	rements of section 4	112 of the Code	OF S	ection	302 of E	RISA?	Yes X	No
	~ ·	was become as a sound and the holow as annuclable)						4-44	_
8	. 14 -	and the existence funding standard for a prior year is helpful am	vortized to this plan v	ear, see Instruc	tions h	a, and	enter the Day	e date of the Y Ye	letter fullty ear	g
	gra	waiver of the minimum funding standard for a prior year to obtain mining the waiver. completed line 12a, complete tines 3, 9, and 10 of Schedule MB	(Form 5500), and s	kip to line 13.						
	r you	or the minimum required contribution for this plan year				[126			
		er the amount contributed by the employer to the plan for this plan y					12c			
	d Sui	or the amount contributed by the employer to the plan for the pair of the plan for	result (enter a minus	sign to the left	of a	!	12d			
		the minimum funding amount reported on line 12d be met by the fu						Yes	No 📗	N/A
		Plan Terminations and Transfers of Assets								
		s a resolution to terminate the plan been adopted during the plan ye	er or any principal	······································					X Yes [No
13										0
- 1	h w	Yes," enter the amount of any plan assets that reverted to the employers all the plan assets distributed to participants or beneficiaries, training PBGC?	nsferred to another p	plan, or brought	นทสะ	er the	CONTROL		X Yes [] No
,	c If	fire PBGC?	his plan to another p	lan(s), identify t	he p	lan(\$)	10 			
		1) Name of plan(s):			1	1	3c(2) E	IN(a)	13c(3)	PN(s)
	130	1) Name of Plantas.							1	
					╀					
										_
		: A penalty for the late or incomplete filing of this return/report	will be assessed u	niess reasonal	ble c	ause	is estat	lished.		
U	nder p	enalties of perjury and other penalties set forth in the instructions, I disclude MB completed and signed by an enrolled actuary, as well a	A - alaaa bhad I brur A		ti im/	rennn	IRCHKII	KI. II ADDIRAL	ile, a Sche nowledge	edu io and
be	elief, it	is true, comect, and complete.								
	IGN	John Kreek	12/1/10	JOHN.						
	ERE	Signature of plan seministrator	Date /	Enter name of					TOTETIBE	
	>1031	Sugar	12/1/10	JOHN	K			s len		
	SIGN Date Enter name of individual signing as employer or plan sponsor								nsor	