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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KENAN ADVANTAGE GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1974

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
KENAN ADVANTAGE GROUP, INC.

4366 MT. PLEASANT STREET NW
NORTH CANTON, OH 44720

2b Employer Identification Number (EIN) 56-0516485

2c Sponsor's telephone number 330-409-1136

2d Business code (see instructions) 484110

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.	10/05/2010	WILLIAM DOWNEY
	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")
KENAN ADVANTAGE GROUP, INC.

4366 MT. PLEASANT STREET NW
NORTH CANTON, OH 44720

3b Administrator's EIN
56-0516485

3c Administrator's telephone number
330-409-1136

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**	4291
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**	3916
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	590
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4506
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	4506
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2231
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	54
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 2G 2J 2K 3D 3H

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)	X	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)	X	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)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
KENAN ADVANTAGE GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KENAN ADVANTAGE GROUP, INC.

D Employer Identification Number (EIN)
56-0516485

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

AMERICAN FUND

95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

BARON CAPITAL GROUP

13-3122938

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DODGE & COX

94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS

06-1194217

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

13-5108880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ROYCE

52-2343049

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VAN KAMPEN

36-2811402

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO FUNDS

95-2632339

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

WACHOVIA BANK N.A.

22-1147033

(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?
15 21 37 49 50 52 60 63 64	NONE	101768	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

AON INVESTMENT CONSULTING

22-2232264

(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?
27	NONE	39894	Yes [ ] No [X]	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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
KENAN ADVANTAGE GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KENAN ADVANTAGE GROUP, INC.

D Employer Identification Number (EIN)
56-0516485

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

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)
93-6274329-001	C	14800843

a Name of MTIA, CCT, PSA, or 103-12 IE: ENHANCED STOCK MARKET FUND

b Name of sponsor of entity listed in (a): WACHOVIA BANK, N.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)
56-6288528-001	C	3908518

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)

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)

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)

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)

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)

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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
KENAN ADVANTAGE GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KENAN ADVANTAGE GROUP, INC.

D Employer Identification Number (EIN)
56-0516485

Part I Asset and Liability Statement

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	5	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	2648955	3367830
(9) Value of interest in common/collective trusts	1c(9)	18372523	18709361
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	30148065	40350410
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	51169548	62427601
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	51169548	62427601

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2065437	
(B) Participants	2a(1)(B)	4663188	
(C) Others (including rollovers)	2a(1)(C)	199418	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6928043
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)	164028	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		164028
(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)	632182	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		632182
(3) Rents	2b(3)		
(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)		0

			(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)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		1114827
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(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)		7810734
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		16649814
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5127331	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5127331
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)	264430	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		264430
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5391761
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		11258053
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: 415 GROUP **(2)** EIN: 34-1341400

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
KENAN ADVANTAGE GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KENAN ADVANTAGE GROUP, INC.

D Employer Identification Number (EIN)
56-0516485

Part I Distributions

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** 0

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): 56-1354495

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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**

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.

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**

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):

---

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):

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Kenan Advantage Group, Inc. 401(k) Plan
Canton, Ohio

We were engaged to audit the financial statements of the **Kenan Advantage Group, Inc. 401(k) Plan** (**formerly the Kenan Transport Company Profit Sharing And Retirement Savings Plan) (the Plan)** (Employer ID #56-0516485, Plan #002) as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 D, which was certified by Wachovia Bank, N.A. (a Wells Fargo Company), the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the Trustee 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 and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Four - Fifteen Group

Certified Public Accountants

Canton, Ohio
August 3, 2010

KENAN ADVANTAGE GROUP, INC. 401(K) PLAN
(Employer Federal ID #56-0516485, Plan #002)

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2009 AND 2008

KENAN ADVANTAGE GROUP, INC. 401(K) PLAN
(Employer Federal ID #56-0516485, Plan #002)

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2009 AND 2008

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Kenan Advantage Group, Inc. 401(k) Plan
Canton, Ohio

We were engaged to audit the financial statements of the **Kenan Advantage Group, Inc. 401(k) Plan** (**formerly the Kenan Transport Company Profit Sharing And Retirement Savings Plan) (the Plan)** (Employer ID #56-0516485, Plan #002) as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 D, which was certified by Wachovia Bank, N.A. (a Wells Fargo Company), the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the Trustee 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 and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Four - Fifteen Group

Certified Public Accountants

Canton, Ohio
August 3, 2010

KENAN ADVANTAGE GROUP, INC. 401(K) PLAN
(Employer Federal ID #56-0516485, Plan #002)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(Form 5500 - Schedule H - Part I)

	December 31, 2009	December 31, 2008
ASSETS:		
Investments, at fair value:		
Registered investment companies	**$ 40,350,412**	$ 30,148,065
Common collective trusts	**18,709,359**	18,372,523
Participant loans	**3,367,830**	2,648,955
Total investments	**62,427,601**	51,169,543
Contributions receivable:		
Employer	**4,576**	-
Employee	**14,375**	-
Total contributions receivable	**18,951**	-
Cash	**-**	5
Total assets	**62,446,552**	51,169,548
LIABILITIES	**-**	60,602
NET ASSETS AVAILABLE FOR BENEFITS	**$ 62,446,552**	$ 51,108,946

The accompanying notes are an integral part of these financial statements.

KENAN ADVANTAGE GROUP, INC. 401(K) PLAN
(Employer Federal ID #56-0516485, Plan #002)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

(Form 5500 - Schedule H - Part II)

	Year Ended December 31, 2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income (Loss):		
Net appreciation (depreciation) in investments including realized and unrealized gains (losses) in fair value of investments at quoted market prices:		
Registered investment companies	**$ 7,923,716**	$ (12,363,265)
Common collective trusts	**1,084,826**	(630,069)
Interest and dividends:		
Registered investment companies	**632,028**	1,581,343
Common collective trusts	**30,002**	17,726
Other gains (losses)	**(52,226)**	6,046
Participant loan interest	**164,028**	96,475
	9,782,374	(11,291,744)
Contributions:		
Employer	**2,070,013**	975,047
Employees	**4,677,562**	2,873,064
Employee rollovers	**199,418**	52,550
Transfers in from merged plans	**-**	33,454,035
	6,946,993	37,354,696
Total additions	**16,729,367**	26,062,952
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	**5,127,331**	2,929,845
Administrative expenses	**264,430**	162,232
Total deductions	**5,391,761**	3,092,077
NET INCREASE	**11,337,606**	22,970,875
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	**51,108,946**	28,138,071
End of year	**$ 62,446,552**	$ 51,108,946

The accompanying notes are an integral part of these financial statements.

KENAN ADVANTAGE GROUP, INC. 401(K) PLAN
(Employer Federal ID #56-0516485, Plan #002)

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

A. DESCRIPTION OF THE PLAN:

The following description of the Kenan Advantage Group, Inc. (the "Company" and "Plan Sponsor") 401(k) Plan (the "Plan") formerly known as the Kenan Transport Company Profit Sharing and Retirement Savings Plan is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established effective January 1, 1974 covering substantially all full-time employees of the Kenan Advantage Group, Inc. and other adopting employers. The adopting employers for 2009 and 2008 include Kenan Transport LLC, Petro-Chemical Transport, Inc., KAG Services, Inc., Advantage Tank Lines, Inc., North Canton Transfer Company, KA Bulk Transport, LLC (dba Klemm Tank Lines), J. McDaniel, Inc., KAG West, LLC, Bulk Express, Inc. and KAG Logistics.

Prior to 2008 highly compensated employees were not eligible to participate in employer match or non-elective employer contributions. Effective for 2008, an amendment permits highly compensated employees who are not eligible for the KAG Savings Plan (non-qualified plan) to receive matching contributions only, not non-elective employer contributions.

The Plan is funded by employee contributions and discretionary and fixed employer contributions. Effective January 1, 2008, the sponsor of the Plan was changed from the Kenan Transport Company to the Kenan Advantage Group, Inc. and the name of the Plan was changed from the Kenan Transport Company Profit Sharing and Retirement Savings Plan to the Kenan Advantage Group, Inc. 401(k) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective July 1, 2008 Advantage Tank Lines, Inc. Employees' 401(k) Plan and Trust of $8,752,237 and the North Canton Transfer Co. Employees' 401(k) Plan and Trust of $2,135,313 were merged into the Plan. Effective September 1, 2008 KA Bulk Transport, LLC dba Klemm Tank Lines Savings & Retirement Plan of $6,831,045 and J. McDaniel, Inc. 401(k) Profit Sharing Plan and Trust of $2,710,230 were merged into the Plan. Effective November 1, 2008 KAG West, LLC 401(k) and Disability Plan of $12,351,230 and Bulk Express, Inc. 401(k) and Profit Sharing Plan of $734,582 were merged into the Plan. The Plan was also amended to reflect the provisions applicable to prior plan participants effective as of the merger dates. At the time of the plan mergers, the corresponding plans' employees became eligible under the provision and guidelines of the plan document to participate in the Kenan Advantage Group, Inc. 401(k) Plan. Pursuant to the merger and amendment agreements, the physical transfers of the custody of the assets of these plans were transferred as soon as administratively practicable on or following the plan merger dates. Certain loan amounts totaling $1,697 were forgiven upon merger and liabilities related to outstanding distribution checks amounting to $60,602 were transferred reflecting a transferred balance per the final Form 5500's of merged plans of $33,452,338 as compared to $33,514,637 per the Plan's Form 5500.

Effect of Acquisitions - Effective January 1, 2009, if the Company or a participating employer acquires any business or operations of another enterprise (whether by merger, asset acquisition or otherwise), the persons who became employees of the Company or participating employer as a result of the acquisition, or a specified group or division of them, may be credited with service for all or a portion of their pre-acquisition employment for specified purposes under the Plan. Any such service-crediting, however, must be approved by the administrator or the person or persons appointed by the administrator for such purpose in order to become effective.

A. DESCRIPTION OF THE PLAN (CONTINUED):

Effect of Acquisitions (Continued) - During the year ended December 31, 2009 employees of Coast Oil Company, LLC and Reinhard Transportation, LLC, who became employees of various adopting employers, received credit for hours of service with their respective previous company for purposes of determining years of service under the Plan.

Effective during the year ended December 31, 2008, the employees of KAG Logistics, Superior Transport, Inc., 4 Seasons Environmental Products Company, Inc., Carl Klemm, Inc. and Beneto, Inc., who became employees of various adopting employers, received credit for hours of service with their respective previous company for purposes of determining years of service under the Plan.

Contributions - The Plan's provisions provide for contributions to be made and/or received by the participants. An employee must complete 90 days of service to be eligible for elective deferral participation. All participants must be employed on the last day of the Plan year to be eligible for participation in Company contributions. Participants direct the investment of all contributions into certain individual programs offered by the Plan. Contributions provided for under Plan are as follows:

Employee Deferral Contributions - The Plan enables employees to contribute between 1% and 100% of their compensation (as defined) by the Plan, not to exceed the maximum amount permitted by law. Participants who have attained the age of 50 before the end of the Plan year were eligible to make catch up contributions not to exceed the maximum amount allowable per IRS Regulations.

Employee Rollover Contributions - The Plan enables participants to rollover contributions from other qualified defined benefit or defined contribution accounts.

Matching Contributions - The Company may contribute a discretionary matching percentage of each participant's eligible deferral contribution. During the year ended December 31, 2008, the Plan was amended to state that the Company shall match differently for following groups: KAG West, LLC employees will receive a match of 100% of contributions up to the first 4% of eligible compensation (as defined); all other adopting employers' employees shall receive 50% of the participants contributions up to 6% of the employees eligible compensation (as defined). For the year ended December 31, 2009 the Company matched $1,436,957 for companies other than KAG West, and $665,187 for KAG West, LLC. These matches, net of $32,131 in forfeited participant account balances for all adopting companies amounted to a total net match of $2,070,013 for all groups combined. For the year ended December 31, 2008 the Company matched $956,266 for companies other than KAG West, and $153,745 for KAG West, LLC. These matches, net of $134,964 in forfeited participant account balances for all adopting companies amounted to a total net match of $975,047 for all groups combined.

Non-elective Employer Contributions (Profit Sharing) - Non-elective employer contributions consist of discretionary and non-elective employer contributions. Such contributions are allocated in the same ratio that each participant's compensation for the Plan year bears to the total compensation for all participants for the Plan year. Non-elective employer contributions allowed under the provisions of the Plan are as follows:

Discretionary Contributions - A contribution amount the employer may from time to time deem advisable. No such contributions were made for the years ended December 31, 2009 or 2008.

A. DESCRIPTION OF THE PLAN (CONTINUED):

Non-elective Employer Contributions **-** A discretionary amount on behalf of each of the outlined groups of participants, which amount, if any, shall be deemed an employer non-elective contribution. The employer shall provide the administrator with written notification of the amount of the contribution to be allocated to each group. Groups are outlined in the Plan document. Only participants who have completed a year of service during the plan year and are actively employed on the last day of the plan year shall be eligible to share in the discretionary contribution for the year. No such contributions were made for the years ended December 31, 2009 or 2008.

Participant Accounts - Each participant's account is credited with an allocation of (a) the employee's contribution, (b) the Company's contribution, and (c) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. As of December 31, 2009 and 2008, approximately $8,670,000 and $4,061,000, respectively have been allocated to accounts of persons who have withdrawn from future contributions to the Plan. These participants share in trust earnings and appreciation (depreciation) in investments held in their individual accounts but do not receive any additional contributions.

Vesting - Participants are immediately vested in their contributions and rollover contributions, plus actual earnings thereon. Vesting in the matching and profit sharing contribution portions of the employee accounts is based on the number of years of continuous service according to the schedule that follows:

Years of Service	Vesting %
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures - Forfeited non-elective contributions from terminated participants' nonvested accounts can be allocated to active participants based upon a method deemed appropriate by the employer given in written notice to the Trustee or can also be used to reduce future Company contributions. Forfeitures totaling $32,131 and $134,964 were used to offset Company matching contributions during the years ended December 31, 2009 and 2008, respectively. As of December 31, 2009 and 2008 the Plan had $218,124 and $48,373, respectively in forfeitures available to offset future employer contributions.

Effective January 1, 2009 the Plan was amended to provide that in the event that all, or any portion, of the distribution payable to a participant or beneficiary hereunder shall remain unpaid solely by reason of the inability of the administrator to locate the participant or beneficiary after a reasonable period of time, as determined by the administrator, and after making reasonable attempts to do so (which reasonable attempts may include sending a registered letter, return receipt requested, to the last known address, and, to the extent economically prudent, by the use of a locator service), the amount so distributable shall be treated as a forfeiture pursuant to the Plan.

A. DESCRIPTION OF THE PLAN (CONTINUED):

Payment of Benefits - On attaining age 59-1/2, retirement, death or disability, the account balance is payable to the participant (or beneficiary, if participant is deceased) in the form of a lump-sum equal to the value of the participant's vested interest in his or her account, or monthly, quarterly or annual installments over a period of not more than the recipient's life expectancy (participant or beneficiary's life expectancies). Non-terminated employees may make withdrawals from their elective deferral account balance as a hardship withdrawal prior to reaching age 59-1/2. Hardship withdrawals are subject to additional rules and conditions as outlined in the Plan agreement. Participants who terminate employment with vested account balances greater than $1,000 but less than $5,000, if not electing a distribution paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly, shall have their account distributed in a direct rollover to an individual retirement plan designated by the administrator. Participants with less than $1,000 are paid in a lump sum distribution.

Investment Options - The Plan's investment strategies include investments with varying degrees of risk that are subject to the volatility of financial markets. Based on these risks it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Participant Loans - Participants may borrow from their fund account a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance and may have only one loan outstanding at a time. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Loan terms range from 1-5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Reporting - The accompanying financial statements were prepared using the accrual method of accounting. The participants' statements, certified trust statements and Annual Return/Report of Employee Benefit Plan - Form 5500 have been prepared on the cash basis of accounting which records certain income when received and expenses when disbursements are made. As such, there are differences between the amounts in the participants' statements, certified trust statements, and Form 5500 and the amounts shown in the financial statements which are principally caused by contributions receivable and outstanding distributions payable. (Note I).

Valuation of Investments - The Plan's investments are stated at fair value. The fair values are based on quoted market prices determined by the Trustee. Participant loans are stated at the total principal amount of loans outstanding, which approximates fair value.

The Plan's stable value investment contracts are not fully benefit responsive because certain restrictions have been placed on accessibility. In accordance with the authoritative accounting literature, the Plan's stable value investment contracts are classified as guaranteed investment contracts that are not fully benefit responsive and are therefore reported at fair value.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Payment of Benefits - Benefits are recorded when paid.

Operating Expenses - All expenses of maintaining the Plan are paid by the Company.

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 the reported amounts of assets and liabilities and disclosures. Actual results could differ from those estimates.

Subsequent Events - The Plan has evaluated subsequent events through August 3, 2010, which is the date the financial statements were available to be issued.

C. INVESTMENTS:

The Plan has obtained certification from the Wachovia Bank, N.A. (a Wells Fargo Company), Trustee, for the respective periods that the information in such statements is complete and accurate. Financial information relating to those investments is included in the accompanying financial statements based on information provided by the Trustee. The following presents investments at fair value that were reported and certified by the Trustee as complete and accurate and represent 5% or more of plan assets:

	December 31,	
Description	**2009**	**2008**
Van Kampen Equity and Income FD-A	$12,386,680	$ 9,991,878
Morley Stable Value Fund	14,800,843	15,273,503
Templeton Foreign Fund Class A	-	2,994,669
Wachovia Bank, N.A. Enhanced Stock Market Fund	3,908,516	3,099,020
Dodge & Cox Stock Fund	3,904,466	2,830,639
Pimco Total Return Fund CCA	4,647,423	3,191,747
American Funds Growth R4	6,302,117	4,697,089
American Europacific Growth Fund	4,141,497	-
Participant Loan Fund	3,367,830	2,648,955
Other investments that are less than 5%	8,968,229	6,442,043
Total Investments	$ 62,427,601	$ 51,169,543

D. INFORMATION PROVIDED BY THE TRUSTEE:

The information in the financial statements and supplemental schedules was summarized from information supplied and certified as complete and accurate by the Wachovia Bank, N.A. (a Wells Fargo Company), the Trustee. The Trustee holds the plan assets and executes transactions thereon. Financial information relating to the invested assets and income thereon, included in the accompanying financial statements and supplemental schedules, is based on information provided by the Trustee.

D. INFORMATION PROVIDED BY THE TRUSTEE (CONTINUED):

The Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	Year Ended December 31, 2009	2008
Net assets as certified on January 1,	$ 51,169,548	$ 28,116,328
Contributions received:		
Employer	2,065,437	992,665
Employees	4,663,187	2,877,189
Employee rollovers	199,418	52,550
Transfers from (to) another plan	-	33,514,637
Net realized and unrealized income (loss) in fair value of investments	9,008,542	(12,993,334)
Interest and dividends	601,428	1,599,069
Other income (loss)	(52,226)	6,046
Participant loan interest	164,028	96,475
Benefits paid to participants	(5,127,331)	(2,929,845)
Administrative expenses	(264,430)	(162,232)
Net assets as certified on December 31,	$ 62,427,601	$ 51,169,548

E. FAIR VALUE MEASUREMENTS:

The authoritative accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the authoritative accounting literature are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets or for identical or similar assets or liabilities in inactive markets. Inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

E. FAIR VALUE MEASUREMENTS (CONTINUED):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 or 2008.

Common collective trusts - Valued at the net asset value of shares held by the plan at year end.

Guaranteed investment contracts - Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Common stocks, corporate bonds and U.S. government securities held by registered investment companies - Valued at the closing price reported on the active market on which the individual securities are traded.

Participant loans - Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009.

Assets Measured at Fair Value at December 31, 2009:

	Level 1	Level 2	Level 3	Total
Common trust fund	$ -	$ -	$ 3,908,516	$ 3,908,516
Guaranteed investment contracts	-	-	14,800,843	14,800,843
Registered investment companies	40,350,412	-		40,350,412
Participant loans	-	-	3,367,830	3,367,830
Total assets at fair value	$ 40,350,412	$ -	$22,077,189	$ 62,427,601

E. FAIR VALUE MEASUREMENTS (CONTINUED):

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2008.

Assets Measured at Fair Value at December 31, 2008:

	Level 1	Level 2	Level 3	Total
Common trust fund	$ -	$ -	$ 3,099,020	$ 3,099,020
Guaranteed investment contracts	-	-	15,273,503	15,273,503
Registered investment companies	30,148,065	-	-	30,148,065
Cash	5	-	-	5
Participant loans	-	-	2,648,955	2,648,955
Total assets at fair value	$ 30,148,070	$ -	$21,021,478	$ 51,169,548

The following table sets forth a summary of changes in the fair value of the plan's Level 3 assets for the year ended December 31, 2009.

Level 3 Assets for Year Ended December 31, 2009:

	Participant Loans	Common Collective Trusts	Guaranteed Investment Contracts
Balance at January 1, 2009	$ 2,648,955	$ 3,099,020	$ 15,273,503
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	771,276	343,551
Repayments	(1,436,321)	-	-
New loans issued	2,518,213	-	-
Distributed loans	(363,017)	-	-
Purchases, sales, issuances and settlements, net	-	38,220	(816,211)
Balance at December 31, 2009	$ 3,367,830	$ 3,908,516	$ 14,800,843

E. FAIR VALUE MEASUREMENTS (CONTINUED):

The following table sets forth a summary of changes in the fair value of the plan's Level 3 assets for the year ended December 31, 2008.

Level 3 Assets for Year Ended December 31, 2008:

	Participant Loans	Common Collective Trusts	Guaranteed Investment Contracts
Balance at January 1, 2008	$ 702,433	$ -	$ 3,947,128
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	(897,288)	284,945
Repayments	(514,689)	-	-
New loans issued	1,167,304	-	-
Loans transferred from merged plans	1,340,109	-	-
Distributed loans	(46,202)	-	-
Purchases, sales, issuances and settlements, net	-	3,996,308	11,041,430
Balance at December 31, 2008	$ 2,648,955	$ 3,099,020	$15,273,503

F. TRANSACTIONS WITH PARTIES-IN-INTEREST:

Certain administrative expenses relating to the maintenance of participant eligibility records and asset management fees are absorbed by the Company, while other administrative expenses including legal and accounting fees are paid out of Plan assets. Other than as described above or pursuant to a certain trust agreement (See Note C), the Plan has no agreements or transactions with a party-in-interest.

G. DISTRIBUTIONS UPON PLAN TERMINATION:

The Company has the right, at any time, to terminate the Plan by delivering to the Trustee written notice of such termination. Upon termination, all amounts credited to the affected participants' accounts shall become 100% vested and will not thereafter be subject to forfeiture, and all unallocated amounts shall be allocated to the accounts of all participants in accordance with the Plan provisions. The Company has no intention to terminate the Plan at this time.

H. INCOME TAX STATUS:

The Plan obtained its latest determination letter on November 3, 2006, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTES TO FINANCIAL STATEMENTS

I. RECONCILIATION TO FORM 5500:

The Form 5500 for 2009 and 2008 were prepared on a cash basis of accounting whereas the accompanying financial statements were prepared on an accrual basis. The two accounting methods result in different amounts being recorded for receivables and contributions. The following tables reconcile receivables / payables and net assets available for benefits as of December 31, 2009 and 2008, and employee and employer contributions and net increase in net assets available for benefits for the year ended December 31, 2009 and 2008 per the financial statements to the Form 5500 as filed by the Plan for the years ended December 31, 2009 and 2008.

NET ASSETS AVAILABLE FOR BENEFITS:

As of December 31, 2009

	Contribution Receivables	Net Assets Available for Benefits
Per financial statements	$ 18,951	$ 62,446,552
Less contributions receivable – employer and employee	(18,951)	(18,951)
Per Form 5500	$ -	$ 62,427,601

CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:

For the Year Ended December 31, 2009

	Contributions			Income Adjustment From	Increase in Net Assets Available
	Employee	Employer	Total	Transfers	for Benefits
Per financial statements	$ 4,677,562	$ 2,070,013	$ 6,747,575	$ 9,782,374	$ 11,337,606
Minus current year receivable	(14,375)	(4,576)	(18,951)	-	(18,951)
Minus prior year payable	-	-	-	(60,602)	(60,602)
Per Form 5500	$ 4,663,187	$ 2,065,437	$ 6,728,624	$ 9,721,772	$ 11,258,053

I. RECONCILIATION TO FORM 5500 (CONTINUED):

NET ASSETS AVAILABLE FOR BENEFITS:

As of December 31, 2008

	Outstanding Distribution Checks	Net Assets Available for Benefits
Per financial statements	$ (60,602)	$ 51,108,946
Outstanding distribution checks	60,602	60,602
Per Form 5500	$ -	$ 51,169,548

CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:

For the Year Ended December 31, 2008

	Contributions				Increase in Net Assets Available
	Employee	Employer	Total	Transfers	for Benefits
Per financial statements	$ 2,873,064	$ 975,047	$ 3,848,111	$ 33,454,035	$ 22,970,875
Plus current year payable	-	-	-	60,602	60,602
Plus prior year receivable	4,125	17,618	21,743	-	21,743
Per Form 5500	$ 2,877,189	$ 992,665	$ 3,869,854	$ 33,514,637	$ 23,053,220

J. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

K. SUBSEQUENT EVENTS:

Subsequent to the year ended December 31, 2009, service was granted for all of their pre-acquisition employment for specified purposes to former employees of Don E. Keith Transportation, LLC and DeWitt Petroleum for the Kenan Advantage Group, Inc. 401(k) Plan. These employees became eligible for the Plan in 2010.

It is the intention of management to merge the assets of the Transport Services Co. 401(K) Plan into the Kenan Advantage Group, Inc. 401(k) Plan effective January 1, 2011.

KENAN ADVANTAGE GROUP, INC. 401(K) PLAN
(Employer Federal ID #56-0516485, Plan #002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500 - Schedule H - Part IV, Line 4(i))

December 31, 2009

(See Independent Auditors' Report)

	(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description Including Number of Shares and Interest Rates	(d) Cost	(e) Current Value
		COMMON COLLECTIVE TRUSTS:			
*		Wachovia Bank, N.A. Enhanced Stock Market Fund	46,179.5239	**	$ 3,908,516
*		Morley Stable Value Fund	667,488.1520	**	14,800,843
		Total common collective trusts			18,709,359
		REGISTERED INVESTMENT COMPANIES:			
		Van Kampen Equity and Income FD-A	1,590,074.4505	**	12,386,680
		Baron Asset Growth Fund	73,626.7710	**	3,041,522
		Dodge & Cox Stock Fund	40,612.3530	**	3,904,466
		Fidelity Contra Fund	1,275.2790	**	74,323
		Royce Total Return Fund	152,761.9980	**	1,651,357
		Pimco Total Return Fund CCA	254,773.7349	**	4,647,423
		American Funds Growth R4	232,464.7490	**	6,302,117
		American Europacific Growth Fund	109,795.7900	**	4,141,497
		American Century Vista Fund Advisor Class	113,779.1360	**	1,489,369
		Goldman Sachs Mid Cap Value Fund Class A	93,570.0160	**	2,711,658
		Total registered investment companies			40,350,412
		PARTICIPANT LOAN FUND:			
		(maturing in years 2010 through 2020)	4.25% to 9.25%	-0-	3,367,830
					$ 62,427,601

* Identifies party-in-interest to the Plan.

** Costs have been omitted due to participant-directed transactions under an individual account plan.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kenan Advantage Group, Inc. 401(k) Plan **EIN:** 56-0516485
Plan Sponsor's Name Kenan Advantage Group, Inc. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	WACHOVIA BANK N.A.	COMMON TRUST FUND ENHANCED STOCK MARKET		3,908,516
	AMERICAN	MUTUAL FUNDS CENTURY VISTA FD ADVISOR CL		1,489,369
	BARON	MUTUAL FUNDS GROWTH FD		3,041,522
	DODGE & COX	MUTUAL FUNDS STOCK FD		3,904,466
	FIDELITY	MUTUAL FUNDS CONTRA FD		74,323
	GOLDMAN SACHS	MUTUAL FUNDS MID CAP VALUE FUND CL A		2,711,658
	AMERICAN	MUTUAL FUNDS GROWTH FUND OF AMERICA CL R4		6,302,117

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kenan Advantage Group, Inc. 401(k) Plan **EIN:** 56-0516485
Plan Sponsor's Name Kenan Advantage Group, Inc. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ROYCE	MUTUAL FUNDS TOTAL RETURN FD INV CL		1,651,357
	VAN KAMPEN	MUTUAL FUNDS EQUITY AND INCOME FD CL A		12,386,680
	AMERICAN	MUTUAL FUNDS EUROPACIFIC GROWTH FD CL RA		4,141,497
	PIMCO	MUTUAL FUNDS TOTAL FD CCA		4,647,423
	UNION BOND & TRUST	COMMON TRUST FUND STABLE VALUE FD INSTL		14,800,843
	PARTICIPANTS LOANS	VARIOUS RATES (4.25% - 9.25%)		3,367,830