

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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 05/24/2010			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☒ the final return/report;	
	☐ an amended return/report;	☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan INTERNATIONAL RESOURCES GROUP, LTD. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶	004	
	1c Effective date of plan	01/01/1993	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INTERNATIONAL RESOURCES GROUP 600 THIRD AVENUE NEW YORK, NY 10016-1901	2b Employer Identification Number (EIN) 11-2777542	2c Sponsor's telephone number 212-697-1111	2d Business code (see instructions) 541990
	1211 CONNECTICUT AVENUE, NW SUITE 700 WASHINGTON, DC 20036		

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.	01/26/2011	PAT HEMPHILL
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

INTERNATIONAL RESOURCES GROUP

600 THIRD AVENUE
NEW YORK, NY 10016-1901**3b** Administrator's EIN

11-2777542

3c Administrator's telephone number

212-697-1111

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

204

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

0

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

0

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

0

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

0

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

2

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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3E

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

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) ☒ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 05/24/2010	
A Name of plan INTERNATIONAL RESOURCES GROUP, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500. INTERNATIONAL RESOURCES GROUP	D Employer Identification Number (EIN) 11-2777542

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 PRUDENTIAL RETIREMENT INSURANCE & ANNUITY COMPANY

(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
06-1050034	93629	038739	0	01/01/2010	05/24/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	12124

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 MML INSURANCE AGENCY 1414 MAIN STREET SPRINGFIELD, MA 01144
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	12124	SERVICES TO INSURER OR PLAN	4

(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	

(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**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. **6d**

Specify nature of costs ▶

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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT****b** Balance at the end of the previous year **7b** 1811371**c** Additions: (1) Contributions deposited during the year **7c(1)** 145694(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 18678(4) Transferred from separate account **7c(4)** 132078(5) Other (specify below) **7c(5)** 6027▶ **LOAN REPAYS, FORFS, MISC, EXCHANGES**(6) Total additions **7c(6)** 302477**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2113848**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1933379(2) Administration charge made by carrier **7e(2)** 112(3) Transferred to separate account **7e(3)** 121576(4) Other (specify below) **7e(4)** 58781▶ **LOAN INITS, FORFS, MISC, EXCHANGES**(5) Total deductions **7e(5)** 2113848**f** Balance at the end of the current year (subtract **e(5)** from **d**) **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 organization(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)	
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)	
(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)	
(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 c(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, item 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 05/24/2010		
A Name of plan INTERNATIONAL RESOURCES GROUP, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL RESOURCES GROUP	D Employer Identification Number (EIN) 11-2777542	

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
PRUDENTIAL RETIREMENT INSURANCE
06-1050034

(b) Enter name and EIN or address of person who provided you disclosure 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)

(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 ☐

(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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 05/24/2010

A Name of plan <u>INTERNATIONAL RESOURCES GROUP, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL RESOURCES GROUP</u>	D Employer Identification Number (EIN) <u>11-2777542</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>LARGE CAP GROWTH/WADDEL & REED</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-350</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) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LCV/WELLINGTON MANAGMENT</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-184</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) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/ARTISAN</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-185</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) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP VALUE/CRM FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-440</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) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THORNBURG INTL VALUE R3</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-436</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) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT SMALL CAP BLEND P</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-487</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) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE GROWTH STOCK</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-435</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) 0		

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV VALUE STRAT		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-057	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: CALVERT SOCIAL INVESTMENT FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-306	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: JANUS ADVISOR BALANCED FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-180	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: GOLDMAN SACHS SMALL CAP VALUE		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-391	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: LORD ABBETT AFFILIATED P		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-270	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: ALLIANCE BERNSTEIN BALANCE		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-251	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: ALLIANCE BERNSTEIN GLOBAL VALUE		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-493	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: OPPENHEIMER GLOBAL FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-308	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: WADDEL & REED ADV SCI & TECH		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-394	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: CORE BOND FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-250	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: RETIREMENT GOAD 2040 FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-346**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: DRYDEN S&P 500 INDEX FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-123**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: CORE PLUS BOND REAMS FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-040**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: RETIREMENT GOAL INCOME FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-342**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: RETIREMENT GOAL 2010 FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-343**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: RETIREMENT GOAL 2020 FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-344**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: RETIREMENT GOAL 2030 FUND

PRUDENTIAL RETIREMENT INSURANCE

b Name of sponsor of entity listed in (a):**c** EIN-PN 06-1050034-345**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:**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)**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)**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)

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
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**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 05/24/2010		
A Name of plan INTERNATIONAL RESOURCES GROUP, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL RESOURCES GROUP	D Employer Identification Number (EIN) 11-2777542	

Part I	Asset and Liability Statement
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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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	397643	0
(2) Participant contributions	1b(2)	20962	0
(3) Other.....	1b(3)	16999	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	82635	0
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	10304714	0
(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)	128847	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1811371	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	12763171	0

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12763171	0
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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.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	206708	
(B) Participants	2a(1)(B)	526544	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		733252

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)	2050	
(F) Other	2b(1)(F)	18678	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20728

(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)	617	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		617

(3) Rents	2b(3)		
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(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)		

		(a) Amount	(b) Total
2b (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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-165167
(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)		8741
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		598171

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1435811	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	35806	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1471617
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	285	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		285
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1471902

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-873731
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		11889440

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) ☐ Unqualified (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: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
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.).....		X	
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.).....		X	
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
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	
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?		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?		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	
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.).....		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?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	X		

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)
L-3 COMMUNICATIONS MASTER SAVINGS PLAN	13-3937436	031

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 section 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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 05/24/2010

A Name of plan <u>INTERNATIONAL RESOURCES GROUP, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL RESOURCES GROUP</u>	D Employer Identification Number (EIN) <u>11-2777542</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>22-1211670</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	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 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(es). 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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 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	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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	15a	
b The corresponding number for the second preceding plan year	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	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	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 items (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 item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



Report of Independent Auditors

To the Participants and Administrator of
International Resources Group Ltd. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of International Resources Group Ltd. 401(k) Profit Sharing Plan (the "Plan") as of May 24, 2010 (date of merger) and December 31, 2009 and for the period January 1, 2010 through May 24, 2010, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 Prudential Retirement and Insurance Annuity Company (PRIAC) 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 May 24, 2010 and December 31, 2009 and for the period January 1, 2010 through May 24, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The Plan was merged with and into the L-3 Communications Master Savings Plan on May 24, 2010.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP".

New York, NY
December 20, 2010

International Resources Group, Ltd.
401(k) Profit Sharing Plan
Financial Statements
May 24, 2010 and December 31, 2009

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

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Schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as the conditions under which they are required are not present.



Report of Independent Auditors

To the Participants and Administrator of
International Resources Group Ltd. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of International Resources Group Ltd. 401(k) Profit Sharing Plan (the "Plan") as of May 24, 2010 (date of merger) and December 31, 2009 and for the period January 1, 2010 through May 24, 2010, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The Plan was merged with and into the L-3 Communications Master Savings Plan on May 24, 2010.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

New York, NY
December 20, 2010

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Statement of Net Assets Available for Benefits
May 24, 2010 and December 31, 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Pooled separate accounts.....	\$ -	\$10,304,714
Mutual funds.....	-	128,847
Guaranteed income fund.....	-	1,811,371
Participant loans.....	-	82,635
	-	<u>12,327,567</u>
Receivables:		
Employee contributions.....	\$ -	\$ 20,962
Employer matching contributions.....	-	42,317
Loan payments receivable.....	-	1,864
Profit sharing contributions.....	-	355,326
Miscellaneous receivable.....	-	15,135
	-	<u>435,604</u>
Net assets available for benefits.....	<u>\$ -</u>	<u>\$12,763,171</u>

The accompanying notes are an integral part of these financial statements

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
For the Period from January 1, 2010 to May 24, 2010

Additions:

Investment Income:

Net depreciation in fair value of investments.....	\$ (156,426)
Interest and dividend income.....	21,345
Total investment loss.....	<u>(135,081)</u>

Contributions:

Participants.....	526,544
Employer.....	206,708
Total contributions.....	<u>733,252</u>

Total additions.....	<u>598,171</u>
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Deductions:

Benefits paid to participants.....	1,435,811
Other deductions.....	35,806
Administrative expenses.....	285
Total deductions.....	<u>1,471,902</u>

Net decrease prior to plan merger	(873,731)
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Transfer out due to plan merger.....	<u>(11,889,440)</u>
--------------------------------------	---------------------

Decrease in Net Assets Available for Benefits.....	(12,763,171)
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Net Assets available for Benefits:

Beginning of Year.....	<u>12,763,171</u>
End of Year.....	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

1. Plan Description

The following description of the International Resources Group, Ltd. 401(K) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The International Resources Group, Ltd. 401(K) Profit Sharing Plan was established January 1, 1993.

General

The Plan was a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provided for participant eligibility, salary deferral and employer match, after completion of 6 months of service. Initial participant eligibility for the employer annual discretionary contribution was 21 years of age and 1,000 hours of service within the consecutive twelve month period from date of hire. Thereafter, participants were eligible for the employer annual discretionary contribution if they were an active employee at the Plan year end date and had 1,000 hours of service in the Plan year.

On May 24, 2010, the Plan merged with and into the L-3 Communications Master Savings Plan (the "MSP").

Contributions

Participants could contribute a minimum of 1% to a maximum of 25% of gross compensation. Maximum contribution was limited by the Internal Revenue Service to \$16,500 for participants under fifty years of age and \$22,000 for participants fifty years of age and over.

The employer contributed a matching contribution equal to 75% of the participants' salary reduction to the extent the aggregate contribution did not exceed 4% of the participant's eligible, total covered compensation.

In addition, the employer could make discretionary contributions between 0% and 25% based on eligible compensation.

Effective May 7, 2010, the employer froze the Plan, terminating employee contributions and the employer's discretionary matching contributions.

Participant Accounts

Each participant's account was credited with the participant's contribution and an allocation

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

of (a) the employer contributions, and (b) plan earnings. Allocations were based on participant's earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts were allowed to be used to reduce future Company contributions. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

A participant was immediately 100% vested in all employee contributions and any earnings on those contributions. Vesting in the employer's contribution was based on years of continuous service in which the participant worked a minimum of 1,000 hours in each consecutive twelve month period. Employer matching contributions, profit sharing contributions and earnings on those contributions were 100% vested to the participant after 2 years of service.

Active participants on May 24, 2010 became 100% vested.

Benefit Payments

Participants were entitled to the full value of their vested accounts upon occurrence of termination of employment due to death, disability, or normal retirement (age 65). Upon termination of service, a participant was entitled to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or as an annuity. For account balances greater than \$5,000, the participant had the option to remain in the Plan until age 70½. Forfeiture of a participant's nonvested interest occurred when a participant incurred a break in service.

Participant Loans

A participant could borrow from their fund account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were collateralized by the balance in the participant's account and repaid within twenty-five years. During 2010 and 2009, interest rates ranged from 3.25% to 9.25%, which were commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest was paid ratably through monthly payroll deductions.

Forfeitures

Under the provisions of the Plan, a participant who terminated employment before becoming vested in the Company's discretionary contributions forfeited the unvested amounts when any vested amounts were distributed or, if later, upon the occurrence of five one-year consecutive breaks in service. The nonvested portion was transferred to the Company's forfeiture account. If a terminated participant was reemployed by the Company

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

before five consecutive one-year breaks in service, his or her forfeited account was reinstated only if he or she repaid any previously distributed vested amounts. Forfeited balances of terminated participants' nonvested accounts were allowed to be used to reduce future Company contributions. On May 24, 2010 all forfeited balances were transferred to the MSP. At December 31, 2009, the forfeited nonvested accounts totaled \$33,278. The amount of forfeitures used in the period from January 1, 2010 to May 24, 2010 was \$1,575

Administrative Expenses

The Company paid all administrative expenses on behalf of the Plan except brokerage fees.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared under the accrual basis of accounting, except for the recording of benefit payments as discussed below.

On January 1, 2008, the Plan adopted the provisions of the accounting standard for fair value measurements. Refer to Note 5 for disclosures provided for fair value measurements of plan investments.

Investment Valuation and Income Recognition

The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net depreciation in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation/ (depreciation) for those investments. The Plan's investments are stated at fair value except for its benefit-responsive investment contract, which was carried at contract value and approximated fair value. Interest and dividend income was recorded as earned. Purchases and sales of investments were recorded on a trade-date basis. Investment income was recorded as earned. See Note 5 for a description of the valuation methodologies of the Plan.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

estimates.

Subsequent Events

The Plan evaluated events after the Statement of Net Assets Available for Benefits date through December 20, 2010, the date the financial statements were available to be issued.

3. Information Prepared and Certified by the Plan's Custodian

The Plan's investments were held by Prudential Retirement and Insurance Annuity Company (PRIAC), the Plan's custodian. Financial information relating to these investments, including investment value, interest and dividend income, and net depreciation in fair value, is included in the accompanying financial statements based on information provided by the custodian.

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained a certification from the custodian of the Plan that all of the information provided by them is complete and accurate. The amounts included in the financial statements for investments, at fair value, interest and dividend income and net depreciation in fair value of investments, were provided and certified as complete and accurate by the Plan's custodian as of and for the periods presented. The incorporation of this financial information in the accompanying financial statements is based solely upon that certification and has not been audited by the Plan's independent auditors.

The following investment information was certified by PRIAC as of December 31, 2009 and for the period January 1, 2010 to May 24, 2010, and was used by the Plan Administrator in the preparation of the financial statements and schedules in compliance with ERISA:

- a. Total investments included in the accompanying Statements of Net Assets Available for Benefits of \$12,116,085 as of December 31, 2009, and
- b. Net depreciation in the fair value of investments of \$165,167 and interest and dividend income of \$20,278 included in the accompanying Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2010 to May 24, 2010.

4. Investments Exceeding 5% of Net Assets

The following table presents the fair value of investments that represent 5 percent or more of the Plan's net assets as of December 31, 2009:

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

	<u>2009</u>
Guaranteed Income Fund	\$ 1,811,371
Core Plus Bond/REAMS Fund	1,015,668
Waddell and Reed Adv SCI & TECH.....	588,257
Janus Advisor Balanced FD	1,072,161
Thornburg INTL Value R3	811,169
Dryden S&P 500 Index Fund.....	1,107,448
Mid Cap Growth/Artisan	630,396
Core Bond Fund	678,010

During 2010, the Plan's investments (including realized gains and losses on investments bought and sold as well as unrealized gains and losses on investments held during the year) depreciated in value by \$156,426 as follows:

	<u>2010</u>
Pooled separate accounts.....	\$ (165,167)
Mutual funds.....	8,741
Total.....	<u>(156,426)</u>

5. Fair Value Measurements

Effective January 1, 2008, the Plan adopted the provisions of the accounting standard on fair value measurements. The provisions of the standard are applicable to all of the Plan's assets and liabilities that are measured and recorded at fair value. This standard establishes a new framework for measuring fair value and expands related disclosures. This standard defines fair value as the price that would be received for an asset or the exit price that would be paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants. It establishes a fair value hierarchy that gives the highest priority to observable inputs and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1: Quoted market prices available in active markets for identical assets or liabilities as of the reporting date. The Plan's Level 1 assets included mutual funds, which are investments in registered investment companies, whose fair values were derived from quoted market prices.

Level 2: Pricing inputs other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. The Plan's Level 2 assets included its pooled separate accounts, whose underlying investments were shares/units of collective trusts. Each fund in the pooled separate accounts was represented by a "unit of account" and a per unit value,

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

whose value was the result of the accumulated value of the underlying investments. For stock funds, securities were valued using quoted prices from the applicable exchange. For bond funds, securities were priced by a third party vendor using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issue spreads.

Level 3: Pricing inputs that are generally unobservable inputs and not corroborated by market data. The Plan's Level 3 assets include:

- Guaranteed income fund, which provided for a minimum crediting interest rate, and whose fair value approximated contract value (see Note 6 for a description of the valuation methodology), and
- Participant loans, which were included at their carrying value in the Statement of Net Assets Available for Benefits and approximated their fair value as of December 31, 2009. Participant loans, which were collateralized by vested account balances of borrowing participants, were valued using unobservable market data.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2009:

	Fair Value Measurements Using Input Type			Total
	Level 1	Level 2	Level 3	
December 31, 2009:				
Pooled separate accounts.....	\$ -	\$ 10,304,714	\$ -	\$ 10,304,714
Mutual funds	128,847	-	-	128,847
Guaranteed income fund	-	-	1,811,371	1,811,371
Participant loans	-	-	82,635	82,635
Total investments measured at fair value	<u>\$ 128,847</u>	<u>\$ 10,304,714</u>	<u>\$ 1,894,006</u>	<u>\$ 12,327,567</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the period ended May 24, 2010:

	Level 3 Assets	
	Guaranteed Income Fund	Participant Loans
Balance at December 31, 2009.....	\$ 1,811,371	\$ 82,635
Contributions, investment income, withdrawals & transfers, net..	122,009	-
Transfer due to plan merger.....	(1,933,380)	(85,630)
Issuances, repayments and settlements, net.....	-	2,995
Balance at May 24, 2010.....	<u>\$ -</u>	<u>\$ -</u>

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

6. Benefit-Responsive Investment Contracts

In 2001, the Plan invested in the Guaranteed Income Fund, a benefit-responsive investment contract with Connecticut General Life Insurance Company now owned by PRIAC. PRIAC maintained the contributions in a general account. The Guaranteed Income Fund was an insurance company issued Evergreen Group Annuity. Under the group annuity insurance contract that supported the Guaranteed Income Fund, participants could ordinarily direct permitted withdrawal or transfers of all or a portion of their account balances at contract value within reasonable timeframes. All investment contracts held by the Fund were held directly between the fund and the issuer of the contract and were nontransferable. The Fund invested in underlying assets. The Funds' ability to receive amounts due pursuant to these contracts was dependent upon the issuers' ability to meet their financial obligations.

The fair value amount approximated the contract value. There were no specific securities in the general account that backed the liabilities of this annuity contract and PRIAC had concluded that it would not be appropriate to use market value of the securities within the insurer's general account to determine a fair value. The Plan owned a promise to pay interest at crediting rates, which were announced and guaranteed for a specified period of time. There were no known cash flows of the Fund that could be discounted.

Interest was credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest crediting rate was applied to all contributions made to the Fund regardless of the timing of those contributions. Interest crediting rates were reviewed on a semi-annual basis for resetting. When establishing interest crediting rates for the Fund, PRIAC considered current economic and market conditions, the general interest rate environment and both the expected and actual experience of a reference portfolio within the issuer's general account. These rates were established without the use of a specific formula. The minimum crediting interest rate under the contract was 1.50%.

Generally, there were no events that could have limited the ability of the Plan to transact at contract value paid within 90 days or in rare circumstances, contract value paid over time. There were no events that allowed the issuer to terminate the contract and which required the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract December 31, 2009 was \$1,811,371. The average yield earned by the Guaranteed Income Fund for all fully benefit-responsive investment contracts for the year ended December 31, 2009 was 2.55% based on actual earnings, and 2.55% based on interest rate credited to participants. The average earnings yield was calculated by dividing the earnings credited to the Plan on the last day of the plan year by the end of the plan year fair value annualized. The average crediting rate was calculated by dividing the earnings credited to the participants on the last day of the plan year by the end of plan year fair value annualized.

INTERNATIONAL RESOURCES GROUP, LTD.
401(k) Profit Sharing Plan

Notes to Financial Statements - Continued

7. *Related Party Transactions*

PRIAC manages certain Plan investments that totaled \$12,116,085 as of December 31, 2009. PRIAC was the custodian as defined by the Plan and, therefore, those transactions qualified as related party transactions.

8. *Plan Termination*

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. *Tax Status*

The prototype Plan and related trust were designed in accordance with and intended to qualify under Internal Revenue Code (IRC) section 401(a). The Plan administrator believes the Plan has been designed and was being operated in such a way as to be qualified under section 401(a) of the IRC.