

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), 6057(b), 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 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HUSKY REFINING COMPANY PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2007</u>	
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1c Effective date of plan <u>07/01/2007</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LIMA REFINING COMPANY</u> <u>1150 SOUTH METCALF STREET</u> <u>LIMA, OH 45804</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-3948622</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>419-226-2801</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>324110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-3948622</u>	2c Sponsor's telephone number <u>419-226-2801</u>	2d Business code (see instructions) <u>324110</u>	
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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. Signature of plan administrator	10/10/2013 Date	DAVID STEIN Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/10/2013 Date	DAVID STEIN Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number 																											
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 HUSKY REFINING COMPANY		4b EIN 98-0537727 4c PN 001																											
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">436</td> </tr> </table>	5	436																									
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="text-align: right;">395</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">7</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">25</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">427</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">428</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">2</td> </tr> </table>			6a	395	6b	7	6c	25	6d	427	6e	1	6f	428	6g		6h	2									
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6c	25																												
6d	427																												
6e	1																												
6f	428																												
6g																													
6h	2																												
a Active participants.....																													
b Retired or separated participants receiving benefits.....																													
c Other retired or separated participants entitled to future benefits.....																													
d Subtotal. Add lines 6a , 6b , and 6c																													
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....																													
f Total. Add lines 6d and 6e																													
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....																													
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....																													
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																										
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1G																													
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																													
9a Plan funding arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>		(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	9b Plan benefit arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor			
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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 <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☒</td> <td>R (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table>		(1)	☒	R (Retirement Plan Information)	(2)	☐	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	☒	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☒</td> <td>H (Financial Information)</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>I (Financial Information – Small Plan)</td> </tr> <tr> <td>(3)</td> <td>☐</td> <td>A (Insurance Information)</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>C (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td>☐</td> <td>D (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td>☐</td> <td>G (Financial Transaction Schedules)</td> </tr> </table>	(1)	☒	H (Financial Information)	(2)	☐	I (Financial Information – Small Plan)	(3)	☐	A (Insurance Information)	(4)	☐	C (Service Provider Information)	(5)	☐	D (DFE/Participating Plan Information)	(6)	☐	G (Financial Transaction Schedules)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HUSKY REFINING COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LIMA REFINING COMPANY</u>	D Employer Identification Number (EIN) <u>22-3948622</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>
2	Assets:
a	Market value 2a <u>9848655</u>
b	Actuarial value 2b <u>9848655</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>6</u> <u>259618</u>
b	For terminated vested participants..... 3b <u>10</u> <u>203439</u>
c	For active participants:
(1)	Non-vested benefits..... 3c(1) <u>1132266</u>
(2)	Vested benefits..... 3c(2) <u>8086178</u>
(3)	Total active 3c(3) <u>420</u> <u>9218444</u>
d	Total 3d <u>436</u> <u>9681501</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.08 %</u>
6	Target normal cost..... 6 <u>522550</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/09/2013</u>
	Signature of actuary	Date
<u>ERMINELIA PESTANAS</u>	Type or print name of actuary	<u>11-05056</u>
		Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA, INC.</u>	Firm name	<u>312-525-2500</u>
		Telephone number (including area code)
<u>191 N WACKER DR. SUITE 2100</u> <u>CHICAGO, IL 60606-1615</u>	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.18</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		69975
b	Interest on (a) using prior year's effective interest rate of <u>6.03</u> % except as otherwise provided (see instructions)		4219
c	Total available at beginning of current plan year to add to prefunding balance		74194
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.72 %
15	Adjusted funding target attainment percentage	15	101.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2012	300000				
07/13/2012	300000				
09/11/2013	2000000				
			Totals ►	18(b)	2600000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2364931
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0		0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	522550	
b Excess assets, if applicable, but not greater than line 31a	31b	167154	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	355396	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	355396	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2364931	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2009535	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan HUSKY REFINING COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIMA REFINING COMPANY	D Employer Identification Number (EIN) 22-3948622	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	9848655	10694315
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9848655	12694315

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9848655	12694315
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2600000	
(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)		2600000
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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
(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

		(a) Amount	(b) Total
(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)		703223
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3303223

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	428110	
(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)		428110
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	29453	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		29453
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		457563

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2845660
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **KPMG**

(2) EIN: **13-5565207**

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

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HUSKY REFINING COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIMA REFINING COMPANY</u>	D Employer Identification Number (EIN) <u>22-3948622</u>

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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-2037969</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>12</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?

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



KPMG LLP
Suite 500
191 West Nationwide Blvd.
Columbus, OH 43215-2568

Independent Auditors' Report

Corporate Pension Committee
Husky Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Husky Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2011, the related statement of changes in accumulated benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 6, which was certified by Verisight Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2012, and Schedule H, part IV, line 4j – schedule of reportable transactions for the year ended December 31, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

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, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Columbus, Ohio
September 27, 2013

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Attachments to 2012 Schedule SB (Form 5500)

Part V — Statement of Actuarial Assumptions/Methods

Part V — Summary of Plan Provisions

Line 22 — Description of Weighted Average Retirement Age

Line 26 — Schedule of Active Participant Data

Erminelia Pestanas
Enrollment Number 11-05056
Towers Watson Pennsylvania, Inc.
191 North Wacker Drive
Suite 2100
Chicago, IL 60606-1615
(312) 525-2500

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

For each active participant, an expected retirement age was calculated weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 62 is the arithmetic average of the expected retirement ages of all participants on January 1, 2012.

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Line 26 -- Schedule of Active Participant Data

		-----Years of Credited Service -----										
Attained Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	30 to 39	Over 40	Total
Under 25	Number	0	3	0	0	0	0	0	0	0	0	3
25 to 29	Number	0	19	0	0	0	0	0	0	0	0	19
30 to 34	Number	0	26	0	0	0	0	0	0	0	0	26
35 to 39	Number	0	44	0	0	0	0	0	0	0	0	44
40 to 44	Number	0	51	0	0	0	0	0	0	0	0	51
45 to 49	Number	0	45	0	0	0	0	0	0	0	0	45
50 to 54	Number	0	56	0	0	0	0	0	0	0	0	56
55 to 59	Number	0	104	0	0	0	0	0	0	0	0	104
60 to 64	Number	0	66	0	0	0	0	0	0	0	0	66
65 to 69	Number	0	6	0	0	0	0	0	0	0	0	6
70 & Up	Number	0	0	0	0	0	0	0	0	0	0	0
Total	Number	0	420	0	0	0	0	0	0	0	0	420

Average age = 49.6

Average Service = 3.7

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Husky Refining Company Pension Plan		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lima Refining Company		D Employer Identification Number (EIN) 22-3948622
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>			
2 Assets:			
a Market value		2a	9,848,655
b Actuarial value		2b	9,848,655
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	6
b For terminated vested participants		3b	10
c For active participants:			
(1) Non-vested benefits		3c(1)	1,132,266
(2) Vested benefits		3c(2)	8,086,178
(3) Total active		3c(3)	420
d Total		3d	436
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	7.08 %
6 Target normal cost		6	522,550

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Erminelia Pestanas	10/09/2013
	Signature of actuary	Date
Erminelia Pestanas		11-05056
Type or print name of actuary		Most recent enrollment number
Towers Watson Pennsylvania, Inc.		(312) 525-2500
Firm name		Telephone number (including area code)
191 N Wacker Dr. Suite 2100		
Chicago		
IL 60606-1615		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.18</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		69,975
b Interest on (a) using prior year's effective interest rate of <u>6.03</u> % except as otherwise provided (see instructions)		4,219
c Total available at beginning of current plan year to add to prefunding balance		74,194
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	101.72 %
15 Adjusted funding target attainment percentage	15	101.72 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.61 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2012	300,000				
07/13/2012	300,000				
09/11/2013	2,000,000				
Totals ▶			18(b)	2,600,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,364,931

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	522,550
b Excess assets, if applicable, but not greater than line 31a		31b	167,154
32 Amortization Installments:			
a Net shortfall amortization installment		Outstanding Balance	Installment
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	355,396
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)		36	355,396
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	2,364,931
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,009,535
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Conversion of Account Balances

Account balances are generally converted from the normal form of payment to the optional form of payment on an actuarially equivalent basis. The following actuarial equivalence bases apply to the plan:

Mortality:

The mortality prescribed for purposes of Section 417(e)(3)(B) of the Code

Interest Rate:

Shall be the annual rate of interest as determined under Section 417(e)(3)(C) of the Code for the third full calendar month which precedes the first day of the plan year that includes the annuity start date of the participant or beneficiary.

Optional Forms of Payment

The following table summarizes the optional form of payment assumptions used in the actuarial valuation with regard to the form of payment that plan participants are expected to select.

<u>Optional Form of payment</u>	<u>Payment method assumption</u>
Lump Sum	100%
Single life annuity	0%
Joint and 50% survivor annuity	0%
Joint and 75% survivor annuity	0%
Joint and 100% survivor annuity	0%
Five-year certain and life annuity	0%
Ten-year certain and life annuity	0%
Fifteen-year certain and life annuity	0%

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont...)

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

- | | |
|---|-----------------|
| ▶ Applicable month | January 2012 |
| ▶ Yield curve basis | 3-Segment rates |
| ▶ MAP-21 applied for funding | Yes |
| ▶ MAP-21 applied for benefit restrictions | Yes |

Interest rates:¹

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|--------------------------------------|-------------------------|-----------------------------|
| ▶ First segment rate - 10-year rate | 5.54% | 1.98% |
| ▶ Second segment rate - 20-year rate | 6.85% | 5.07% |
| ▶ Third segment rate - 30-year rate | 7.52% | 6.19% |
| ▶ Effective interest rate | 7.08% | 5.49% |

Annual rates of increase

- | | |
|---|-------------------|
| ▶ Compensation: | 4.50% |
| ▶ Statutory limits on compensation | 3.00% |
| ▶ Interest crediting rate | 6.30% |
| ▶ Lump sum conversion rate ² | 5.54%/6.85%/7.52% |

¹ Segment rates without transition, reflecting bond yields through December of the prior year.

² Applicable rates for the applicable plan year as defined by the plan document. Note the PPA final regulations clarify that IRC section 430 rates should be used in place of the IRC section 417(e) segment rates for purposes of valuing obligations and minimum funding requirement under PPA for all plans that define the lumps sum conversion bases using IRC section 417(e) interest rates

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont...)

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
► Healthy and Disabled	Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2027 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2019 using Scale AA).
Termination	Rates varying by age and service

Representative Termination Rates

Percentage leaving during the year						
Years of Service						
Age	0 – 1	1 – 2	2 – 3	3 – 4	4 – 5	5 +
20	.08	.08	.07	.06	.05	.050
25	.08	.08	.07	.06	.05	.045
30	.08	.08	.07	.06	.05	.040
35	.08	.08	.07	.06	.05	.035
40	.08	.08	.07	.06	.05	.030
45	.08	.08	.07	.06	.05	.025
50	.08	.08	.07	.06	.05	.020
55+	.08	.08	.07	.06	.05	.016

Disability	None
Retirement	Rates varying by age, average age 62
	For purpose of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year

Age	Rate
55-59	.06
60-61	.15
62	.3
63	.2
64	.2
65	.6
66-69	.4
70	1

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont...)

Benefit commencement date:

- | | |
|-------------------------------|-------------------------|
| ▶ Preretirement death benefit | <u>Non-Represented:</u> |
|-------------------------------|-------------------------|

Participant's early retirement age

Represented:

Upon death of the active participant

- | | |
|---------------------------|--------------------------------|
| ▶ Deferred vested benefit | Later of age 65 or current age |
|---------------------------|--------------------------------|

- | | |
|----------------------|--------------------------------|
| ▶ Retirement benefit | Upon termination of employment |
|----------------------|--------------------------------|

Form of payment	100% of participants elect a lump sum
-----------------	---------------------------------------

Percent married	85% of participants
-----------------	---------------------

Spouse age	Wife three years younger than husband
------------	---------------------------------------

Covered pay	Pensionable earnings as described in the Plan Provisions
-------------	--

Administrative expenses	None paid from the pension trust assets
-------------------------	---

At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
---------------------	--

Cash flow

- | | |
|--------------------------------------|---|
| ▶ Amount and timing of contributions | Contributions are assumed made as indicated in the Minimum Required Contribution section of Section 1 of the report |
|--------------------------------------|---|

- | | |
|------------------------------|--|
| ▶ Timing of benefit payments | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. |
|------------------------------|--|

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont...)

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Actuarial Value of Assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2011 plan year, discounted using the effective interest rate for the 2011 plan year
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Husky Refining Company and, based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2011 to January 2012. The segment rates used to determine minimum funding requirements and benefit restrictions were revised applying the corridors of MAP-21. The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements. The assumed plan-related expenses added to the target normal cost were changed from \$15,000 for 2011 to \$29,500 for 2012. The interest crediting rate was updated from the applicable segment for 2011 to the applicable segment rate for 2012 per the plan document. The interest and mortality basis was used to convert optional forms of payment were updated from the applicable basis for 2011 to the applicable basis for 2012.

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Summary of Plan Provisions

Alternate Form Conversion Factors

The normal form of payment is generally converted to the optional form of payment on an actuarially equivalent basis. The following actuarial equivalence bases apply to the plan:

Mortality: The mortality prescribed for purposes of Section 417(e)(3)(B) of the Internal Revenue Code

Interest Rate: Shall be the annual rate of interest as determined under Section 417(e)(3)(C) of the Internal Revenue Code for the third full calendar month which precedes the first day of the plan year that includes the annuity start date of the participant or beneficiary.

Optional Forms of Benefits

The following table summarizes the optional form of payment assumptions used in the actuarial valuation with regard to the form of payment that plan participants are expected to select.

<u>Optional Form of payment</u>
Lump Sum
Single life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
Five-year certain and life annuity
Ten-year certain and life annuity
Fifteen-year certain and life annuity

Early Retirement Reduction Factors

The following table is a representative sample of early retirement reduction factors for the non-represented group. No early retirement reductions are applied to represented participants.

<u>Years Prior to Normal Retirement Date</u>	<u>Early Retirement Reduction Factor</u>
0	100%
1	100%
2	100%
3	100%
4	96%
5	92%
6	88%
7	84%
8	80%
9	76%
10	72%

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (cont...)

Plan Provisions

Effective Date	July 1, 2007, most recently amended April 1, 2011
Covered Employees	Employees other than: ▶ Leased employees ▶ Non-resident aliens with no U.S. source income
Participation Date	Completion of one year of service for non-represented employees or completion of six months of service for represented employees. For participants in a prior plan who were eligible on the effective date, the participation date was the effective date.

Definitions

Plan Year	The period beginning on the Effective Date and ending on December 31, 2007, and each subsequent calendar year.
Credited service	Total period of an employee's service, used for benefit accrual purposes. A participant earns one year of credited service for each 12 month period of service as an eligible employee. Credited service is frozen as of March 31, 2011 for non-represented participants.
Vesting service	Total period of an employee's service. Employees will earn one vesting year for each 12 month period of service beginning on the employee's employment or reemployment date. Vesting service of a participant of a prior plan immediately prior to the effective date shall include all vesting years credited to the participant under the prior plan.
Compensation	For Non-Represented employees, all wages that are includible in gross income including but not limited to commissions and bonuses. Compensation after March 31, 2011 is not considered. For represented employees, any compensation above base pay, overtime and shift-differential shall be disregarded. Recognized compensation for any plan year shall not exceed \$245,000, as adjusted by the Secretary of the Treasury in the manner described in Section 401(a)(17) of the Internal Revenue Code.

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (cont...)

Average Monthly Compensation	The total of a participant's monthly compensation during the three consecutive plan years which produce the highest total during the 10 consecutive plan year period immediately preceding the participant's severance from service, divided by the number of months of the participant's active employment during such three plan year period. Average monthly compensation is frozen as of March 31, 2011 for non-represented participants.
Benefit Account	The notional account maintained for each Participant accruing a benefit consisting of the sum of a Participant's pay credits and interest credits.
Leased Employee	A person who has performed services for an affiliated business (or for such recipient and related persons determined in accordance with Section 414(n)(6) of the Code) on a substantially full time basis for a period of at least one year under the primary direction or control of the affiliated business.

Eligibility for Benefits

Normal retirement	<u>Non-Represented:</u> The later of (i) the date on which the participant reaches age 65, or (ii) the 5th anniversary of the participant's employment date. <u>Represented:</u> The date on which a participant reaches age 65.
Early retirement	<u>Non-Represented:</u> The date on which a participant has reached age 55 and earned 5 or more vesting years. <u>Represented:</u> Upon termination of employment.
Deferred vested	<u>Non-Represented:</u> 5 years of service. <u>Represented:</u> 3 years of service.

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (cont...)

Preretirement death
benefit

Participant death while eligible for normal, early or deferred vested benefits. Non-Represented employees must have a surviving spouse.

Monthly Benefits Paid Upon the Following Events

Normal Retirement

Non-Represented:

An annuity in the normal form which is the actuarial equivalent of the participants single life annuity payable monthly, equal to 1.6% of the Participant's average monthly compensation, multiplied by the participant's years of credited service.

Represented:

An annuity in the normal form which is the actuarial equivalent of the participant's benefit account.

A participant's benefit account balance at the end of a plan year shall be the sum of the following:

A) The opening benefit account balance

B) A pay credit equal to a percentage of the Participant's Compensation during the Plan Year determined under the following table.

Age Plus Vesting Years* at End of Plan Year	Percentage of Compensation
Less than 35	2.0%
35 - 49	2.5%
50 – 64	3.0%
65 – 79	4.0%
80 or more	5.0%

* Vesting years measured from later of hire date or August 10, 1998.

C) An interest credit equal to the third segment rate (as described in Section 430(h)(2)(C)(iii) of the Internal Revenue Code) in effect for the month of October preceding the first day of the plan year, multiplied by the opening benefit account balance. If a participant's annuity start date occurs during the plan year, the interest credit for the plan year must be adjusted.

In no event shall a participant receive more than forty total annual pay credits under the plan.

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (cont...)

Early Retirement

Non-Represented:

Equal to the participant's normal retirement benefit, reduced by 1/3% for each full or fractional month by which the participant's annuity starting date precedes age 62.

Represented:

An annuity in the normal form which is the actuarial equivalent of the participants benefit account.

Termination with vested benefit

Non-Represented:

The participant shall be entitled to receive the accrued benefit before, on or after the normal retirement date, subject to necessary benefit adjustments.

Represented:

An annuity in the normal form which is the actuarial equivalent of the participants benefit account. The participant's benefit account determined as of the actual severance from service date increased by interest credits to the annuity starting date.

Death benefits

Non-Represented:

- ▶ If a participant dies prior to the annuity start date, a vested participant's spouse shall be entitled to one of the following benefits:
- ▶ Small Preretirement Death Benefit: If the value of the accrued benefit is less than or equal to \$5,000, the vested participant's spouse shall be entitled to a lump sum payment.
- ▶ Spousal Death Benefit: The vested participant's spouse shall be entitled to the benefit payable as if the participant had commenced receiving a Qualified Joint and Survivor Annuity on the later of the day before death or early retirement age.

Represented:

- ▶ Small Preretirement Death Benefit: If the vested participant's accrued benefit is less than or equal to \$5,000, the vested participant's spouse or beneficiary shall be entitled to a lump sum payment equal to the Vested participant's benefit account.
- ▶ Spousal Alternate Beneficiary Death Benefit: If a vested participant dies prior to the annuity start date, the vested participant's spouse alternate beneficiary shall be entitled to receive payment of the vested participant's accrued benefit in the form of a single life annuity or an alternate form of payment elected by the spouse.

**LIMA REFINING COMPANY
HUSKY REFINING COMPANY PENSION PLAN
EIN: 22-3948622 PN: 001**

Schedule SB, Part V – Summary of Plan Provisions (cont...)

Maximum on benefits and pay	Benefit limitation under IRC section 415 in effect beginning on the valuation date, recognizes limitations for retirement prior to Social Security retirement age. Pay limitation under IRC section 401(a)(17) in effect beginning on the valuation date.
Optional forms of payment	Single life annuity, 50% joint and survivor, 75% joint and survivor, 100% joint and survivor, five year certain and life, 10 year certain and life, 15 year certain and life, and lump sum.

Future Plan Changes

Towers Watson is not aware of any additional future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

Since the prior valuation, the plan has been amended to freeze pay and accruals beyond March 31, 2011 for non-represented participants.

Plan provisions have not changed since the prior year for represented participants.

Schedule 1

HUSKY PENSION PLAN
DEFINED BENEFIT PENSION PLAN
Schedule H, Part IV, Line 4i -- Schedule of Assets (Held at End of Year)
December 31, 2012

Identity of issuer, borrower, lessor or similar party	Description of investment	Cost	Current value
Vanguard Fiduciary Trust Company	Vanguard Wellesley Income Fund	\$10,450,968	\$10,694,315

This information has been summarized from information provided by Verisight Inc., the trustee of the Plan, which the trustee has certified as being complete and accurate.

See accompanying independent auditors' report.

Schedule 2

HUSKY PENSION PLAN

DEFINED BENEFIT PENSION PLAN

Schedule H, Part IV, Line 4j -- Schedule of Reportable Transactions

Year ended December 31, 2012

Single transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Fiduciary Trust Company	Vanguard Wellesley Income Fund - Purchase	\$ 10,158,801	\$ —	\$ —	\$ —	\$ 10,158,801	\$ 10,158,801	\$ —
Vanguard Fiduciary Trust Company	Vanguard Short Term Treasury Admiral - Redemption	\$ —	\$ 10,158,801	\$ —	\$ —	\$ 9,904,173	\$ 10,158,801	\$ 254,628

This information has been summarized from information provided by Verisight Inc., the trustee of the Plan, which the trustee has certified as being complete and accurate.

See accompanying independent auditors' report.



HUSKY PENSION PLAN

Financial Statements and Supplemental Schedules

December 31, 2012 and 2011

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 500
191 West Nationwide Blvd.
Columbus, OH 43215-2568

Independent Auditors' Report

Corporate Pension Committee
Husky Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Husky Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2011, the related statement of changes in accumulated benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 6, which was certified by Verisight Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2012, and Schedule H, part IV, line 4j – schedule of reportable transactions for the year ended December 31, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

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, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Columbus, Ohio
September 27, 2013

Husky Pension Plan

Statements of Net Assets Available for Benefits December 31, 2012 and 2011

Assets

	<u>2012</u>	<u>2011</u>
Investments, at fair value		
Registered investment company	\$ 10,694,315	\$ 9,848,654
Net assets available for benefits	<u>\$ 10,694,315</u>	<u>\$ 9,848,654</u>

See accompanying notes to financial statements

Husky Pension Plan

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31,

	<u>2012</u>	<u>2011</u>
Additions:		
Investment income:		
Net appreciation in fair value of registered investment company	\$ 414,576	\$ 119,043
Dividends	<u>288,653</u>	<u>67,047</u>
	703,229	186,090
Employer contributions	<u>599,995</u>	<u>1,277,692</u>
Total additions	<u>1,303,224</u>	<u>1,463,782</u>
Deductions:		
Benefits paid to participants and other expenses	<u>(457,563)</u>	<u>(417,760)</u>
Total deductions	<u>(457,563)</u>	<u>(417,760)</u>
Net increase	845,661	1,046,022
Net assets available for benefits at beginning of year	9,848,654	8,802,632
Net assets available for benefits at end of year	<u>\$ 10,694,315</u>	<u>\$ 9,848,654</u>

See accompanying notes to financial statements

Husky Pension Plan

Statement of Accumulated Plan Benefits

As at December 31, 2011

Vested benefits

Participants currently receiving benefit payments	\$ 348,468
---	------------

Other participants	11,210,373
--------------------	------------

	11,558,841
--	------------

Nonvested benefits

	1,702,346
--	-----------

Total actuarial present value of accumulated plan benefits

\$	13,261,187
----	------------

See accompanying notes to financial statements

Husky Pension Plan

Statement of Changes in Accumulated Benefits For the year ended December 31, 2011

Actuarial present value of accumulated plan benefits at December 31, 2010	\$ 10,803,239
Increase during the year attributable to:	
Benefits accumulated	1,491,346
Decrease in discount period	498,436
Benefits paid	(401,036)
Assumption changes	869,202
Actuarial present value of accumulated plan benefits at December 31, 2011	<u>\$ 13,261,187</u>

See accompanying notes to financial statements

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

1. Description of Plan:

The following brief description of the Husky Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description.

a. General

The Plan is a defined benefit pension plan covering all U.S. employees, except leased employees and non-resident aliens, of Lima Refining Company ("the Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan effective date is July 1, 2007.

The Company established a Corporate Pension Committee ("the Committee") to carry out fiduciary responsibilities, including the general operations and administration of the Plan. The Committee appointed an officer of the Company as the trustee of the Plan effective December 12, 2007. Effective April 1, 2008, the officer as trustee along with AST Capital Trust Company became the trustee of the Plan. Effective July, 2008, AST Capital Trust Company was renamed Wilmington Trust Retirement and Institutional Services Company ("the Trustee"). Effective August 9, 2011, Wilmington Trust Retirement and Institutional Services Company was relieved of its duties as Trustee and replaced by Verisight Trust Company. The Committee appointed Towers Watson as the actuary of the Plan in 2007. On January 3, 2010, Towers Perrin and Watson Wyatt completed a merger to form Towers Watson & Co.

Husky Refining Company merged with and into Lima Refining Company on September 21, 2012.

b. Participation

The Plan covers union and non-union employees who participated in either the Premcor Pension Plan for certain union employees or the Valero Energy Corporation Pension Plan ("the Prior Plan") immediately before July 1, 2007, and who become employed by the Company on July 1, 2007. Union employees hired on or after July 1, 2007, become participants in the Plan on the first of the month after six months of continuous employment. Non-union employees hired on or after July 1, 2007, become participants in the Plan on the first day of the month after one year of continuous employment.

c. Eligibility for benefits

The Plan provides benefits based on the classification of employees as union ("Represented Participants") or non-union ("Non-represented Participants"). Both classes of employees are eligible to receive early and normal retirement benefits at retirement dates defined below.

Eligibility to receive benefits is subject to certain vesting periods. The vesting period for Non-represented Participants is five years and the vesting period for Represented Participants is three years. Once vested, the participant becomes eligible to receive the vested portion of their accrued benefit under the Plan.

The normal retirement date for Represented Participants is the first day of the month following the date the participant attains age 65. The normal retirement date for Non-represented Participants is the later of (i) the first day of the month following the date the participant attains age 65, or (ii) the fifth anniversary of the participant's employment date. Early retirement date for both classes of employees is the first day of the month after the date the participant attains age 55 and has five or more vesting years.

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

d. Pension Benefits

• Represented Participants

Eligible Represented Participants are entitled to an annuity in the normal form, which is the actuarial equivalent of the participants benefit account. The participants benefit account at the end of a plan year is equal to the sum of:

- i. The opening benefit account balance;
- ii. A pay credit equal to a percentage of the participant's compensation during the plan year. The percentage is determined as follows:

Age plus vesting years at end of plan year	Percentage of compensation
Less than 35 years	2.0%
35 to 49	2.5%
50 to 64	3.0%
65 to 79	4.0%
80 or more	5.0%

iii. An interest credit equal to the third segment rate (as described in Section 430(h)(2)(C)(iii) of the Internal Revenue Code) in effect for the month of October preceding the first day of the plan year, multiplied by the opening benefit account balance. If a participant's annuity start date occurs during the plan year, the interest credit for the plan year must be adjusted.

iv. Vesting years include any service under the Prior Plan; however, service prior to August 10, 1998 is not included.

• Non-represented Participants

The Company amended the Plan in February 2011 whereby eligibility and accrued benefits under the Plan were frozen effective April 1, 2011 for Non-represented Participants. As a result, benefits for Non-represented Participants will be determined by years of credited service and average monthly compensation as of March 31, 2011.

Only compensation and service earned after July 1, 2007 are considered for pension benefit purposes.

c. Death benefits

• Represented Participants

If a vested participant dies prior to the annuity start date and has a spouse, the participant's spouse is entitled to receive payment of the participant's accrued benefit in the form of payment elected by the spouse. If a vested participant dies prior to the annuity start date and does not have a spouse, the participant's beneficiary is entitled to receive a lump sum payment of the participant's benefit account as of the date of the participant's death.

• Non-represented Participants

If a vested participant dies prior to the annuity start date and has a spouse, the participant's spouse shall be entitled to an annuity. The amount of the annuity shall be equal to the survivor benefit that would have been payable to the spouse if the participant had: (i) separated from service on the date of death; (ii) survived to the earliest retirement age; (iii) retired with an immediate qualified joint and survivor annuity at the earliest retirement age; and (iv) died on the day after the earliest retirement age. If a vested participant dies prior to the annuity start date and does not have a spouse, no benefit is paid.

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

f. Contributions

The Plan is funded by contributions from the Company based upon determinations made annually by the Plan's actuaries, in accordance with an accepted actuarial method. The Plan met the minimum funding requirements of ERISA for 2012 and 2011.

g. Rules governing plan termination

Employers can terminate a pension plan in two ways.

- 1) The employer can terminate the plan in a standard termination but only after demonstrating to the Pension Benefit Guaranty Corporation ("PBGC") that the plan has sufficient funds to pay all benefits owed to participants. The plan must either purchase an annuity from an insurance company, which will provide the participants with life time benefits upon retirement, or the Plan may issue one lump-sum payment that covers the entire accumulated benefit balance, if permitted. Prior to purchasing the annuities the plan administrator must notify all participants and identify the insurance company that has been selected to provide annuities. The PBGC's guarantee ends when the annuities have been purchased or lump-sum paid.
- 2) If the plan is not fully-funded, the employer may apply for a distress termination if the employer is in financial distress. The employer must prove to a bankruptcy court or to the PBGC that the employer cannot remain in business unless the plan is terminated. If the application is granted, the PBGC will take over the plan as trustee and pay the benefits up to the legal limits using the plan assets and PBGC guarantee funds.

Under certain circumstances, the PBGC may take unprompted action to end a pension plan. Most terminations initiated by the PBGC occur when the PBGC determines that plan termination is needed to protect the interests of plan participants or the PBGC insurance program. The PBGC can do so if, for example, a plan does not have sufficient funds to pay benefits currently due.

h. Benefit payments guaranteed by the PBGC

If a single-employer plan terminates without sufficient funds to pay all benefits, the PBGC will take over the plan and pay pension benefits through its insurance program. Most participants and beneficiaries receive all of the pension benefits they would have received under the plan, but some may not be guaranteed.

The PBGC pays pension benefits up to certain maximum limits. The maximum guaranteed benefit is \$4,500 per month, or \$54,000 per year, payable in the form of a straight line annuity, for a participant aged 65 in a plan that terminates in 2010. The maximum benefit may be reduced for an individual who is younger than age 65. The maximum benefit will also be reduced when a benefit is provided to a survivor of a plan participant.

The PBGC guarantees basic benefits earned before a plan is terminated, which includes:

- Pension benefits at normal retirement age;
- Most early retirement benefits;
- Annuity benefits for survivors of plan participants; and
- Disability benefits for a disability that occurred before the date the plan terminated.

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

The PBGC does not guarantee certain types of payments, which include:

- Benefits in which a participant has not vested;
- Benefits which a participant is ineligible to receive due to age, service or other requirements at the time the plan terminates;
- Benefit increases and new benefits that have been effective for less than one year at the time the plan terminates;
- Benefit increases and new benefits that have been effective for less than five years are only partly guaranteed;
- Benefits other than pension benefits, such as health insurance, life insurance, death benefits, vacation pay or severance pay are not guaranteed;
- Lump-sums greater than \$5,000 are generally not paid.

Even if certain benefits are not guaranteed, participants and beneficiaries still may receive some of those benefits from the PBGC depending on how much money the terminated plan has and how much the PBGC collects from the employer.

2. Summary of significant accounting policies:

a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

b) Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated benefits at the date of the financial statements. Actual results could differ from those estimates. Significant estimates include the valuation of investments and the estimate of accumulated plan benefits.

c) Investment Valuation and Income Recognition

Investments are stated at fair value. The Plan's investments are valued at the share values supplied by the fund administrator, determined using closing market prices. The difference between the fair value and cost of the fund at the beginning and end of each year and net realized gain (loss) on sales of investments is reflected in the statements of changes in the net assets available for benefits as net appreciation (depreciation) in fair value of registered investment company. Security transactions are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as earned.

d) Administrative Expenses

The Company currently pays expenses incurred in respect of the operation and administration of the Plan. Any expenses not paid by the Company may be paid by the Trustee out of the Plan's assets, subject to any restrictions of laws or Plan provisions.

e) Accumulated Plan Benefits

The Plan's actuary estimates the accumulated plan benefits in accordance with generally accepted actuarial principles and practices.

Accumulated plan benefits are those actuarially estimated future periodic payments, including lump sum distributions that, under the Plan's provisions, are attributable to service rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants and their spouses or designated beneficiaries and currently employed participants and their spouses or designated beneficiaries. Benefits

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

payable under all circumstances (retirement, death and termination of employment) are included to the extent that they are deemed attributable to the employee service rendered prior to the valuation date.

f) Actuarial Estimates and Assumptions

The present value of accumulated plan benefits is calculated by adjusting the total estimated future periodic payments to reflect the time value of money and the probability of payment including mortality, disability, termination and retirement between the valuation date and the expected date of payment.

Significant assumptions include:

Average retirement age	Rates vary by age (rates do not vary by service, gender or participant group)
Interest rate	3.90% - 2011; 4.70% - 2010
Interest rate used for determining lump sum distributions (Segment Rates)	2.09%, 4.56%, 5.50% - 2011; 2.02%, 4.56%, 5.75% - 2010
Interest Crediting Rate	6.30% - 2011; 6.53% - 2010
Mortality	Separate IRS-prescribed RP-2000 healthy annuitant and non-annuitant tables with "static" projection of assumed mortality improvements. This table is updated each year for mortality improvements.
Mortality basis for calculation of lump sum distributions	The mortality table prescribed for purposes of Section 417 (e)(3)(B) of the Code, as determined from time to time by the Secretary of the Treasury. This table is updated each year for mortality improvements.
Funding Method	Contributions from the Company based upon determinations made annually by the Plan's actuaries, in accordance with an accepted actuarial cost method.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Interest rates used to determine lump-sum distributions under the Plan are updated in accordance with statutory requirements and the provisions of the Plan.

In accordance with ASC 960, "Accounting and Reporting by Defined Benefit Pension Plans", the Plan has elected the option to measure accumulated plan benefits at the beginning of the Plan year. The calculations have been used to disclose accumulated plan benefits as of December 31, 2011. The actuarial valuation as of January 1, 2012, is not materially different than the valuation would be as of December 31, 2011.

For the period ended December 31, 2011, changes in actuarial assumptions primarily represent changes in the interest rate, the interest crediting rate applied to the cash balance formula and the interest rates and mortality used to determine lump sum distributions in accordance with statutory requirements and the provisions of the Plan.

g) Payment of Benefits

Benefit payments are recorded upon distribution. For presentation purposes, Benefits paid to participants and other expenses from the accompanying Statements of Changes in Net Assets Available for Benefits include both benefits paid to participants and other plan administrative expenses paid out of the Plan's assets for the years ended December 31, 2012 and 2011, while Benefits paid from the accompanying Statement of Changes in Accumulated Benefits includes only benefits paid to participants for the year ended December 31, 2011.

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

3. Investments:

The Plan's investment funds are managed by the Trustee who has discretionary investment authority over the investment of the Plan's funds. The Committee is responsible for the selection of the Plan's investment managers but not the underlying investments. Neither the Committee nor the Trustee is involved in the investment funds' day-to-day investment operations. The Plan employs a capital preservation approach whereby funds are directed at high grade stable investments where risk is commensurate with the level of expected returns. Risk tolerance is established through careful consideration of plan liabilities, plan funded status and corporate financial condition. On a periodic basis, the fund's portfolio is analyzed to establish the optimal mix of assets given current market conditions and risk tolerance.

The Plan's investments are currently held in the Wellesley Income Fund, which is invested primarily in high grade U.S. corporate bonds and securities.

4. Fair Value Measurements:

FASB ASC 820 establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three level valuation hierarchy is based upon the transparency of inputs to the valuation of an asset as of the measurement date.

The three levels are defined as follows:

- Level 1 – inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2 – inputs to the valuation methodology are observable for the asset (other than quoted prices included in level 1), either directly or indirectly. Observable inputs are those that reflect the assumptions market participants would use in pricing the asset developed on market data obtained from sources independent of the Plan.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, developed based on the best information available in the circumstances.

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 following table presents the financial instruments carried at fair value as of December 31, 2012 and 2011 by ASC 820 valuation hierarchy (as described above).

	Quoted prices in active markets Level 1	Significant other observable inputs Level 2	Significant unobservable inputs Level 3	Total
December 31, 2012				
Registered Investment Company	\$10,694,315	\$ -	\$ -	\$10,694,315
December 31, 2011				
Registered Investment Company	\$9,848,654	\$ -	\$ -	\$9,848,654

The Plan's investments have been recorded at net asset value (NAV) and are classified as Level 1 as there are no restrictions on trading and investors may trade at NAV daily.

There were no transfers between levels during 2012 or 2011.

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

5. 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 reasonably possible that changes in the value of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is reasonably possible the changes in these estimates and assumptions in the near term could be material to the financial statements.

6. Information Certified by the Plan's 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 under ERISA. Accordingly as permitted under such election, the Plan administrator has obtained certifications from the Trustee of the Plan that all information provided by them is complete and accurate.

Information included in the accompanying financial statements and notes to financial statements as to investments, investment income and all information in the supplemental schedules are presented in reliance solely upon those certifications.

7. Tax Status

The Plan obtained a determination letter dated March 24, 2009 in which the Internal Revenue Service stated that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("Code"). The Plan administrator believes that the Plan is designed and has been operated in compliance with the Code and, therefore, the related trust is tax exempt. Accordingly, no provision for federal income taxes has been made in the accompanying financial statements.

U.S. GAAP require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that is more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The plan administrator has analyzed the tax positions taken by the Plan, and concluded that as of December 31, 2012, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In general, the plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

8. Reconciliation of Financial Statements to Form 5500

In September 2013, the Corporate Pension Committee designated \$2,000,000 of contributions paid to the Plan for the 2012 plan year as a result of discussions with the IRS regarding the Plan's July 2013 termination (see note 9). These contributions were not recorded in the financial statements for the year ended December 31, 2012, but are reflected on the Form 5500 for the year ended December 31, 2012.

The following is a reconciliation of net assets available for benefits from the accompanying financial statements to the Form 5500 of the Plan:

December 31, 2012

Net assets available for benefits from the financial statements	\$ 10,694,315
Employer contributions designated to the plan year	<u>2,000,000</u>
Net assets available for benefits from the Form 5500	<u>\$ 12,694,315</u>

Husky Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

The following is a reconciliation of the employer contributions from the accompanying financial statements to the Form 5500 of the Plan:

Year Ended December 31, 2012

Employer contributions from the financial statements	\$ 599,995
Employer contributions designated to the plan year	<u>2,000,000</u>
Employer contributions from the Form 5500	<u>\$ 2,599,995</u>

9. Subsequent Events

The Plan evaluated subsequent events through September 27, 2013, the date the financial statements were issued.

On May 15, 2013, in accordance with Section 204(h) of ERISA, benefit accruals ceased and the Plan was frozen on March 31, 2011 for non-represented employees and on March 31, 2013 for represented employees. The Company terminated the Plan and its related trust in a standard termination effective July 31, 2013 (the "plan Termination Date"). Each action was approved by the Corporate Pension Committee. The benefits currently being received by retirees, beneficiaries and alternate payees will not be affected by the Plan termination. Plan members will have the option to receive a one-time lump sum payment in lieu of the future benefits or an annuity for which the Plan will purchase an annuity contract from an insurer at a later date.

No additional significant subsequent events were noted.

HUSKY PENSION PLAN
DEFINED BENEFIT PENSION PLAN
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2012

Identity of issue, borrower, lessor or similar party	Description of investment	Cost	Current value
Vanguard Fiduciary Trust Company	Vanguard Wellesley Income Fund	\$ 10,450,968	\$ 10,694,315

This information has been summarized from information provided by Verisight Inc., the trustee of the Plan, which the trustee has certified as being complete and accurate.

See accompanying independent auditors' report.

HUSKY PENSION PLAN
DEFINED BENEFIT PENSION PLAN
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2012

Single transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Fiduciary Trust Company	Vanguard Wellesley Income Fund - Purchase	\$ 10,158,801	— \$	— \$	— \$	\$ 10,158,801	10,158,801 \$	—
Vanguard Fiduciary Trust Company	Vanguard Short Term Treasury Admiral - Redemption	\$ —	\$ 10,158,801	\$ —	— \$	\$ 9,904,173	10,158,801 \$	254,628

This information has been summarized from information provided by Verisight Inc., the trustee of the Plan, which the trustee has certified as being complete and accurate.

See accompanying independent auditors' report.