

COMMITTEE ON NATURAL RESOURCES
Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

“Helium: Supply Shortages Impacting our Economy, National Defense and Manufacturing.”
July 20, 2012

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: Mark Haynes
2. Name of Organization(s) You are Representing at the Hearing: NGNP Industry Alliance
3. Business Address:
P.O. Box 837
Ridgeland, MS 39158-0837
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: Mark Haynes / NGNP Industry Alliance

Title/Date of Hearing: “Helium: Supply Shortages Impacting our Economy, National Defense and Manufacturing.” July 20, 2012

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Over 20 years of experience in policy, commercial, technical and other issues related to the development of High Temperature Gas Cooled Reactors.

- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

n/a

- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

n/a

- d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

n/a

- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

n/a

- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

My testimony represents the collective knowledge of the NGNP Industry Alliance which includes two of the largest nuclear companies in the world: Westinghouse and AREVA. Both companies have between them, decades of experience specific to high temperature gas cooled reactors.

Name/Organization: Mark Haynes / NGNP Industry Alliance

Title/Date of Hearing: “Helium: Supply Shortages Impacting our Economy, National Defense and Manufacturing.” July 20, 2012

In addition, for witnesses representing organizations:

- g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

n/a

- h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

n/a

- i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

n/a

- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

n/a

- k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 610

See attachments

U.S. Corporation Income Tax Return
For calendar year 2011 or tax year beginning _____, 2011, ending _____, _____
▶ See separate instructions.

A Check if: 1 a Consolidated return (attach Form 951) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instrs) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name NGNP INDUSTRY ALLIANCE LIMITED Number, street, and room or suite number. If a P.O. box, see instructions. 1209 ORANGE STREET City or town WILMINGTON State ZIP code DE 19801	B Employer identification number 27-2958331 C Date incorporated 06/28/2010 D Total assets (see instructions) \$ 82,936.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

I	1 a Merchant card and third-party payments. For 2011, enter -0-.....	1 a	0.
	b Gross receipts or sales not reported on line 1a (see instructions).....	1 b	
	c Total. Add lines 1a and 1b.....	1 c	0.
	d Returns and allowances plus any other adjustments (see instructions).....	1 d	
	e Subtract line 1d from line 1c.....	1 e	0.
INCOME	2 Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A).....	2	
	3 Gross profit. Subtract line 2 from line 1e.....	3	0.
	4 Dividends (Schedule C, line 19).....	4	
	5 Interest.....	5	
	6 Gross rents.....	6	
	7 Gross royalties.....	7	
	8 Capital gain net income (attach Schedule D (Form 1120)).....	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797).....	9	
	10 Other income (see instructions — attach schedule).....	10	
	11 Total income. Add lines 3 through 10.....	11	0.
D	12 Compensation of officers from Form 1125-E, line 4 (attach Form 1125-E).....	12	
E	13 Salaries and wages (less employment credits).....	13	
F	14 Repairs and maintenance.....	14	
G	15 Bad debts.....	15	
H	16 Rents.....	16	
I	17 Taxes and licenses.....	17	
J	18 Interest.....	18	
K	19 Charitable contributions.....	19	
L	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562).....	20	
M	21 Depletion.....	21	
N	22 Advertising.....	22	
O	23 Pension, profit-sharing, etc, plans.....	23	
P	24 Employee benefit programs.....	24	
Q	25 Domestic production activities deduction (attach Form 8903).....	25	
R	26 Other deductions (attach schedule). See Other Deductions Statement.....	26	151,247.
	27 Total deductions. Add lines 12 through 26.....	27	151,247.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.....	28	-151,247.
	29 a Net operating loss deduction (see instructions).....	29 a	
	b Special deductions (Schedule C, line 20).....	29 b	
	c Add lines 29a and 29b.....	29 c	
T	30 Taxable income. Subtract line 29c from line 28 (see instructions).....	30	-151,247.
R	31 Total tax (Schedule J, Part I, line 11).....	31	
E	32 Total payments and refundable credits (Schedule J, Part II, line 21).....	32	
F	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached.....	33	
A	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed.....	34	
B	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid.....	35	
L	36 Enter amount from line 35 you want: Credited to 2012 estimated tax.....	36	Refunded ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer		Date	Title
			TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Sealdovia Pipitone	Preparer's signature Sealdovia Pipitone	Date 07/20/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01363759
	Firm's name ▶ Cide's Accounting and Tax Service	Firm's EIN ▶ 61-1569355		Firm's address ▶ 2804 Vivian Street	
	METAIRIE	LA 70001	Phone no. (504) 885-8260		

Schedule C Dividends and Special Deductions
(see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I – Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)	5 a	
5b	Credit from Form 8834, line 30 (attach Form 8834)	5 b	
5c	General business credit (attach Form 3800)	5 c	
5d	Credit for prior year minimum tax (attach Form 8827)	5 d	
5e	Bond credits from Form 8912	5 e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9a	Recapture of investment credit (attach Form 4255)	9 a	
9b	Recapture of low-income housing credit (attach Form 8611)	9 b	
9c	Interest due under the look-back method – completed long-term contracts (attach Form 8697)	9 c	
9d	Interest due under the look-back method – income forecast method (attach Form 8866)	9 d	
9e	Alternative tax on qualifying shipping activities (attach Form 8902)	9 e	
9f	Other (see instructions – attach schedule)	9 f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11

Part II – Payments and Refundable Credits

12	2010 overpayment credited to 2011		12
13	2011 estimated tax payments		13
14	2011 refund applied for on Form 4466		14
15	Combine lines 12, 13, and 14		15
16	Tax deposited with Form 7004		16
17	Withholding (see instructions)		17
18	Total payments. Add lines 15, 16 and 17		18
19	Refundable credits from:		19
19a	a Form 2439	19 a	
19b	b Form 4136	19 b	
19c	c Form 3800, line 17c and Form 8827, line 8c	19 c	
19d	d Other (attach schedule – see instructions)	19 d	
20	Total credits. Add lines 19a through 19d		20
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21

Schedule K Other Information (see instructions)

1	Check accounting method	a <input type="checkbox"/> Cash	b <input checked="" type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify) ▶		
2	See the instructions and enter the:				Yes	No
a	Business activity code no. ▶	333610				
b	Business activity ▶	SALES				
c	Product or service ▶	EQUIPMENT MANUFACTURING				
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?					X
	If 'Yes,' enter name and EIN of the parent corporation ▶					
4	At the end of the tax year:					
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)					X
b	Did any individual or estate own, directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (att Schedule G)					X

Schedule K Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions

Yes No table with 'X' in the No column for row 'a'

If 'Yes,' complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions

Yes No table with 'X' in the No column for row 'b'

If 'Yes,' complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

X

If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

X

For rules of attribution, see section 318. If 'Yes,' enter:

(i) Percentage owned and (ii) Owner's country

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount

If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer)

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$ 88,989.

13 Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?

X

If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value property distributions (other than cash) made during the tax year. \$ 0.

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

X

If 'Yes,' complete and attach Schedule UTP.

15a Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?

X

b If 'Yes,' did or will the corporation file all required Forms 1099?

X

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		45,348.		82,936.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets		45,348.		82,936.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach sch)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital		134,337.		323,171.
24	Retained earnings — Approp (att sch)				
25	Retained earnings — Unappropriated		-88,989.		-240,235.
26	Adjmnt to shareholders' equity (att sch)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity		45,348.		82,936.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1	Net income (loss) per books	-151,246.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	0.		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contribs \$	
c	Travel & entertainment \$			See Ln 8 Stmt 1.	
					1.
6	Add lines 1 through 5	-151,246.	9	Add lines 7 and 8	1.
			10	Income (page 1, line 28) — line 6 less line 9	-151,247.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-88,989.	5	Distributions a Cash	
2	Net income (loss) per books	-151,246.		b Stock c Property	
3	Other increases (itemize):		6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	-240,235.	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	-240,235.

**IRS e-file Signature Authorization
for Form 1120**

2011

Department of the Treasury
Internal Revenue Service

For calendar year **2011**, or tax year beginning _____, 2011, ending _____

▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

NGNP INDUSTRY ALLIANCE LIMITED

Employer identification number

27-2958331

Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	0.
2	Taxable income (Form 1120, line 30)	2	-151,247.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2011 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on the corporation's 2011 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2011 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ TREASURER

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 72222743412
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 07/20/12

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Name
 NGNP INDUSTRY ALLIANCE LIMITED

Employer Identification Number
 27-2958331

Two, three, four, or five year carryback, twenty year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2010	88,989.		88,989.
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
2000			
1999			
1998			
1997			
Total new law	88,989.		88,989.

OLD LAW: Three year carryback, fifteen year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2010			
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
2000			
1999			
1998			
1997			
1996			

Total old law

NGNP INDUSTRY ALLIANCE LIMITED

27-2958331

Net Operating Loss Summary

NOL Carryover Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover 15 Years
2010	88,989.			88,989.	0.
2009					
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
Totals	88,989.			88,989.	0.
Less: Carryover expiring due to 15-year limitation					
Add: Current year net operating loss					151,247.
Less: Carryback of current year net operating loss					
Net operating loss carryover to next year					240,236.

Form 1120, Page 1, Line 26

Other Deductions Statement

ACCOUNTING	1,565.
MEALS AND ENTERTAINMENT (100%)	5,775.
OFFICE EXPENSE	20.
POSTAGE	426.
TRAVEL	11,282.
ADVERTISING & PROMOTIONS	5,611.
CONTRACT LABOR	123,568.
GRANTS	3,000.
Total	<u>151,247.</u>

Form 1120, Page 4, Schedule M-1, Line 8

Ln 8 Stmt

ROUNDING	1.
Total	<u>1.</u>

U.S. Corporation Income Tax Return
For calendar year 2010 or tax year beginning _____, 2010, ending _____

2010

▶ See separate instructions.

A Check if: 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instr) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	Print or Type	Name NGNP INDUSTRY ALLIANCE LIMITED Number, street, and room or suite number. If a P.O. box, see instructions. 1209 ORANGE STREET City or town WILMINGTON State ZIP code DE 19801	B Employer identification number 27-2958331 C Date incorporated 06/28/2010 D Total assets (see instructions) \$ 45,348.
E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change			

	1 a Gross receipts or sales	b Less returns & allowances	c Balance ▶	1 c	
I N C O M E	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
	10 Other income (see instructions — attach schedule)			10	
	11 Total income. Add lines 3 through 10			11	
	D E D U C T I O N S S E E R I O N I N S T R E C T I O N S	12 Compensation of officers (Schedule E, line 4)			12
13 Salaries and wages (less employment credits)				13	
14 Repairs and maintenance				14	
15 Bad debts				15	
16 Rents				16	
17 Taxes and licenses				17	
18 Interest				18	
19 Charitable contributions				19	
20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)				20	
21 Depletion				21	
22 Advertising				22	
23 Pension, profit-sharing, etc, plans				23	
24 Employee benefit programs				24	
25 Domestic production activities deduction (attach Form 8903)				25	
26 Other deductions (attach schedule). See Other Deductions Statement				26	
27 Total deductions. Add lines 12 through 26				27 88,989.	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				28 -88,989.	
29 Less:		a Net operating loss deduction (see instructions)	29 a		
	b Special deductions (Schedule C, line 20)	29 b		29 c	
T A X R E F U N D A B L E C R E D I T S	30 Taxable income. Subtract line 29c from line 28 (see instructions)			30 -88,989.	
	31 Total tax (Schedule J, line 10)			31	
	32 a 2009 overpayment credited to 2010	32 a			
		b 2010 estimated tax payments	32 b		
	c 2010 refund applied for on Form 4466	32 c			
	d Tax deposited with Form 7004	32 d			
	f Credits: (1) Form 2439 (2) Form 4136	32 e			
		32 f			
	g Refundable credits from Form 3800, line 19c, and Form 8827, line 8c	32 g			32 h
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>				33
34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed				34	
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid				35	
36 Enter amount from line 35 you want: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>				36	

Sign Here ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Sealdovia Pipitone	Preparer's signature Sealdovia Pipitone	Date 07/20/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01363759
	Firm's name ▶ Cide's Accounting and Tax Service			Firm's EIN ▶ 61-1569355	
	Firm's address ▶ 2804 Vivian Street METAIRIE LA 70001			Phone no. (504) 885-8260	

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	80	
3	Dividends on debt-financed stock of domestic and foreign corporations	see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs	70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	80	
8	Dividends from wholly owned foreign subsidiaries	100	
9	Total. Add lines 1 through 8. See instructions for limitation		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12		
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up		
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4		
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b		

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12					

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)		5a
5b	Credit from Form 8834, line 29		5b
5c	General business credit (attach Form 3800)		5c
5d	Credit for prior year minimum tax (attach Form 8827)		5d
5e	Bond credits from Form 8912		5e
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (att schedule)		9
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31		10

Schedule K Other Information (see instructions)

	Yes	No
1 Check accounting method a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the:		
a Business activity code no. ▶ 333610		
b Business activity ▶ SALES		
c Product or service ▶ EQUIPMENT MANUFACTURING		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶		X
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b Did any individual or estate own, directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If 'Yes,' complete (i) through (iv)		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

Schedule K *Continued*

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership see instructions
 If 'Yes,' complete (i) through (iv)

X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)
 If 'Yes,' file **Form 5452**, Corporate Report of Nondividend Distributions.
 If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

X

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock?
 For rules of attribution see section 318. If 'Yes,' enter:
(i) Percentage owned ▶ _____ and **(ii)** Owner's country ▶ _____

X

(c) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶
 If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶
 If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ _____

13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?
 If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value property distributions (other than cash) made during the tax year. ▶ \$ _____ 0.

X

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?
 If 'Yes,' complete and attach Schedule UTP.

X

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				45,348.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets				45,348.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach sch)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				134,337.
24	Retained earnings — Approp (att sch)				
25	Retained earnings — Unappropriated				-88,989.
26	Adjmnt to shareholders' equity (att sch)				
27	Less cost of treasury stock				
28	Total liabilities and shareholders' equity				45,348.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1	Net income (loss) per books	-88,989.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	0.		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contribs \$	
c	Travel & entertainment \$				
6	Add lines 1 through 5	-88,989.	9	Add lines 7 and 8	
			10	Income (page 1, line 28) — line 6 less line 9	-88,989.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year		5	Distributions	
2	Net income (loss) per books	-88,989.	a	Cash	
3	Other increases (itemize):		b	Stock	
			c	Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	-88,989.	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	-88,989.

Name
 NGNP INDUSTRY ALLIANCE LIMITED

Employer Identification Number
 27-2958331

Two, three, four, or five year carryback, twenty year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
2000			
1999			
1998			
1997			
Total new law			

OLD LAW: Three year carryback, fifteen year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
2000			
1999			
1998			
1997			
1996			
1995			
Total old law			

Net Operating Loss Summary

NOL Carryover Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover 15 Years
2009					
2008					
2007					
2006					
2005					
2004					
2003					
2002					
2001					
2000					
1999					
1998					
1997					
1996					
1995					
Totals					
Less: Carryover expiring due to 15-year limitation					
Add: Current year net operating loss					88,989.
Less: Carryback of current year net operating loss					
Net operating loss carryover to next year					88,989.

Form 1120, Page 1, Line 26

Other Deductions Statement

DUES AND SUBSCRIPTIONS	8,322.
OFFICE EXPENSE	256.
POSTAGE	94.
ADVERTISING & PROMOTIONS	2,074.
CONTRACT LABOR	78,243.
Total	<u>88,989.</u>

2010 DELAWARE 2010 CORPORATION INCOME TAX RETURN

FOR CALENDAR YEAR 2010

or fiscal year beginning 2010, and ending 2011

EMPLOYER IDENTIFICATION NUMBER

27-2958331

DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0042

Name of Corporation

NGNP INDUSTRY ALLIANCE LIMITED

Address

Zip Code

1209 ORANGE STREET, WILMINGTON DE 19801

Delaware address if different from above

Zip Code

CHECK APPLICABLE BOX:

INITIAL RETURN

CHANGE OF ADDRESS

EXTENSION ATTACHED

Date and State of Incorporation

Nature of Business

06/28/10 DE EQUIPMENT MANUFACTURING

IF OUT OF BUSINESS, ENTER DATE HERE:

ATTACH COMPLETE COPY OF FEDERAL FORM 1120

1 Federal Taxable Income (See specific instructions) 1 -88,989.

2 Subtractions:

- a Foreign dividends, interest and royalties 2a
b Net interest from U.S. securities (Schedule 1, Column 2) 2b
c Interest from affiliated companies (Schedule 1, Column 3) 2c
d Gain from sale of U.S. or Delaware securities 2d
e Wage deduction - Federal Jobs Credit 2e
f Handicapped accessibility deduction (Att statement) 2f
g Net operating loss carry-over 2g
h Other 2h

i Total. Add Lines 2a through 2h 2i

3 Line 1 minus Line 2i 3 -88,989.

4 Additions:

- a All state and political subdivision income taxes deducted in computing Line 1 4a
b Loss from sale of U.S. or Delaware securities 4b
c Interest income from obligations of any state except Delaware (Sch 1, Col 4) 4c
d Depletion expense - oil and gas 4d
e Interest paid affiliated companies (See instructions) 4e
f Donations included in Line 1 for which Delaware income tax credits were granted 4f

g Total. Add Lines 4a through 4f 4g

5 Entire net income (Line 3 plus Line 4g) 5 -88,989.

WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11. WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE.

6 Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8) 6

7 Income (or loss) subject to apportionment (Line 5 minus Line 6) 7

8 Apportionment percentage (Schedule 3D, Line 8) 8 %

9 Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8) 9

10 Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8) 10

11 Total (Line 9 plus or minus Line 10) 11 -88,989.

12 Delaware Taxable Income (Line 5 or Line 11, whichever is less) 12 -88,989.

13 Tax at 8.7% 13

14 Delaware tentative tax paid 14

15 Credit carry-over from prior year 15

16 Other payments (attach statement) 16

17 Approved income tax credits 17

18 Total payments and credits. Add Lines 14 through 17 18

19 If Line 13 is greater than Line 18 enter BALANCE DUE AND PAY IN FULL 19

20 If Line 18 is greater than Line 13 enter OVERPAYMENT: a Total OVERPAYMENT 20a

b to be REFUNDED 20b

c to be CREDITED to 2011 TENTATIVE TAX 20c



NGNP INDUSTRY ALLIANCE LIMITED
SCHEDULE 1 – INTEREST INCOME

27-2958331

Description of Interest	Column 1 Foreign Interest	Column 2 Interest Received From U.S. Securities	Column 3 Interest Received From Affiliated Companies	Column 4 Interest Received From State Obligations	Column 5 Other Interest Income	
1						1
2						2
3						3
4						4
5						5
6	Totals					6

SCHEDULE 2 – NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE

Description	Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total	
1				1
2				2
3				3
4				4
5				5
6	Total			6
7	Less: Applicable expenses (Attach statement)			7
8	Total non-apportionable income			8

SCHEDULE 3 – APPORTIONMENT PERCENTAGE

Schedule 3-A – Gross Real and Tangible Personal Property

Description	Within Delaware		Within and Without Delaware		
	Beginning of Year	End of Year	Beginning of Year	End of Year	
1					1
2					2
3					3
4					4
5					5
6					6

Schedule 3-B – Wages, Salaries, and Other Compensation Paid or Accrued to Employees

Description	Within Delaware	Within and Without Delaware	
1			1
2			2
3			3

Schedule 3-C – Gross Receipts Subject to Apportionment

1			1
2			2
3			3

Schedule 3-D – Determination of Apportionment Percentage

1	Average value of real and tangible property within Delaware		=		DECA0102 10/26/10
2	Average value of real and tangible property within and without Delaware		=		%
3	Wages, salaries and other compensation paid to employees within Delaware		=		%
4	Wages, salaries and other compensation paid to employees within and without Delaware		=		%
5	Gross receipts and gross income from within Delaware		=		%
6	Gross receipts and gross income from within and without Delaware		=		%
7	Total				
8	Apportionment percentage (See instructions)				%

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Date: 07/20/12 Signature of Officer: Sealdovia Pipitone Title: Cide's Accounting and Tax Service Email Address: _____
 Signature of Individual or Firm Preparing the Return: _____ Address: 2804 Vivian Street
METAIRIE LA 70001

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044
 IF A 2D BARCODE APPEARS IN THE UPPER RIGHT CORNER OF PAGE 1 OF THIS FORM:
 MAIL REFUND OR BALANCE DUE RETURNS TO: Delaware Division of Revenue, P.O. Box 8712, Wilmington, DE 19899-8712
 MAIL ZERO DUE RETURNS TO: Delaware Division of Revenue, P.O. Box 8719, Wilmington, DE 19899-8719

