Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entries in accor	dance wit	h the instructions to the Form 5500)-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
A	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report							
	an amended return/report	year return/report (less than 12 mor	nths)					
С	Check box if filing under:		DFVC program					
	special extension (enter description							
D	art II Basic Plan Information—enter all requested inform	,						
	Name of plan	lation		1h	Three-digit			
	GERS-UNITED OIL COMPANY, INC. 40(K) PLAN			110	plan number			
					(PN) • 001			
				1c	Effective date of plan			
					01/01/2005			
	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identification Number			
HELO	GERS-UNITED OIL COMPANY			20	(EIN) 05-0393157			
136 [MAIN ROAD			20	Plan sponsor's telephone number 401-624-9289			
TIVE	RTON, RI 02878			2d	Business code (see instructions)			
					454311			
3a	Plan administrator's name and address (if same as Plan sponsor, e GERS-UNITED OIL COMPANY 136 MAIN R	enter "Same	e")	3b	Administrator's EIN 05-0393157			
TILL	TIVERTON,			20				
				36	Administrator's telephone number 401-624-9289			
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report. Sponso			4				
					PN .			
5a	Total number of participants at the beginning of the plan year			5a	4			
b	Total number of participants at the end of the plan year			5b	4			
С	Total number of participants with account balances as of the end o complete this item)		•	5c	4			
62	Were all of the plan's assets during the plan year invested in eligib				X Yes □ No			
	Are you claiming a waiver of the annual examination and report of		,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III Financial Information			-				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	79033	3	94840			
b	Total plan liabilities	. 7b	C		0			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	79033	33				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		1126					
	(1) Employers							
	(2) Participants	. 8a(2)	4235					
	(3) Others (including rollovers)	- · · ·						
b	Other income (loss)	. 8b	10446		1505			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			15807			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	C					
е	Certain deemed and/or corrective distributions (see instructions)		C					
f	Administrative service providers (salaries, fees, commissions)		C					
g	Other expenses		C					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0			
i	Net income (loss) (subtract line 8h from line 8c)				15807			
i	Transfers to (from) the plan (see instructions)		C)				
	, , , , , , , , , , , , , , , , , , , ,	ı Ol						

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2T 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char							
art	: V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amou	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					50000
d	or di	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					311
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	•			•		Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?.		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver	nth						
_		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	401				
b	Ente	r the minimum required contribution for this plan year			12b				
_		r the amount contributed by the employer to the plan for this plan year			12c	<u> </u>			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If_"Y∈	es," enter the amount of any plan assets that reverted to the employer this year	<u></u>	<u></u> [13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol		П	Yes	X No

c 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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	09/27/2011	TERESA HELGER
HERE	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

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Cabbin Employee Bernelte Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4965 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 8058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0069

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	omplete all <u>ant</u> ries in eco	ordange Wi	th the instructions to the Form 55	00-8F	len:	pection		
	art : Annual Report Identiff	cation information				·			
Fo	r calendar plan year 2010 or fiacal plan)		01/01/	2010 and and ling		12/31/20			
Α	This return/report is for:	la employer plan	multiple	employer plan (not multiemployer)	one-participant pion				
В	This return/report is for:	return/report	∏ final retu	Mahahan		-			
	□ #11 88	mended return/report	ahost pk	in year return/report (less than 12 m	re(hs)				
C	Check box if filing under: X Form 6558 automatic extension					DFVC progra	PTh.		
		ial extension (enter descrip	tion):			-			
	art It Basic Plan Information	tenter all requested infor	mation				·		
10	Name of plan			· · · · · · · · · · · · · · · · · · ·	1b	Three-digit	<u></u>		
	Helgers-United Oll Comp	any, Inc. 40(k)	Plan		l	pien number			
					10	(PN) P Effective date o	GD1		
					١,٠	01/01/2005	,		
Ża	Plan sponsors name and address (em Helgers-United Oil Comp	igligyer, if for single-employ	ar plan)		26	Employer Identi	ication Number		
	Reigers-United Oil Comp	any				(EIN) 05-039	3157		
					2c	Plan sponsor's (401) 624-5	elephone number		
	136 Main Road				24	Business code (
	Tiverton			RI 02 <u>976</u>	120	454311	see instructions)		
39	Pian administrator's name and address Same	(if same as Pien sponsor,	enter "San	e")	3ъ	Administrators (IN		
	Serie				 _		<u> </u>		
					3C	Administrator's (elephone number		
4	If the name and/or EIN of the plan spons	or has changed since the	last returnýn	sport filed for this plan, enter the	4h	EIN	 -		
	name. Etk, and the plan number from th				75	Cite	 -		
_					4c	PN			
5a	• • • • • • • • • • • • • • • • • • • •				52	<u>] 4</u>			
	Total number of participants at the end				5b	<u> </u>			
£	Total number of participants with according this flow	unt belances as of the end	of the plan	your (defined benefit plans do not	5c				
Ra	Were all of the plan's assets during the						Yes No		
ō	Are you claiming a water of the annua	at examination and report	of an indepe	edent qualified public accountant ((C	· ,		53 Aet ∏ No		
	under 29 CFR 2520, 104-467 (See Inst	inschans on Weiver elegibility	y and condit	iona.),			[X] Yes [] No		
	If you answered "No" to alther 6a or	db, the plan cannot use	Form 8800	SF and must instead use Form 55	OC.		 -		
	Financial Information	<u></u>	*						
7	Plan Assets and Liabilities		2	(a) Beginning of Year	+	(b) End			
	Total plan assets		<u> </u>	79,03	3		94,840		
þ	Total plan flabilities				뎩	<u>.</u>			
c	Net plan essets (aubitract line 7b from I		7c	79,03	3		94,840		
8	Income, Expenses, and Transfers for the		<u>:. ;;</u>	(a) Amount	 - -	{b} T	otal		
44	Contributions received or receivable fro		Ba(1)	1,12	6				
	(2) Participents			4,23	-	:			
	(3) Others (including relievers)			1,72	3		•		
b	Other income (loss)		1.4.	10,44	3				
C	Total income (add lines 8a(1), 8a(2), 8a		}			.	25,807		
ď	Benefits paid (Including direct rollovers		··· -		4.	··········	25,607		
•	to provide benefits)	•	8d _		o				
	Certain dearned and/or corrective distri		_		9				
f	Administrative service providers (salari	•••	·		ਰ :∹'				
a	Other expenses	· · · · · · · · · · · · · · · · · · ·	_		하				
ħ	Total expenses (add lines 8d, 8e, 8f, ar				1				
i	Nat income (loss) (subtract line 8h from				1		15,807		
Ė	Transfers to (from) the plan (see instruc	•			d	 	22,201		
Far I	Paperwork Reduction Act Notice and OMB Cor			5800-8P	٠,	<u> </u>	Form 5500-8F (2010)		

Earn	5500-	EE	2020

Page 2-	
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Direct By	Plan Characteristics
PHIT IN	PIEG CIMITATIA CANTALA

9a If the pien provides pension benefits, enter the applicable pension feature codes from the List of Pian Characteristic Codes in the instructions:

2A 2E 2F 2G 2-1 2T 3D

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

Pert		Compliance Questions								
10		ring the plan year:			'	***	No	,	Amount	
	20	is there a failure to transmit to the plan any participant contributions with DEFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co	rrection Prog	ram)1	Oa		X			
ь		re there any nonexempt transactions with any party-in-interest? (Do no line 10a)			ОЬ		×			
C	W	as the plan covered by a fidelity bond?		1	0c	x			5	0.000
đ		the plan have a loss, whether or not reimbursed by the plan's fidelity b dishonesty?			08	一	x			
0	insi	ere any ferea or commissions paid to any brokers, agents, or other perso erance service or other organization that provides some or all of the be- tructions.)	padia under (r	e plan? (See	00	x			<u>-</u>	311
f	Наи	the plan falled to provide any benefit when due under the plan?	·····		0#		x			
9	Did	the plan have any participent loans? (If "Yes," enter emount as of year	end.)		0g	┪	х			
h		nis is an individual account plan, was there a bisckout period? (See inst 20.101-3.)		1	Oth I	_	×	: :		
í		Oh was answered "Yes," check the box if you either provided the requine applicable to providing the notice applied under 29 CFR 2520.101-3		ne of the	Ði		х	·		
Part		Penalon Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (if 6))							Yes.	X No
12	18.1	the a defined contribution plan subject to the minimum funding requires	nents of section	on 412 of the Cade or	BACT	on 3	02 of (ERISA?	Yes	X No
	(H **	Yea," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	_
	grai	waiver of the minimum funding stenderd for a prior year is being amorti nting the waiver.		Month						
if y	ou (completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Fo	oma \$500), an	d ekip to line 13.		_				
ь	Enti	er the minimum required contribution for this plan year	· · · • • • · · · · · · · · · · · · · ·	·····		L	12b	_		
		er the amount contributed by the employer to the pien for this plan year				L	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the resu ative amount)	•			L	72d			
*	Will	the minimum funding amount reported on line 12d be met by the fundi	ng deadline?.					Ye3	No	N/A
Part	W	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to lemminate the plan been adopted during the plan year o	r any prior ye	Br?		<u>.</u>			Yes	X) No
	If "Y	es," enter the amount of any plan assets that reverted to the employer	this year			[13a			
	We	re all the plan assets distributed to participants or beneficiaries, transfer the PBGC?	red to anothe	r plan, or brought un-	der th	9 60			Yes	Ø №
c		uring this plan year, any ascets or liabilities were transferred from this p ch asects or liabilities were transferred. (See instructions.)	ian to anothe	r plan(a), identify the	plan(i) to				
1	3c(1) Name of plan(s):		_		130	(2) Ell	N(s)	130(3)	PN(s)
	_								<u> </u>	
									:	
Cauti	on:	A penalty for the late or incomplete filing of this return/report will	5000000E 0C	unives researable	08UB	į is t	establ	lehod.		
SB or	Šch	nalties of perjury and other penalties soll forth in the instructions, i decis redule MB completed and signed by an annolise actuary, as well as the true, correct, and complets.	re that I have electronic ve	examined this return/rej	vrepo port, a	rt, in Ind t	cluding o the b	g, if applicat lest of my ki	ie sche rowledge (dule and
SIGN		Merent Neem 9.2	 افر ت	Teresa Helge	r					
HER		Signature of plan administrator Date		Enter name of Indi	Vicua:	sign	ing as	pien admin	letrator	
HERI HERI	-	Signature of employer/plan aponsor Date	,	Enter name of indi	vidual	sign	aing as	employer c	r plan spo	nsor