

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>06/01/2008</u> and ending <u>05/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ 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; ☒ special extension (enter description) <u>EFAST2 TRANSITION</u> ☐ automatic extension; ☐ the DFVC program;

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>TEXACO CARIBBEAN INC. U.S. VIRGIN ISLANDS PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>06/01/1968</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CHEVRON CARIBBEAN INC</u> <u>P.O.BOX 71315</u> <u>SAN JUAN, PR 00936</u>	2b Employer Identification Number (EIN) <u>74-1383449</u> 2c Sponsor's telephone number <u>787-783-6110</u> 2d Business code (see instructions) <u>424700</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>05/14/2010</u>	<u>JOSE LUIS FAURE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHEVRON CARIBBEAN INC P.O.BOX 71315 SAN JUAN, PR 00936	3b Administrator's EIN 74-1383449 3c Administrator's telephone number 787-783-6110
---	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	9
---	----------	---

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

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☐ **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)

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2009 or fiscal plan year beginning 06/01/2008 and ending 05/31/2009	
	<div>A Name of plan</div> <div>TEXACO CARIBBEAN INC. U.S. VIRGIN ISLANDS PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CHEVRON CARIBBEAN INC</div>	<div>D Employer Identification Number (EIN)</div> <div>74-1383449</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	213902	0
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	213902	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	6200	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	-37304	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		-31104
e Benefits paid (including direct rollovers)	2e	32699	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i	23952	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		56651
k Net income (loss) (subtract line 2j from line 2d)	2k		-87755
l Transfers to (from) the plan (see instructions)	2l		-126146

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests	3a	X	
b Employer real property	3b	X	
c Real estate (other than employer real property)	3c	X	
d Employer securities	3d	X	
e Participant loans	3e	X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II	Compliance Questions
----------------	-----------------------------

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	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.)			
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)
CHEVRON RETIREMENT PLAN	94-0890210	006

**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).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____, and ending _____,

▶ **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 TEXACO CARIBBEAN INC.-U.S. VIRGIN ISLANDS PENSION		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ CHEVRON CORPORATION		D Employer Identification Number (EIN) 74-1383449
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>06</u> Day <u>01</u> Year <u>2008</u>		
2 Assets:		
a Market value	2a	213902
b Actuarial value	2b	213902
3 Funding target/participant count breakdown		
		(1) Number of participants
a For retired participants and beneficiaries receiving payment	3a	7
b For terminated vested participants	3b	0
c For active participants:		(2) Funding Target
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	4398
(3) Total active	3c(3)	4398
d Total	3d	263727
4 If the plan is in at-risk status, check the box and complete lines 4a and 4b ☐		
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 at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.94 %
6 Target normal cost	6	56

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**

Trisha L. Trembl

Signature of actuary

TRISHA L. TREMBL

Type or print name of actuary

HEWITT ASSOCIATES LLC

Firm name

100 HALF DAY ROAD
LINCOLNSHIRE

IL

60069

Address of the firm

9/30/2009

Date

08-06986

Most recent enrollment number

847-295-5000

Telephone number (including area code)

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-EZ.

v11.3

Schedule SB (Form 5500) 2008

Part I Beginning of year carryover and prefunding balances (See instructions.)

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	N/A	N/A
8 Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9 Amount remaining (line 7 minus line 8)	38939	N/A
10 Interest on line 9 using prior year's actual return of N/A %	N/A	N/A
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (line 38 from prior year)		N/A
b Interest on line 11a using prior year's effective rate of N/A %		N/A
c Total available at beginning of current plan year to add to prefunding balance ..		N/A
d Portion of line 11c to be added to prefunding balance		N/A
12 Reduction in balances due to elections or deemed elections	36019	N/A
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	2920	N/A

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement	16	87.64 %
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
12/15/2008	6200				
Totals ▶ 18(b)				6200	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 contribution from prior years	19a	0
b Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	6010

20 Quarterly contributions and liquidity shortfall(s):

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:	1st segment: 5.13 %	2nd segment: 6.01 %	3rd segment: 6.53 %	☐ N/A, full yield curve used
a Segment rates:				
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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 eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
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, adjusted, if applicable (see instructions)	31	56	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	31647	5286	
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 (line 31 + line 32a + line 32b - line 33)	34	5342	
35 Balances used to offset funding requirement. . .	Carryover balance	Prefunding balance	Total balance
	1182	0	1182
36 Additional cash requirement (line 34 minus line 35)	36	4160	
37 Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)	37	6010	
38 Interest-adjusted excess contributions for current year (see instructions)	38	668	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contribution for all years	40	0	

Schedule SB Attachment (Form 5500)—2008 Plan Year
Texaco Caribbean Inc. - U.S. Virgin Islands Pension Plan
EIN: 74-1383449 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2008

Date	Amount	Interest Rate	Interest Adjusted Contribution
December 15, 2008	\$ 6,200	5.94%	\$ 6,010
Total Contribution	\$ 6,200		\$ 6,010

Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Texaco Caribbean Inc. - U.S. Virgin Islands Pension Plan
EIN: 74-1383449 PN: 001

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For Funding Requirements**

Interest Rates	Based on segment rates without regard to the three-year phase in, as of June 2008.
1st Segment Rate	5.13%.
2nd Segment Rate	6.01%.
3rd Segment Rate	6.53%.
Employee Contributions	Accumulation of past contributions at funding interest rates above and conversion based on current 417(e) mortality table for benefit offset.
Salary Increase	4.00% annually.
Retirement Age	Age 65.
Mortality Rates	2008 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Disability Rates	None.
Withdrawal Rates	None.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$185,000.
Valuation of Plan Assets	Fair market value.
Form of Payment	All future retirees are assumed to elect a single life annuity.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	June 1, 2008.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Texaco Caribbean Inc. - U.S. Virgin Islands Pension Plan
EIN: 74-1383449 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Employees Covered by the Plan

The plan covers non-leased employees carried on a Virgin Islands payroll who have at least one year of eligible service. Effective March 31, 2003, no new members may enter the plan.

Normal Retirement

Eligibility

Age 65.

Benefit

The Normal Retirement Benefit is the sum of (a) and (b)

(a) 0.865% of Final Average Pay not in excess of \$650 per month, plus

(b) 1.50% of Final Average Pay in excess of \$650 per month,

both multiplied benefit service to March 31, 2003. The benefit is reduced if employee contributions have been withdrawn by the participant.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit earned to the date of early retirement reduced 5% per year commencement precedes age 65.

Deferred Vested

Eligibility

Five years of service.

Benefit

A monthly benefit starting at age 65 (or as early as age 55 with 10 years of service) equal to the accrued benefit earned to the date of termination. The benefit is reduced for commencement prior to the normal retirement date (7.2% from age 60 to 65 and 4.2% from age 55 to 60).

Disability

Eligibility

Not applicable.

Benefit

None.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Texaco Caribbean Inc. - U.S. Virgin Islands Pension Plan
EIN: 74-1383449 PN: 001

Surviving Spouse Benefit

Eligibility

Five years of service or age 65.

Benefit

A monthly benefit payable to the surviving spouse equal to 50% of the amount payable if the participant had retired on the date before his death with a 50% joint and survivor annuity. Reductions apply for commencement benefit normal retirement age. Nonvested participants or single participants who die prior to benefit commencement will have the accumulated amount of employee contributions paid to their designated beneficiary.

Employee Contributions

None as of March 31, 2003. Before March 31, 2003, employee contributions were required at a rate of 2% of base pay up to \$650 per month plus 4% of base pay in excess of \$650 per month. Employees are allowed to withdraw their contributions plus interest prior to retirement. Any withdrawal of employee contributions and interest that is not repaid to the plan results in a decrease in the monthly benefit paid at retirement.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% joint and survivor annuity actuarially equivalent to the single life annuity.

Optional Form of Annuity

Single life annuity, joint and survivor annuities between 50% and 100% continued, uniform income annuity.

Actuarial Equivalence

1971 Group Annuity Mortality Table (unisex blend) and PBGC termination interest rates.

Definitions

Benefit Service

One month of service for each calendar month in which the employee receives at least 50% of base pay and makes employee contributions.

Final Average Pay

Highest sixty consecutive months of base pay out of the last 120 months.

Schedule SB Attachment (Form 5500)—2008 Plan Year
Texaco Caribbean Inc. - U.S. Virgin Islands Pension Plan
EIN: 74-1383449 PN: 001

Schedule SB, Part V—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of June 1, 2008 by Chevron Corporation. Asset information and the dates and amounts of contributions are based on information supplied by Chevron Corporation.

Due to an internal change of assignments at Hewitt Associates, the Enrolled Actuary changed from Gary Cline to Trisha L. Trembl.

Effective May 31, 2009, this plan was merged into the Chevron Retirement Plan (EIN: 94-0890210, PN: 006). As such, this will be the final Form 5500 filing for this plan.

Schedule SB, line 24—Change in Actuarial Assumptions

In conjunction with the implementation of PPA and to better reflect anticipated plan experience, the following change was made to non-prescribed assumptions:

- A change in the assumptions used to accumulate past employee contributions from a 5% interest rate and the mortality table defined in Revenue Ruling 2001-62 to the same segment interest rates used to value the liability and the 2008 applicable lump sum mortality per IRC Section 417(e).

Schedule SB, line 25—Change in Method

The implementation of PPA required certain changes to the methods used in the funding valuation:

- A change in the liability cost method from the Projected Unit Credit method to the Standard Unit Credit method as of January 1, 2008.

Schedule SB Attachment (Form 5500)—2008 Plan Year
 Texaco Caribbean Inc. - U.S. Virgin Islands Pension Plan
 EIN: 74-1383449 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of June 1, 2008
 Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1						
45-49										
50-54										
55-59										
60-64										
65-69										1
70+										

N-2

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$31,647	June 1, 2008	7	\$5,286

**Application for Extension of Time
To File Form 5500**

Plan Name: Texaco Caribbean Inc. U>S. Virgin Islands Pension Plan

EIN/PN: 74-1383449 / 001

Plan year end: 05/31/2009

Plan Sponsor: Chevron Caribbean Inc
P.O. Box 71315
San Juan, PR 00936-0415

We request a special extension of time until 3/30/2010 to file the Form 5500 under the transition rules applicable for filing under EFAST2.

**Explanation of Amendment
To Form 5500**

Plan Name: Texaco Caribbean Inc. U>S. Virgin Islands Pension Plan

EIN/PN: 74-1383449 / 001

Plan year end: 05/31/2009

Plan Sponsor: Chevron Caribbean Inc
P.O. Box 71315
San Juan, PR 00936-0415

We are filing an amended Form 5500 to reflect that it is the final return for the plan. This plan was merged into another plan. After filing the original Form 5500 in March, we received notice that the plan assets had been transferred to the other plan and the balance at the end of the plan year was \$0. Thus, at the end of the plan year there were no participants, and Schedule I has been amended to show all assets have been transferred to the merged plan.