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 07/01/2009 and ending 06/30/2010

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
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/01/1987

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

P.O. BOX 378
UTICA, NY 13503-0378

2b Employer Identification Number (EIN)
15-0620960

2c Sponsor's telephone number
315-797-2240

2d Business code (see instructions)
424700

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2011	MICHAEL ABRAHAM
	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")
CLIFFORD FUEL COMPANY, INC.

P.O. BOX 378
UTICA, NY 13503-0378

3b Administrator's EIN
15-0620960

3c Administrator's telephone number
315-797-2240

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**	238
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**	109
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	163
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	163
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	152
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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:
2A 2E 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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500.
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
11-2034846	66443	C001001587	1	07/01/2009	06/30/2010

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ FLEX PREMIUM-ADJUSTABLE LIFE

b	Premiums paid to carrier	6b	287
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	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 07/01/2009 and ending 06/30/2010

A Name of plan	**B** Three-digit plan number (PN) ▶
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN	005

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CLIFFORD FUEL COMPANY, INC.	15-0620960

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).. . . . . ☐ 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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

CITIGROUP GLOBAL MARKETS INC.

13-2919773

(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?
19	NONE	26749	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 ☐

(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

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(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 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 07/01/2009 and ending 06/30/2010

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

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	9335	98
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	195366	229438
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13598	12327
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	329316	462797
(2) U.S. Government securities	1c(2)	422957	544496
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	667692	577146
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	658053	732633
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	678467	786986
(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	2974784	3345921
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1491	237
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1491	237
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2973293	3345684

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)	229438	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		229438
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
	(B) U.S. Government securities	2b(1)(B)	24183	
	(C) Corporate debt instruments	2b(1)(C)	25634	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		49829
	(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)	33230	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		33230
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	635646	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	634977	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		669

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	175804	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		175804
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(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)		
c	Other income	2c		2879
d	Total income. Add all **income** amounts in column (b) and enter total	2d		491849
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92308	
	(2) To insurance carriers for the provision of benefits	2e(2)	287	
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		92595
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)	26749	
	(4) Other	2i(4)	114	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26863
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		119458
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		372391
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: GRIMALDI & NELKIN CPAS, PLLC **(2)** EIN: 30-0133442

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		250000
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 07/01/2009 and ending 06/30/2010

A Name of plan
CLIFFORD FUEL CO., INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CLIFFORD FUEL COMPANY, INC.

D Employer Identification Number (EIN)
15-0620960

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): 16-1065416

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):

CLIFFORD FUEL CO., INC.

EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

Years Ended June 30, 2010 and 2009

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EMPLOYEES' 401(k) SAVINGS AND
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Grimaldi & Nelkin

CERTIFIED PUBLIC ACCOUNTANTS, PLLC

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Clifford Fuel Co., Inc. Employees' 401(k)
Savings and Profit Sharing Plan:

We have audited the accompanying statements of net assets available for benefits of **CLIFFORD FUEL CO., INC. EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN** as of June 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended June 30, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of **CLIFFORD FUEL CO., INC. EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN** as of June 30, 2010 and 2009, and the changes in its net assets available for benefits for the year ended June 30, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes at end of year are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements, and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Grimaldi & Nelkin

GRIMALDI AND NELKIN
CERTIFIED PUBLIC ACCOUNTANTS, PLLC
November 30, 2010

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(K) SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2010 and 2009

	2010	2009
ASSETS		
INVESTMENTS		
Mutual funds	$ 786,986	$ 678,467
Common stocks	732,633	658,053
Corporate bonds	577,146	667,692
Government and agency obligations	544,496	422,957
	2,641,261	2,427,169
RECEIVABLES		
Employer's contribution	229,438	195,366
Accrued interest and dividends	12,327	13,598
	241,765	208,964
CASH	462,895	338,651
TOTAL ASSETS	3,345,921	2,974,784
LIABILITIES		
Due to broker for securities purchased	237	1,491
TOTAL LIABILITIES	237	1,491
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,345,684	$ 2,973,293

See accompanying notes.

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(K) SAVINGS AND PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended June 30, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net appreciation in fair value of investments	$	177,369
Interest and dividends		84,197
		261,566
Less: Investment expenses		(26,018)
		235,548
EMPOYER'S CONTRIBUTIONS		229,438
TOTAL ADDITIONS		464,986
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAID TO PARTICIPANTS		92,308
BENEFITS PAID TO INSURANCE CARRIER		287
TOTAL DEDUCTIONS		92,595
NET INCREASE		372,391
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		2,973,293
END OF YEAR	$	3,345,684

See accompanying notes.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Clifford Fuel Co., Inc. ("Company") Employees' 401(k) Saving and Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who are age twenty-one or older and have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, the Company may make a discretionary contribution which is not conditioned on profits. The discretionary contribution is allocated to participants based on a classification group. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings and (c) is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Vesting in the Company's discretionary and top heavy minimum contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of credited service.

NOTE 1 – (CONTINUED)

Hardship Withdrawals

Hardship withdrawals are permitted by the Plan for the purchase of a principal residence, tuition and related expenses for post-secondary education, medical expenses not covered by insurance, to prevent eviction from or foreclosure on a principal residence, for certain burial or funeral expenses, and for the repair to a principal residence resulting from a casualty. Participants may withdraw rollover contributions and fully vested employer contributions plus their respective earnings subject to certain limitations.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum amount, or in monthly, quarterly, or annual cash installments over a period to be determined by the participant or his beneficiary. The period over which such a payment is to be made shall not extend beyond the participants life expectancy or the life expectancy of the participant and his designated beneficiary. Options for a life annuity or a joint life and last survivor annuity are also available. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as an automatic rollover IRA unless the participant elects otherwise.

Forfeited Accounts

At June 30, 2010, forfeited nonvested accounts totaled $2,392. These accounts were used to reduce employer contributions at June 30, 2010.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through November 30, 2010, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the date of payment. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Allocated Contract

The plan has a contract with an insurance company for an individual life insurance policy on a key employee. The insurance benefits are fully guaranteed by the insurance company. Therefore, the allocated contract and related benefit obligation are excluded from the Plan's financial statements. Insurance premiums paid by the plan for the year ended June 30, 2010 was $287.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

		Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
June 30, 2010:				
Mutual Funds	$ 786,986	$ 786,986	$ -	$ -
Common Stock	732,633	732,633	-	-
Corporate bonds	577,146	577,146	-	-
Government and agency obligations	544,496	544,496	-	-
Total	$ 2,641,261	$ 2,641,261	$ -	$ -
June 30, 2009:				
Mutual Funds	$ 678,467	$ 678,467	$ -	$ -
Common Stock	658,053	658,053	-	-
Corporate bonds	667,692	667,692	-	-
Government and agency obligations	422,957	422,957	-	-
Total	$ 2,427,169	$ 2,427,169	$ -	$ -

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority.

NOTE 3 – (CONTINUED)

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs will only be used only when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stocks, corporate bonds, and US government securities are based on the closing price reported in the active market where the assets are traded.

NOTE 4 - INVESTMENTS

There are no investments that represent 5% or more of the Plan's net assets and require separate identification at June 30, 2010.

During 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $177,369 as follows:

Investments at Fair Value as Determined by Quoted Market Price:	
Mutual funds	$ 79,610
Common stocks	70,999
Corporate bonds	21,073
Government and agency obligations	5,687
Net change in fair value	$ 177,369

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 16, 2010 that the Plan is in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2010 and 2009 to Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	$ 2,973,293	$ 3,448,972
Amounts allocated to withdrawing participants	-	-
Net assets available for benefits per the Form 5500	$ 2,973,293	$ 3,448,972

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended June 30, 2010, to Form 5500:

Benefits paid to participants per the financial statements	$ 334,707
Add: Amounts allocated to withdrawing participants at June 30, 2010	-
Less: Amounts allocated to withdrawing participants at June 30, 2009	-
Benefits paid to participants per Form 5500	$ 334,707

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to June 30, 2010, but not yet paid as of that date.

NOTE 8 – 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.

CLIFFORD FUEL CO., INC.

EMPLOYEES' 401(k) SAVINGS AND PROFIT SHARING PLAN

SUPPLEMENTAL INFORMATION

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(K) SAVINGS AND PROFIT SHARING PLAN
SCHEDULE H, LINE I - SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2010

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	Morgan Stanley Smith Barney - Mutual Fund	6 SHS Barclays Bk - Copper	292	234
	Morgan Stanley Smith Barney - Mutual Fund	7 SHS Barclays Bk - Metals	303	238
	Morgan Stanley Smith Barney - Mutual Fund	7 SHS Barclays Bk - Platinum	280	254
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	Morgan Stanley Smith Barney - Mutual Fund	4,095 SHS Blackrock Global Alloc Fd Inc CL Instl	75,000	70,231
	Morgan Stanley Smith Barney - Mutual Fund	3,513 SHS Capital World Bond Fund CL F	60,000	68,677
	Morgan Stanley Smith Barney - Mutual Fund	2,234 SHS Europacific Growth Fund CL F	50,000	75,510
	Morgan Stanley Smith Barney - Mutual Fund	2,609 SHS JP Morgan Mid Cap Fund Select Class	48,724	49,755
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	Morgan Stanley Smith Barney - Mutual Fund	5 SHS Isares Barclays Short Treasury Bd Fd	551	551
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	Morgan Stanley Smith Barney - Mutual Fund	5 SHS Ishares DJ US Consumer Goods	297	267
	Morgan Stanley Smith Barney - Mutual Fund	6 SHS Ishares DJ US Real Estate	300	283
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	Morgan Stanley Smith Barney - Mutual Fund	8 SHS Ishares S&P Latin America	394	330
	Morgan Stanley Smith Barney - Mutual Fund	5 SHS Ishares TR DJ US Financial Sector	287	248
	Morgan Stanley Smith Barney - Mutual Fund	5 SHS Ishares Trust US Basic Mat	324	268
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	Morgan Stanley Smith Barney - Mutual Fund	3,238 SHS Royce Premier Fund	30,000	51,357
	Morgan Stanley Smith Barney - Mutual Fund	9 SHS S&P NA Natural	317	278
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	Morgan Stanley Smith Barney - Mutual Fund	6 SHS S&P NA Tech Software	292	258
	Morgan Stanley Smith Barney - Mutual Fund	11,268 SHS Templeton Fds Inc Foreign Fd	50,000	63,667
	Morgan Stanley Smith Barney - Mutual Fund	8,339 SHS Western Asset Fds Inc Core Bd Port	75,000	93,650
	Morgan Stanley Smith Barney - Common Stk	135 SHS Aetna Inc New	2,685	3,561
	Morgan Stanley Smith Barney - Common Stk	343 SHS American Tower Corp Cl A	13,912	15,263
	Morgan Stanley Smith Barney - Common Stk	299 SHS Amgen Inc.	16,336	15,728
	Morgan Stanley Smith Barney - Common Stk	242 SHS Anglogold Ashanti Ltd Adr	8,155	10,450
	Morgan Stanley Smith Barney - Common Stk	210 SHS Aon Corp	6,759	7,795
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	Morgan Stanley Smith Barney - Common Stk	700 SHS CA Inc.	17,685	12,880
	Morgan Stanley Smith Barney - Common Stk	224 SHS Canadian Natural Res Ltd	7,488	7,444
	Morgan Stanley Smith Barney - Common Stk	274 SHS CBS Corp New Class B	7,738	3,543

CLIFFORD FUEL CO., INC.
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SCHEDULE H, LINE I - SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2010

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	Morgan Stanley Smith Barney - Common Stk	759 SHS Cisco Sys Inc.	$ 16,339	$ 16,174
	Morgan Stanley Smith Barney - Common Stk	1,730 SHS Citigroup Inc.	5,558	6,505
	Morgan Stanley Smith Barney - Common Stk	34 SHS CME Group Inc Class A	9,908	9,573
	Morgan Stanley Smith Barney - Common Stk	108 SHS Coca-Cola Co.	4,871	5,413
	Morgan Stanley Smith Barney - Common Stk	213 SHS Costco Wholesale Corp New	9,889	11,679
	Morgan Stanley Smith Barney - Common Stk	323 SHS Crown Castle International	11,788	12,035
	Morgan Stanley Smith Barney - Common Stk	91 SHS CVS Caremark Corp.	2,620	2,668
	Morgan Stanley Smith Barney - Common Stk	146 SHS Danaher Corp De	5,729	5,420
	Morgan Stanley Smith Barney - Common Stk	149 SHS Ecolab Inc.	6,300	6,692
	Morgan Stanley Smith Barney - Common Stk	69 SHS Equinix Inc.	6,496	5,604
	Morgan Stanley Smith Barney - Common Stk	98 SHS Express Scripts Inc. Common	3,482	4,608
	Morgan Stanley Smith Barney - Common Stk	351 SHS Genworth Finl Inc Class A	7,956	4,588
	Morgan Stanley Smith Barney - Common Stk	164 SHS Gilead Sciences Inc.	6,860	5,622
	Morgan Stanley Smith Barney - Common Stk	23 SHS Google Inc. Class A	13,132	10,234
	Morgan Stanley Smith Barney - Common Stk	594 SHS Halliburton Co Holdings Co	17,140	14,583
	Morgan Stanley Smith Barney - Common Stk	257 SHS Hartford Finl Svcs Group Inc.	15,154	5,687
	Morgan Stanley Smith Barney - Common Stk	90 SHS Hess Corp	5,073	4,531
	Morgan Stanley Smith Barney - Common Stk	158 SHS Ingersoll Rand Co Ltd Class A	4,681	5,449
	Morgan Stanley Smith Barney - Common Stk	270 SHS Johnson & Johnson	16,549	15,946
	Morgan Stanley Smith Barney - Common Stk	265 SHS JP Morgan Chase & Co	10,916	9,702
	Morgan Stanley Smith Barney - Common Stk	123 SHS Kimberly Clark Corp	6,347	7,457
	Morgan Stanley Smith Barney - Common Stk	254 SHS Kraft Foods Inc. Class A	4,147	3,696
	Morgan Stanley Smith Barney - Common Stk	206 SHS Kroger Co.	4,231	4,056
	Morgan Stanley Smith Barney - Common Stk	165 SHS Lincoln National Corp - Ind.	4,471	4,008
	Morgan Stanley Smith Barney - Common Stk	105 SHS Lockheed Martin Corp	5,567	7,822
	Morgan Stanley Smith Barney - Common Stk	822 SHS Loews Corp	21,540	20,240
	Morgan Stanley Smith Barney - Common Stk	41 SHS Mastercard Inc.	8,815	8,181
	Morgan Stanley Smith Barney - Common Stk	139 SHS McDonalds Corp	8,333	9,156
	Morgan Stanley Smith Barney - Common Stk	373 SHS Merck & Co Inc.	14,359	13,044
	Morgan Stanley Smith Barney - Common Stk	239 SHS Metlife Inc.	7,483	9,025
	Morgan Stanley Smith Barney - Common Stk	907 SHS Microsoft Corp	25,660	20,870
	Morgan Stanley Smith Barney - Common Stk	78 SHS Monsanto Co New	3,947	3,605
	Morgan Stanley Smith Barney - Common Stk	229 SHS Morgan Stanley	6,322	5,315
	Morgan Stanley Smith Barney - Common Stk	103 SHS Mosaic Company	4,572	4,015
	Morgan Stanley Smith Barney - Common Stk	1,806 SHS Motorola Inc. DE	21,462	11,775
	Morgan Stanley Smith Barney - Common Stk	136 SHS Nike Inc. Cl B	8,550	9,187
	Morgan Stanley Smith Barney - Common Stk	122 SHS Noble Energy Inc.	6,178	7,360
	Morgan Stanley Smith Barney - Common Stk	173 SHS Northern Trust	9,002	8,079
	Morgan Stanley Smith Barney - Common Stk	173 SHS NRG Energy Inc. New	7,315	3,669
	Morgan Stanley Smith Barney - Common Stk	160 SHS Occidental Petroleum Corp - Del	13,302	12,344
	Morgan Stanley Smith Barney - Common Stk	538 SHS Oracle Corp	10,457	11,545
	Morgan Stanley Smith Barney - Common Stk	270 SHS Peoples United Finel Inc	4,549	3,645
	Morgan Stanley Smith Barney - Common Stk	302 SHS Pepsico Inc.	18,525	18,407
	Morgan Stanley Smith Barney - Common Stk	579 SHS Pfizer Inc	9,916	8,257
	Morgan Stanley Smith Barney - Common Stk	154 SHS Philip Morris Intl Inc.	3,885	7,059
	Morgan Stanley Smith Barney - Common Stk	359 SHS Pitney Bowes Inc.	14,296	7,884
	Morgan Stanley Smith Barney - Common Stk	98 SHS Praxair Inc.	6,889	7,447
	Morgan Stanley Smith Barney - Common Stk	225 SHS Procter & Gamble Co	11,310	13,496
	Morgan Stanley Smith Barney - Common Stk	382 SHS Qualcomm Inc.	15,738	12,545

CLIFFORD FUEL CO., INC.
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(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
	Morgan Stanley Smith Barney - Common Stk	85 SHS Raytheon Company New	$ 2,865	$ 4,113
	Morgan Stanley Smith Barney - Common Stk	267 SHS Sanofi-Adventis Spons Adr	10,412	8,026
	Morgan Stanley Smith Barney - Common Stk	254 SHS Schlumberger Ltd	19,863	14,056
	Morgan Stanley Smith Barney - Common Stk	423 SHS Schwab Charles Corp	8,507	5,998
	Morgan Stanley Smith Barney - Common Stk	188 SHS Southwestern Energy Co Del	7,904	7,264
	Morgan Stanley Smith Barney - Common Stk	369 SHS Staples Inc.	7,932	7,029
	Morgan Stanley Smith Barney - Common Stk	285 SHS St Jude Medical Inc.	10,383	10,286
	Morgan Stanley Smith Barney - Common Stk	276 SHS Talisman Energy Inc.	5,800	4,190
	Morgan Stanley Smith Barney - Common Stk	206 SHS Target Corp	11,033	10,129
	Morgan Stanley Smith Barney - Common Stk	84 SHS Teva Pharmaceutical Inds Ltd Adr	4,068	4,367
	Morgan Stanley Smith Barney - Common Stk	115 SHS Thermo Fisher Scientific Inc	4,302	5,641
	Morgan Stanley Smith Barney - Common Stk	65 SHS Union Pacific Corp	2,091	4,518
	Morgan Stanley Smith Barney - Common Stk	112 SHS United Technologies Corp	7,095	7,270
	Morgan Stanley Smith Barney - Common Stk	201 SHS UNUM Group	4,295	4,362
	Morgan Stanley Smith Barney - Common Stk	115 SHS Verizon Communications	3,828	3,222
	Morgan Stanley Smith Barney - Common Stk	506 SHS Viacom Inc New Class B	20,564	15,873
	Morgan Stanley Smith Barney - Common Stk	60 SHS Visa Inc Com Cl A	3,511	4,245
	Morgan Stanley Smith Barney - Common Stk	249 SHS Wells Fargo & Co New	7,526	6,374
	Morgan Stanley Smith Barney - Common Stk	363 SHS Western Union Company	7,281	5,412
	Morgan Stanley Smith Barney - Common Stk	342 SHS Xilinx Inc.	8,506	8,639
	Morgan Stanley Smith Barney - Corp Bonds	20,000 SHS Abbott Laboratories 11/30/2017 5.6%	19,985	23,215
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS Bank of America Corp Global 9/15/2012 4.875%	39,416	41,632
	Morgan Stanley Smith Barney - Corp Bonds	45,000 SHS Bellsouth Corporation 10/15/2011 6.0%	46,847	47,771
	Morgan Stanley Smith Barney - Corp Bonds	45,000 SHS Cisco Systems Inc. 2/22/2011 5.25%	45,179	46,224
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS Coca Cola Co 3/15/2019 4.875%	25,135	27,694
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS Conoco Funding Co. 10/15/2011 6.35%	30,542	32,001
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS General Electric Capital Corp 5/1/2013 4.8%	29,612	31,982
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS IBM Corp 11/29/2012 4.75%	40,080	43,300
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS JP Morgan Chase & Co Global 5/1/2015 5.25%	30,133	32,009
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS McDonalds Corp 3/1/2018 5.35%	26,532	28,632
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS Merrill Lynch & Co Inc. 7/25/2011 5.77%	30,170	31,120
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS National Rural Utils Coop 3/1/2014 4.75%	36,011	43,863
	Morgan Stanley Smith Barney - Corp Bonds	45,000 SHS Pepsico Inc. 2/15/2013 4.65%	45,714	48,886
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS Sysco Corp 2/12/2018 5.25%	25,272	27,976
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS US Bancorp 5/15/2014 4.2%	40,055	42,788
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS Western Union 10/1/2016 5.93%	27,431	28,053
	Morgan Stanley Smith Barney - Govt Obligtn	42,000 SHS Federal Home Ln Mtg Crp Globl 7/15/2012 5.125%	42,722	45,793
	Morgan Stanley Smith Barney - Govt Obligtn	55,000 SHS Federal Home Loan Mtg Crp Globl 7/15/2013 4.5%	53,800	60,500
	Morgan Stanley Smith Barney - Govt Obligtn	50,000 SHS Federal Natl Mtg Assn 10/15/2014 4.625%	48,387	55,781
	Morgan Stanley Smith Barney - Govt Obligtn	3,000 SHS US Treasury Note 2/15/2012 4.875%	3,039	3,215
	Morgan Stanley Smith Barney - Govt Obligtn	85,000 SHS US Treasury Notes 11/15/2012 4.0%	81,494	91,555
	Morgan Stanley Smith Barney - Govt Obligtn	60,000 SHS US Treasury Notes 2/28/2011 4.5%	61,638	61,673
	Morgan Stanley Smith Barney - Govt Obligtn	3,000 SHS US Treasury Notes 2/15/2016 4.5%	3,138	3,395
	Morgan Stanley Smith Barney - Govt Obligtn	58,000 SHS US Treasury Notes 5/15/2017 4.5%	60,029	65,984
	Morgan Stanley Smith Barney - Govt Obligtn	20,000 SHS US Treasury Notes 8/15/2011 5.0%	20,200	21,034
	Morgan Stanley Smith Barney - Govt Obligtn	92,000 SHS US Treasury Notes 4/30/2012 1.0%	92,522	92,690
	Morgan Stanley Smith Barney - Govt Obligtn	42,000 SHS US Treasury Notes 5/15/2019 3.125%	40,189	42,876
	Morgan Stanley Smith Barney - MMF	Dreyfus Liquied Assets Inc. Class 2	212,429	212,429
	Morgan Stanley Smith Barney - MMF	Dreyfus Money Market Instruments Inc.	241,246	241,246
	Morgan Stanley Smith Barney - Cash	Cash	226	226
	Bank of America	Cash	8,994	8,994

Note: Column (a) is blank as there were no parties in interest.

CLIFFORD FUEL CO., INC.

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SCHEDULE H, LINE I - SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2010

(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
	Morgan Stanley Smith Barney - Common Stk	759 SHS Cisco Sys Inc.	$ 16,339	$ 16,174
	Morgan Stanley Smith Barney - Common Stk	1,730 SHS Citigroup Inc.	5,558	6,505
	Morgan Stanley Smith Barney - Common Stk	34 SHS CME Group Inc Class A	9,908	9,573
	Morgan Stanley Smith Barney - Common Stk	108 SHS Coca-Cola Co.	4,871	5,413
	Morgan Stanley Smith Barney - Common Stk	213 SHS Costco Wholesale Corp New	9,889	11,679
	Morgan Stanley Smith Barney - Common Stk	323 SHS Crown Castle International	11,788	12,035
	Morgan Stanley Smith Barney - Common Stk	91 SHS CVS Caremark Corp.	2,620	2,668
	Morgan Stanley Smith Barney - Common Stk	146 SHS Danaher Corp De	5,729	5,420
	Morgan Stanley Smith Barney - Common Stk	149 SHS Ecolab Inc.	6,300	6,692
	Morgan Stanley Smith Barney - Common Stk	69 SHS Equinix Inc.	6,496	5,604
	Morgan Stanley Smith Barney - Common Stk	98 SHS Express Scripts Inc. Common	3,482	4,608
	Morgan Stanley Smith Barney - Common Stk	351 SHS Genworth Finl Inc Class A	7,956	4,588
	Morgan Stanley Smith Barney - Common Stk	164 SHS Gilead Sciences Inc.	6,860	5,622
	Morgan Stanley Smith Barney - Common Stk	23 SHS Google Inc. Class A	13,132	10,234
	Morgan Stanley Smith Barney - Common Stk	594 SHS Halliburton Co Holdings Co	17,140	14,583
	Morgan Stanley Smith Barney - Common Stk	257 SHS Hartford Finl Svcs Group Inc.	15,154	5,687
	Morgan Stanley Smith Barney - Common Stk	90 SHS Hess Corp	5,073	4,531
	Morgan Stanley Smith Barney - Common Stk	158 SHS Ingersoll Rand Co Ltd Class A	4,681	5,449
	Morgan Stanley Smith Barney - Common Stk	270 SHS Johnson & Johnson	16,549	15,946
	Morgan Stanley Smith Barney - Common Stk	265 SHS JP Morgan Chase & Co	10,916	9,702
	Morgan Stanley Smith Barney - Common Stk	123 SHS Kimberly Clark Corp	6,347	7,457
	Morgan Stanley Smith Barney - Common Stk	254 SHS Kraft Foods Inc. Class A	4,147	3,696
	Morgan Stanley Smith Barney - Common Stk	206 SHS Kroger Co.	4,231	4,056
	Morgan Stanley Smith Barney - Common Stk	165 SHS Lincoln National Corp - Ind.	4,471	4,008
	Morgan Stanley Smith Barney - Common Stk	105 SHS Lockheed Martin Corp	5,567	7,822
	Morgan Stanley Smith Barney - Common Stk	822 SHS Loews Corp	21,540	20,240
	Morgan Stanley Smith Barney - Common Stk	41 SHS Mastercard Inc.	8,815	8,181
	Morgan Stanley Smith Barney - Common Stk	139 SHS McDonalds Corp	8,333	9,156
	Morgan Stanley Smith Barney - Common Stk	373 SHS Merck & Co Inc.	14,359	13,044
	Morgan Stanley Smith Barney - Common Stk	239 SHS Metlife Inc.	7,483	9,025
	Morgan Stanley Smith Barney - Common Stk	907 SHS Microsoft Corp	25,660	20,870
	Morgan Stanley Smith Barney - Common Stk	78 SHS Monsanto Co New	3,947	3,605
	Morgan Stanley Smith Barney - Common Stk	229 SHS Morgan Stanley	6,322	5,315
	Morgan Stanley Smith Barney - Common Stk	103 SHS Mosaic Company	4,572	4,015
	Morgan Stanley Smith Barney - Common Stk	1,806 SHS Motorola Inc. DE	21,462	11,775
	Morgan Stanley Smith Barney - Common Stk	136 SHS Nike Inc. Cl B	8,550	9,187
	Morgan Stanley Smith Barney - Common Stk	122 SHS Noble Energy Inc.	6,178	7,360
	Morgan Stanley Smith Barney - Common Stk	173 SHS Northern Trust	9,002	8,079
	Morgan Stanley Smith Barney - Common Stk	173 SHS NRG Energy Inc. New	7,315	3,669
	Morgan Stanley Smith Barney - Common Stk	160 SHS Occidental Petroleum Corp - Del	13,302	12,344
	Morgan Stanley Smith Barney - Common Stk	538 SHS Oracle Corp	10,457	11,545
	Morgan Stanley Smith Barney - Common Stk	270 SHS Peoples United Finel Inc	4,549	3,645
	Morgan Stanley Smith Barney - Common Stk	302 SHS Pepsico Inc.	18,525	18,407
	Morgan Stanley Smith Barney - Common Stk	579 SHS Pfizer Inc	9,916	8,257
	Morgan Stanley Smith Barney - Common Stk	154 SHS Philip Morris Intl Inc.	3,885	7,059
	Morgan Stanley Smith Barney - Common Stk	359 SHS Pitney Bowes Inc.	14,296	7,884
	Morgan Stanley Smith Barney - Common Stk	98 SHS Praxair Inc.	6,889	7,447
	Morgan Stanley Smith Barney - Common Stk	225 SHS Procter & Gamble Co	11,310	13,496
	Morgan Stanley Smith Barney - Common Stk	382 SHS Qualcomm Inc.	15,738	12,545

CLIFFORD FUEL CO., INC.
EMPLOYEES' 401(K) SAVINGS AND PROFIT SHARING PLAN
SCHEDULE H, LINE I - SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2010

(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
	Morgan Stanley Smith Barney - Common Stk	85 SHS Raytheon Company New	$ 2,865	$ 4,113
	Morgan Stanley Smith Barney - Common Stk	267 SHS Sanofi-Adventis Spons Adr	10,412	8,026
	Morgan Stanley Smith Barney - Common Stk	254 SHS Schlumberger Ltd	19,863	14,056
	Morgan Stanley Smith Barney - Common Stk	423 SHS Schwab Charles Corp	8,507	5,998
	Morgan Stanley Smith Barney - Common Stk	188 SHS Southwestern Energy Co Del	7,904	7,264
	Morgan Stanley Smith Barney - Common Stk	369 SHS Staples Inc.	7,932	7,029
	Morgan Stanley Smith Barney - Common Stk	285 SHS St Jude Medical Inc.	10,383	10,286
	Morgan Stanley Smith Barney - Common Stk	276 SHS Talisman Energy Inc.	5,800	4,190
	Morgan Stanley Smith Barney - Common Stk	206 SHS Target Corp	11,033	10,129
	Morgan Stanley Smith Barney - Common Stk	84 SHS Teva Pharmaceutical Inds Ltd Adr	4,068	4,367
	Morgan Stanley Smith Barney - Common Stk	115 SHS Thermo Fisher Scientific Inc	4,302	5,641
	Morgan Stanley Smith Barney - Common Stk	65 SHS Union Pacific Corp	2,091	4,518
	Morgan Stanley Smith Barney - Common Stk	112 SHS United Technologies Corp	7,095	7,270
	Morgan Stanley Smith Barney - Common Stk	201 SHS UNUM Group	4,295	4,362
	Morgan Stanley Smith Barney - Common Stk	115 SHS Verizon Communications	3,828	3,222
	Morgan Stanley Smith Barney - Common Stk	506 SHS Viacom Inc New Class B	20,564	15,873
	Morgan Stanley Smith Barney - Common Stk	60 SHS Visa Inc Com Cl A	3,511	4,245
	Morgan Stanley Smith Barney - Common Stk	249 SHS Wells Fargo & Co New	7,526	6,374
	Morgan Stanley Smith Barney - Common Stk	363 SHS Western Union Company	7,281	5,412
	Morgan Stanley Smith Barney - Common Stk	342 SHS Xilinx Inc.	8,506	8,639
	Morgan Stanley Smith Barney - Corp Bonds	20,000 SHS Abbott Laboratories 11/30/2017 5.6%	19,985	23,215
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS Bank of America Corp Global 9/15/2012 4.875%	39,416	41,632
	Morgan Stanley Smith Barney - Corp Bonds	45,000 SHS Bellsouth Corporation 10/15/2011 6.0%	46,847	47,771
	Morgan Stanley Smith Barney - Corp Bonds	45,000 SHS Cisco Systems Inc. 2/22/2011 5.25%	45,179	46,224
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS Coca Cola Co 3/15/2019 4.875%	25,135	27,694
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS Conoco Funding Co. 10/15/2011 6.35%	30,542	32,001
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS General Electric Capital Corp 5/1/2013 4.8%	29,612	31,982
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS IBM Corp 11/29/2012 4.75%	40,080	43,300
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS JP Morgan Chase & Co Global 5/1/2015 5.25%	30,133	32,009
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS McDonalds Corp 3/1/2018 5.35%	26,532	28,632
	Morgan Stanley Smith Barney - Corp Bonds	30,000 SHS Merrill Lynch & Co Inc. 7/25/2011 5.77%	30,170	31,120
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS National Rural Utils Coop 3/1/2014 4.75%	36,011	43,863
	Morgan Stanley Smith Barney - Corp Bonds	45,000 SHS Pepsico Inc. 2/15/2013 4.65%	45,714	48,886
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS Sysco Corp 2/12/2018 5.25%	25,272	27,976
	Morgan Stanley Smith Barney - Corp Bonds	40,000 SHS US Bancorp 5/15/2014 4.2%	40,055	42,788
	Morgan Stanley Smith Barney - Corp Bonds	25,000 SHS Western Union 10/1/2016 5.93%	27,431	28,053
	Morgan Stanley Smith Barney - Govt Obligtn	42,000 SHS Federal Home Ln Mtg Crp Globl 7/15/2012 5.125%	42,722	45,793
	Morgan Stanley Smith Barney - Govt Obligtn	55,000 SHS Federal Home Loan Mtg Crp Globl 7/15/2013 4.5%	53,800	60,500
	Morgan Stanley Smith Barney - Govt Obligtn	50,000 SHS Federal Natl Mtg Assn 10/15/2014 4.625%	48,387	55,781
	Morgan Stanley Smith Barney - Govt Obligtn	3,000 SHS US Treasury Note 2/15/2012 4.875%	3,039	3,215
	Morgan Stanley Smith Barney - Govt Obligtn	85,000 SHS US Treasury Notes 11/15/2012 4.0%	81,494	91,555
	Morgan Stanley Smith Barney - Govt Obligtn	60,000 SHS US Treasury Notes 2/28/2011 4.5%	61,638	61,673
	Morgan Stanley Smith Barney - Govt Obligtn	3,000 SHS US Treasury Notes 2/15/2016 4.5%	3,138	3,395
	Morgan Stanley Smith Barney - Govt Obligtn	58,000 SHS US Treasury Notes 5/15/2017 4.5%	60,029	65,984
	Morgan Stanley Smith Barney - Govt Obligtn	20,000 SHS US Treasury Notes 8/15/2011 5.0%	20,200	21,034
	Morgan Stanley Smith Barney - Govt Obligtn	92,000 SHS US Treasury Notes 4/30/2012 1.0%	92,522	92,690
	Morgan Stanley Smith Barney - Govt Obligtn	42,000 SHS US Treasury Notes 5/15/2019 3.125%	40,189	42,876
	Morgan Stanley Smith Barney - MMF	Dreyfus Liquied Assets Inc. Class 2	212,429	212,429
	Morgan Stanley Smith Barney - MMF	Dreyfus Money Market Instruments Inc.	241,246	241,246
	Morgan Stanley Smith Barney - Cash	Cash	226	226
	Bank of America	Cash	8,994	8,994

Note: Column (a) is blank as there were no parties in interest.