	Form 5500-SF		Form Annual Return/Report of Small Employee							
	Department of the Treasury Internal Revenue Service	Benefit Plan				2009				
Department of Labor I his form is required to be filed Retirement Income Security A				(ERISA), and section 6058(a) of the	This Form is Open to Public					
	Employee Benefits Security Administration Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55					Inspection				
Pa	art I Annual Report Id		ance with	the instructions to the Form 550	U-3F.					
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 09/04/2009 and ending 12/31/2009									
Α	This return/report is for:	one-participant plan								
В	This return/report is for:	n/report								
		an amended return/report	short plan	year return/report (less than 12 mo	nths)					
С	Check box if filing under:	DFVC program								
	C Check box if filing under:									
Pa	art II Basic Plan Inform	nation—enter all requested informa	ation							
	Name of plan	·			1b	Three-digit				
TRI-	STATE BIOFUELS, LLC 401(K)	PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						09/04/2009				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 27-0888780				
	,				2c	Plan sponsor's telephone number 606-494-2100				
	PORT ROAD TLAND, KY 41144				2d	Business code (see instructions)				
	Plan administrator's name and	3b	325900 Administrator's EIN							
TRI-8	STATE BIOFUELS, LLC	1101 PORT F WURTLAND,		ļ.	30	27-0888780 Administrator's telephone number				
		30	606-494-2100							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN										
I	name, EIN, and the plan numbe	4c	PN							
5a	Total number of participants at	the beginning of the plan year			5a	0				
b	Total number of participants at	5b	9							
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not						7				
62	· · · ·	uring the plan year invested in eligibl			5c	X Yes No				
	•									
	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. Part III Financial Information										
<u>га</u> 7	Plan Assets and Liabilities			(a) Paginning of Voor		(b) End of Voor				
'a				(b) End of Year 0 1680						
b	otal plan assets									
C	•	b from line 7a)	7c	()	168011				
8	•	d Transfers for this Plan Year (a) Amount			(b) Total					
а	Contributions received or recei									
	(1) Employers		8a(1)	12:						
			8a(2)	1563						
h	., ,		8a(3)	166358						
b		0- (0) 0- (0)	8b	-3:	>	169011				
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			168011				
u			8d							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			0				
i		8h from line 8c)				168011				
	Transfers to (from) the plan (se	e instructions)	8j							

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:

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2E 2F 2G 2J 2K 2T 3D
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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							
10	C	During the plan year:	_	Yes	No		Amo	ount	
а		Vas 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)	10a		x	1			
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	۱	Was the plan covered by a fidelity bond?	10c		X				
d	C o	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	ir	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		x	1			
f	F	las the plan failed to provide any benefit when due under the plan?	10f		X				
g	D	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			x				
i		f 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						
Part	V	Pension Funding Compliance							
11		s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))						Yes	No
lf y	(I If yo E E S	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ranting the waiver	ctions, th of a	and e	enter th	e date of t			
6		Vill the minimum funding amount reported on line 12d be met by the funding deadline?		-	ا[]	Yes	1	No	N/A
Part									
		las a resolution to terminate the plan been adopted during the plan year or any prior year?					Π	Yes	X No
Tou		"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol				
с	lf	f the PBGC? i during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)						Yes	× No
1	130	c(1) Name of plan(s):		13	c(2) Ell	N(s)		13c(3)	PN(s)

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 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.	12/29/2010	TILDEN TRENT					
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					