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:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAXUM PETROLEUM 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/2008

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

20 HORSENECK LANE
GREENWICH, CT 06830

2b Employer Identification Number (EIN)
20-5461239

2c Sponsor's telephone number
203-861-1200

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.	05/02/2011	JENNIFER PORTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/02/2011	JENNIFER PORTER
	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")
MAXUM PETROLEUM INC.

20 HORSENECK LANE
GREENWICH, CT 06830

3b Administrator's EIN
20-5461239

3c Administrator's telephone number
203-861-1200

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**	1411
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**	1148
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	184
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1332
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	1335
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	936
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
2G 2J 2K

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	**B** Three-digit plan number (PN) ▶	
MAXUM PETROLEUM 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MAXUM PETROLEUM INC.	20-5461239

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

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

(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

(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)

T. ROWE PRICE RPS, INC.

52-1714114

(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 25 28 38 49 50 52 59 62 64 65 37	NONE	9550	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
T. ROWE PRICE RPS, INC.	15 21 25 28 38 49 52 59 62 64 65 50 37	0

(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.
AMER FDS FUNDAMENTAL INV R5 5300 ROBIN HOOD ROAD NORFOLK, VA 23513-2407	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 38 49 52 59 62 64 65 50 37	0

(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.
BRANDYWINE BLUE 3711 KENNETT PIKE, P.O. BOX 4166 GREENVILLE, DE 19807	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 38 49 52 59 62 64 65 50 37	0

(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.
LAZARD EMERGING MKTS PORT. 30 ROCKEFELLER PLAZA NEW YORK, NY 10112-6300	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.15%

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
T. ROWE PRICE RPS, INC.	15 21 25 28 38 49 52 59 62 64 65 50 37	0

(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.
PENNSYLVANIA MUTUAL FUND P.O. BOX 219012 330 WEST 9TH STREET KANSAS CITY, MO 64121-6012	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 38 49 52 59 62 64 65 50 37	0

(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.
VICTORY SPECIAL VALUE I 127 PUBLIC SQUARE CLEVELAND, OH 44114	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.10%

(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
MAXUM PETROLEUM 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MAXUM PETROLEUM INC.

D Employer Identification Number (EIN)
20-5461239

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: TRP STABLE VALUE FUND

b Name of sponsor of entity listed in (a): T. ROWE PRICE 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)
52-1309931-001	C	2002865

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
MAXUM PETROLEUM 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAXUM PETROLEUM INC.

D Employer Identification Number (EIN)
20-5461239

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	414219	274506
(2) Participant contributions	1b(2)	106331	43421
(3) Other	1b(3)	47036	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	710523	1378904
(9) Value of interest in common/collective trusts	1c(9)	1521767	2002865
(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)	19067787	26054795
(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	21867663	29754491
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	58352	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	58352	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21809311	29754491

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)	1649487	
	(B) Participants	2a(1)(B)	2952536	
	(C) Others (including rollovers)	2a(1)(C)	252958	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4854981
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)	53337	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		53337
	(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)	565662	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		565662
	(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)		149016
(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)		5870449
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11493445
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3479802	
(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)		3479802
f Corrective distributions (see instructions)	2f		58913
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)	9550	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9550
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3548265
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7945180
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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		68597
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		1000000
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
MAXUM PETROLEUM 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAXUM PETROLEUM INC.

D Employer Identification Number (EIN)
20-5461239

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): 52-1481931

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):

Financial statements and report of independent certified public accountants

Maxum Petroleum 401(k) Plan

December 31, 2009 and 2008

Contents

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE YEAR ENDED OF DECEMBER 31, 2009	14
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE PERIOD ENDED OF DECEMBER 31, 2008	15
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD) AS OF DECEMBER 31, 2009	16
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD) AS OF DECEMBER 31, 2008	17

Audit • Tax • Advisory

Grant Thornton LLP
211 N Robinson, Suite 1200N
Oklahoma City, OK 73102-7148

T 405.218.2800
F 405.218.2801
www.GrantThornton.com

Report of Independent Certified Public Accountants

To the Plan Administrator
Maxum Petroleum 401(k) Plan

We were engaged to audit the financial statements of the Maxum Petroleum 401(k) Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and for the period from September 1, 2008 (inception) to December 31, 2008, and the supplemental schedules as of December 31, 2009 and 2008, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note J, which was certified by T. Rowe Price Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and for the period from September 1, 2008 (inception) to December 31, 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Oklahoma City, Oklahoma
April 28, 2011

Maxum Petroleum 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

ASSETS

	2009	2008
INVESTMENTS, AT FAIR VALUE	$ 28,057,660	$ 20,589,554
RECEIVABLES		
Contribution receivable		
Company contributions		
Match	35,075	55,414
Voluntary Correction Program	187,521	309,053
Self Correction Program	51,910	49,752
Participant contributions	43,421	106,331
Total contribution receivable	317,927	520,550
Notes receivable from participants	1,378,904	710,523
Other	-	47,036
Total receivables	1,696,831	1,278,109
Total assets	29,754,491	21,867,663

LIABILITIES

REFUNDABLE EXCESS CONTRIBUTIONS	-	58,352
NET ASSETS AVAILABLE FOR BENEFITS BEFORE ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS	29,754,491	21,809,311
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS	(60,145)	14,265
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,694,346	$ 21,823,576

The accompanying notes are an integral part of these statements.

Maxum Petroleum 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31, 2009	Period from September 1, 2008 (inception) to December 31, 2008
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in mutual funds	$ 5,870,449	$ (491,202)
Interest and dividend income	693,605	1,029,322
Net investment income	6,564,054	538,120
Contributions		
Company	1,649,487	593,725
Participants	2,952,536	1,135,985
Participant rollovers	252,958	113,956
Total contributions	4,854,981	1,843,666
Total additions	11,419,035	2,381,786
Deductions from net assets attributed to:		
Benefits paid	3,538,715	218,748
Administrative expenses	9,550	500
Total deductions	3,548,265	219,248
Net increase before transfers of net assets from merged plans	7,870,770	2,162,538
Transfers of net assets from merged plans	-	19,661,038
NET INCREASE	7,870,770	21,823,576
Net assets available for benefits		
Beginning of period	21,823,576	-
End of period	$ 29,694,346	$ 21,823,576

The accompanying notes are an integral part of these statements.

NOTE A - PLAN DESCRIPTION

The following description of the Maxum Petroleum 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan prototype document and adoption agreement for a more complete description of the Plan's provisions.

1. *General*

The Plan, established September 1, 2008, is a defined contribution plan covering eligible employees of Maxum Petroleum, Inc. and its subsidiaries (collectively, the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Prior to the inception of the Plan, the Company acquired certain assets and assumed certain liabilities of other companies. Beginning September 1, 2008, eligible employees of these subsidiaries began contributing to the Plan. These subsidiaries previously sponsored their own defined contribution plans and the net assets available for benefits of the predecessor plans were merged with and into the Plan during the period ended December 31, 2008. The merged subsidiaries transferred the net assets from the predecessor plans as follows:

- Canyon State Oil Company, Inc 401(k) Profit Sharing Plan of $3,351,296 on October 31, 2008 and November 4, 2008
- Simons Petroleum, Inc. 401(k) Profit Sharing Plan of $4,710,313 on November 5, 2008
- Petroleum Products Inc. and Affiliated Companies Retirement Plan of $2,977,304 on December 1, 2008
- Pecos, Inc. 401(k) Plan (Pecos Plan) of $8,622,125 on December 2, 2008.

The other receivables on the 2008 Statement of Net Assets Available for Benefits consist primarily of employer match account balances for certain employees in the Pecos Plan. These account balances of $44,429 were not transferred from the Pecos Plan to the Plan until December 2009.

2. *Eligibility*

Employees who have completed one month of service and are age eighteen years or older are eligible to participate in the Plan except for employees covered by a collective bargaining agreement, nonresident alien employees, leased employees, or independent contractors. Eligible employees become participants in the Plan on the first day of the month coincident with or following the date the eligibility requirements are met.

3. *Contributions*

Participants may elect to make pre-tax and after-tax contributions to the Plan, as defined by the Plan document and subject to the maximum amount allowable by the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company makes safe harbor matching contributions equal to 100% of the first 3% of the participant's compensation and 50% of the next 2% of the participant's compensation.

NOTE A - PLAN DESCRIPTION - Continued

4. *Vesting*

Participants are immediately vested in their elective deferral contributions and the Company safe harbor matching contributions plus actual earnings thereon.

5. *Participant accounts*

Each participant's account is credited with the participant's contribution, the Company's contribution, an allocation of Plan earnings and administrative expenses. Allocations are based on 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.

6. *Investment options*

Participants may direct their account to be invested in any of the investment options offered by the Plan. Participants may change their investment options daily. The Plan does not have any non-participant directed investments.

7. *Payment of benefits*

Plan benefits are available to participants upon retirement, death, disability, termination of employment or in-service withdrawals, including financial hardship and after attaining age 59 ½, as defined in the Plan provisions. Benefits may be paid in a lump-sum amount equal to the value of the participant's vested account.

8. *Forfeitures*

Forfeitures do not occur under the Plan's provisions. However, certain predecessor plans had forfeitures that were transferred to the Plan when the plans merged. These forfeitures will be used in accordance with the predecessor plans' provisions for the participants affected by the predecessor plans. Unallocated forfeitures totaled $83,346 and $99,581 as of December 31, 2009 and 2008, respectively.

9. *Notes receivable from participants*

Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50 percent of their vested account balances. The loans are secured by the balance in the participant's account and bear interest at one percentage higher than the Wall Street Journal prime rate on the date the loan is issued. The loans that transferred from the predecessor plans bear interest at the rate that was effective under the respective predecessor plans. Interest rates ranged from 4.25% to 10.5% and 5.0% to 10.5% at December 31, 2009 and 2008, respectively. Principal and interest are paid through payroll deductions. The repayment term is no more than five years unless it is for the purchase of a principal residence for which the repayment period is fifteen years. Participants may have two loans outstanding at any time.

NOTE A - PLAN DESCRIPTION - Continued

9. *Notes receivable from participants - continued*

Effective for plan years ending after December 15, 2010, the Financial Accounting Standards Board (FASB) requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Previously, participant loans were required to be classified as plan investments, but early adoption is permitted. The Plan early adopted this requirement and has presented as such for all periods included in these financial statements.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

1. *Basis of accounting and presentation*

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in the T. Rowe Price Stable Value Fund (SVF), which is a fully benefit-responsive investment contract. The Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contract from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

2. *Use of estimates*

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

3. *Administrative expenses*

The Company pays certain administrative expenses on behalf of the Plan, which are not included in these financial statements.

4. *Investment valuation and income recognition*

The Plan's investments are reported 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 F for discussion of fair value measurements.)

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - Continued

4. *Investment valuation and income recognition - continued*

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 ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year ended December 31, 2009 and period ended December 31, 2008.

5. *Payment of benefits*

Benefits are recorded when paid.

6. *Subsequent events*

The Plan has evaluated and disclosed subsequent events through April 28, 2011, which is the date the financial statements were available to be issued.

NOTE C - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in funds provided by T. Rowe Price Trust Company (TRP). The Plan also paid $ 9,550 and $ 500 of administrative fees to TRP during 2009 and 2008, respectively. TRP is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE D - RECEIVABLES RELATED TO OPERATIONAL ERRORS

The Company submitted an application for correction of certain operational failures with the Internal Revenue Service (IRS) under the Voluntary Correction Program (VCP) component of the Employee Plans Compliance Resolution System (EPCRS) as described in Revenue Procedure 2008-50. On June 14, 2010, the Company received an IRS compliance statement in which the corrective methods proposed in the application were approved by the IRS. The operational failures relate to the Plan and to the Pecos Plan that was merged into the Plan during the period ended 2008. This is included in the Voluntary Correction Program receivable on the Statements of Net Asset Available for Benefits in the amounts of $187,521 and $309,053 at December 31, 2009 and 2008, respectively. Certain of these failures were corrected in September 2009 and the remaining were corrected in 2010. The operational failures were as follows:

- Improperly excluded bonus, incentive and commission payments from eligible compensation for plan years ending September 30, 2003 through December 31, 2008 (relates to the Plan and the Pecos Plan).
- Matching contributions for the plan year ending September 30, 2006 were based on twelve months of compensation and deferrals despite plan terms (relates to the Pecos Plan).
- Certain eligible employees were improperly excluded from participation for the plan year ending September 2006 (relates to the Pecos Plan).
- Failure to provide pro-rated safe harbor contributions for the plan year ending September 30, 2007 (relates to the Pecos Plan).

NOTE D - RECEIVABLES RELATED TO OPERATIONAL ERRORS - Continued

- Nondiscrimination testing was not performed for the plan year ending September 30, 2006 (relates to the Pecos Plan).
- Distributions to correct nondiscrimination testing failures were improperly made for the plan year ending September 30, 2007 (relates to the Pecos Plan).

In addition, the Pecos Plan also had certain operational failures that were corrected under the Self Correction Program of the EPCRS. The operational failures relate to contributions that were remitted late to the Pecos Plan and lost earnings had not been calculated or remitted. The lost earnings are included in the Self Correction Program receivable on the Statements of Net Assets Available for Benefits in the amounts of $51,910 and $49,752 at December 31, 2009 and 2008, respectively. This was remitted to the Plan in January 2010.

The Company also identified operational failures related to the Plan for 2009 and 2008 that were corrected under the Self Correction Program of the EPCRS. The operational failures relate to participant contributions being incorrectly calculated and withheld from payroll and participant accounts being credited with more or less of participant contributions and Company matching contributions than required by the Plan provisions. In 2011, the Company corrected all the operational failures from within the Plan. The Company corrected participants who had received excess contributions by transferring the excess contributions from the affected participant's account to the forfeiture account. The Company then transferred amounts equal to the underfunded contribution and lost earnings from the forfeiture account to underfunded participant's accounts.

NOTE E - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

	2009	2008
T. Rowe Price Retirement 2010 Fund*	**	$ 1,415,205
T. Rowe Price Retirement 2015 Fund*	$ 2,490,086	1,699,555
T. Rowe Price Retirement 2020 Fund*	4,786,279	4,004,921
T. Rowe Price Retirement 2025 Fund*	5,082,561	3,657,626
T. Rowe Price Retirement 2030 Fund*	4,200,725	2,925,830
T. Rowe Price Retirement 2035 Fund*	2,300,417	1,777,577
T. Rowe Price Stable Value Fund*	2,002,865	1,521,767

* Party-in-interest transactions

** Investment balance less than 5%

NOTE F - FAIR VALUE MEASUREMENTS

The fair value hierarchy categorizes and prioritizes the inputs used to estimate fair value into three levels based upon their observability. Level 1 has the highest priority and Level 3 has the lowest. If an input is based on bid and ask prices, the use of a mid-market pricing convention is permitted. The three levels of the fair value hierarchy are defined as follows:

- Level 1 inputs are unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices (in non-active markets or in active markets for similar assets or liabilities), inputs other than quoted prices that are observable, and inputs that are not directly observable, but that are corroborated by observable market data.
- Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs shall be used to the extent that observable inputs are not available, allowing for situations in which there is little, if any, market activity for an asset or liability.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

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

Mutual funds are classified under Level 1 because they are valued at quoted market prices in active markets at the Plan year-end.

The SVF is classified under Level 3 and is valued at the net asset value (NAV) of the shares held by the Plan at year-end. In 2009, the FASB issued guidance on estimating the fair value when the investment calculates NAV per share, but does not have a readily determinable fair value. It permits the use of the investment's NAV as a practical expedient to determine fair value. The SVF's investment objective is to seek a competitive level of income over time that is consistent with the preservation of capital. Participants' ownership of the SVF is represented as units. It is the policy of the SVF to use its best efforts to maintain a stable NAV of $1 per unit, although there is no guarantee that the SVF will be able to maintain this value. See the table below and Note G for further discussion of the SVF.

			Notice for liquidity	
	Fair value	Redemption frequency	Participant-initiated	Plan-initiated
T. Rowe Price Stable Value Fund	$ 2,002,865	Daily at $1 per unit	Daily with no written notice	12 or 30 day written notice

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

NOTE F - FAIR VALUE MEASUREMENTS - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009 and 2008:

	Investments at fair value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Retirement funds	$ 22,401,899	$ -	$ -	$ 22,401,899
Bond funds	640,873	-	-	640,873
Stocks				
Foreign	319,500	-	-	319,500
Large Blend	1,345,592	-	-	1,345,592
Mid Cap Blend	125,385	-	-	125,385
Small Blend	208,452	-	-	208,452
Growth	458,476	-	-	458,476
Diversified Emerging Markets	554,618	-	-	554,618
Stable value fund	-	-	2,002,865	2,002,865
	$ 26,054,795	$ -	$ 2,002,865	$ 28,057,660

	Investments at fair value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 19,067,787	$ -	$ -	$ 19,067,787
Stable value fund	-	-	1,521,767	1,521,767
	$ 19,067,787	$ -	$ 1,521,767	$ 20,589,554

Level 3 gains and losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009 and for the period ended December 31, 2008:

	Stable value fund
Balance, September 1, 2008 (inception)	$ -
Dividends	7,830
Purchases, sales, issuances, and settlement, net	15,267,737
Balance, December 31, 2008	1,521,767
Dividends	76,462
Purchases, sales, issuances, and settlement, net	404,636
Balance, December 31, 2009	$ 2,002,865

NOTE G - STABLE VALUE FUND

The SVF is a common collective trust that invests in guaranteed investment contracts (GICs) issued by insurance companies, investment contracts issued by banks, structured or synthetic investment contracts (SICs), separate account contracts, wrapper contracts, and other similar instruments that are intended to maintain a constant net asset value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment in the SVF at contract value. Contract value represents original cost plus accrued income and contributions, less participant withdrawals and administrative expenses. The SVF imposes certain restrictions on the Plan, and the SVF itself may be subject to circumstances that impact its ability to transact at contract value. Examples include but are not limited to partial or complete legal termination of the Plan or SVF, tax disqualification of the Plan or SVF, and certain SVF amendments if issuers' consent is not obtained. Plan management believes the occurrence of events that would cause the SVF to transact at less than contract value is not probable.

There are no reserves against contract value for the credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon by the issuer, but may not be less than zero percent. The SICs are designed to reset the respective crediting rate at least quarterly. The traditional GICs do not reset their crediting rates as they provide for a fixed rate of interest over the term to maturity of the contracts.

Dividends and interest on the SVF were $76,462 and $7,830 for the year ended December 31, 2009 and for the period ended December 31, 2008, respectively.

Information on the SVF is as follows:

	2009	2008
Average yield	4.36%	4.84%
Crediting interest rate at December 31	4.62%	4.82%

NOTE H - PLAN TERMINATION

Although it has not expressed any intention 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.

NOTE I - TAX STATUS

The prototype plan, utilized by the Company to adopt their plan, received its latest opinion letter dated March 31, 2008, in which the IRS stated that the prototype plan, as then designed, qualifies under Section 401(a) of the IRC. The Plan has been amended since receiving the determination letter, however, the Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Company has indicated that it will take the necessary steps, if any, to maintain the Plan's qualified status. Therefore, no provision for income taxes has been included in the Plan financial statements.

NOTE J - INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the financial statements and supplemental schedules is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income or loss, as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2009 and for the period ended December 31, 2008.
- Schedule H, Line 4i - schedule of assets (held at end of year), December 31, 2009 and 2008.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as presented in the financial statements to Form 5500 as of December 31:

	2009	2008
Net assets available for benefits as presented in these financial statements	$ 29,694,346	$ 21,823,576
Adjustment from contract value to fair value for interest in Stable Value Fund relating to fully benefit-responsive contracts	60,145	(14,265)
Net assets available for benefits as presented in Form 5500	$ 29,754,491	$ 21,809,311

The following is a reconciliation of the net increase in net assets available for benefits as presented in the financial statements to Form 5500:

	For the year ended December 31, 2009	For the period from September 1, 2008 (inception) to December 31, 2008
Net increase in net assets available for benefits before transfers of net assets from merged plans as presented in these financial statements	$ 7,870,770	$ 2,162,538
Change in adjustment from contract value to fair value for interest in Stable Value Fund relating to fully benefit - responsive contracts	74,410	(14,265)
Net increase in net assets available for benefits before transfers of net assets from merged plans as presented in Form 5500	$ 7,945,180	$ 2,148,273

NOTE L - RISKS AND UNCERTAINTIES

In general, the investments held by the Plan are exposed to various risks, such as interest rate, credit and overall market volatility 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 amount reported in the statement of net assets available for benefits.

NOTE M - SUBSEQUENT EVENTS

Effective August 30, 2010, the Plan was amended. The safe harbor matching contributions were eliminated and the Company matching contributions became discretionary. Also, forfeitures may be used to reduce Company matching contributions.

SUPPLEMENTAL SCHEDULES

Maxum Petroleum 401(k) Plan

EIN #20-5461239 Plan #001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2009

Participant contributions transferred late to plan	Total that constitutes nonexempt prohibited transactions			Total Fully Corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
Check here if Late Participant Loan Repayments are included: √	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ -	$ 68,597	$ -	$ -

Maxum Petroleum 401(k) Plan

EIN #20-5461239 Plan #001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2008

Participant contributions transferred late to plan	Total that constitutes nonexempt prohibited transactions			Total Fully Corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
Check here if Late Participant Loan Repayments are included: √	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ -	$ 32,093	$ -	$ -

Maxum Petroleum 401(k) Plan

EIN #20-5461239, Plan #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

(a)	(b) Identity of issue/ (c) description of investment	(d) Cost	(e) Current value
	Mutual Funds		
	Frontegra Columbus Core Plus Fund	**	$ 640,873
	American Funds Fundamental Investors Fund	**	951,299
	Brandywine Blue Fund	**	458,476
	Lazard Emerging Markets Equity Portfolio Institutional Fund	**	554,617
	Royce Pennsylvania Mutual Fund Invt Fund	**	208,452
*	T. Rowe Price Retirement Income Fund	**	9,439
*	T. Rowe Price Retirement 2005 Fund	**	279,712
*	T. Rowe Price Retirement 2010 Fund	**	1,127,728
*	T. Rowe Price Retirement 2015 Fund	**	2,490,086
*	T. Rowe Price Retirement 2020 Fund	**	4,786,279
*	T. Rowe Price Retirement 2025 Fund	**	5,082,561
*	T. Rowe Price Retirement 2030 Fund	**	4,200,725
*	T. Rowe Price Retirement 2035 Fund	**	2,300,417
*	T. Rowe Price Retirement 2040 Fund	**	1,161,929
*	T. Rowe Price Retirement 2045 Fund	**	545,797
*	T. Rowe Price Retirement 2050 Fund	**	308,587
*	T. Rowe Price Retirement 2055 Fund	**	108,639
	Templeton Institutional Foreign Equity Fund	**	319,500
	Vanguard 500 Index Fund	**	394,293
	Victory Special Value Fund	**	125,386
	Total mutual funds		26,054,795
*	T. Rowe Price Stable Value Fund	**	2,002,865
*	Participant loans (interest rates ranging from 4.25% - 10.5%)	**	1,378,904
	Total		$ 29,436,564

* Represents a party-in-interest

** Not applicable as the Plan is participant-directed

Maxum Petroleum 401(k) Plan

EIN #20-5461239, Plan #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)

December 31, 2008

(a)	(b) Identity of issue/ (c) description of investment	(d) Cost	(e) Current value
	Mutual Funds		
	Frontegra Columbus Core Plus Fund	**	$ 252,732
	American Funds Fundamental Investors Fund	**	540,894
	Brandywine Blue Fund	**	347,908
	Lazard Emerging Markets Equity Portfolio Institutional Fund	**	157,945
	Royce Pennsylvania Mutual Fund Invt Fund	**	182,149
*	T. Rowe Price Retirement Income Fund	**	68,426
*	T. Rowe Price Retirement 2005 Fund	**	263,337
*	T. Rowe Price Retirement 2010 Fund	**	1,415,205
*	T. Rowe Price Retirement 2015 Fund	**	1,699,555
*	T. Rowe Price Retirement 2020 Fund	**	4,004,921
*	T. Rowe Price Retirement 2025 Fund	**	3,657,626
*	T. Rowe Price Retirement 2030 Fund	**	2,925,830
*	T. Rowe Price Retirement 2035 Fund	**	1,777,577
*	T. Rowe Price Retirement 2040 Fund	**	683,848
*	T. Rowe Price Retirement 2045 Fund	**	266,121
*	T. Rowe Price Retirement 2050 Fund	**	133,531
*	T. Rowe Price Retirement 2055 Fund	**	8,849
	Templeton Institutional Foreign Equity Fund	**	135,226
	Vanguard 500 Index Fund	**	469,268
	Victory Special Value Fund	**	76,839
	Total mutual funds		19,067,787
*	T. Rowe Price Stable Value Fund	**	1,521,767
*	Participant loans (interest rates ranging from 5.0% - 10.5%)	**	710,523
	Total		$ 21,300,077

* Represents a party-in-interest

** Not applicable as the Plan is participant-directed



© Grant Thornton LLP
All rights reserved
U.S. member firm of Grant Thornton International Ltd

This report is confidential. Unauthorized use of this report in whole or in part is strictly prohibited.

Plan Name	**Maxum Petroleum 401 (K) Plan**
Plan Sponsor EIN	**Maxum Petroleum Inc.**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2009**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	**Maxum Petroleum 401 (K) Plan**
Plan Sponsor EIN	**Maxum Petroleum Inc.**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2009**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	**Maxum Petroleum 401 (K) Plan**
Plan Sponsor EIN	**Maxum Petroleum Inc.**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2009**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Form 5500, Box D – DFVC Filing

The Form 5500 for the Maxum Petroleum 401 (K) Plan, Plan 001, is being filed under the Department of Labor's Delinquent Filing Voluntary Compliance Program.

The plan is sponsored by Maxum Petroleum Inc. EIN – 20-5461239

The Form 5500 is being filed for the fallowing plan years:

September 1, 2008 – December 31, 2008

January 1, 2009 – December 31, 2009