# 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [X] 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. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SUPPLEMENTAL PENSION PLAN FOR LICENSED OFFICERS TEXACO INC AMERICAN FLAG OCEAN TANKERS

**1b** Three-digit plan number (PN) ▶ 075

**1c** Effective date of plan 07/01/1977

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

6001 BOLLINGER CANYON ROAD
ROOM H3504
SAN RAMON, CA 94583-2324

6001 BOLLINGER CANYON ROAD
ROOM H3504
SAN RAMON, CA 94583-2324

**2b** Employer Identification Number (EIN)
94-0890210

**2c** Sponsor's telephone number
925-842-6544

**2d** Business code (see instructions)
324110

**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. | 11/07/2011 | CLAUDIA POLIDORI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

CHEVRON CORPORATION

6001 BOLLINGER CANYON ROAD
ROOM H3504
SAN RAMON, CA 94583-2324

**3b** Administrator's EIN
94-0890210

**3c** Administrator's telephone number
925-842-6544

**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** | 83 |
| **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** | |
| **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 1G

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | | **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) |

Chevron

**James L. Potts**
Senior Benefit Analyst

**U.S. Benefits**
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JimPotts@Chevron.com

November 2, 2011

Internal Revenue Service Center
Ogden, UT 84201-0018

**Notice Number: CP 403**
**EIN: 94-0890210**
**Plan Number: 075**
**Plan Year Ending: Dec 31, 2009**

Dear Reader,

This is in response to your notice dated October 24, 2011 regarding the Form 5500 for this plan. The reason it appeared that the form for plan year 2009 was not filed is a result of an error on the Form 5500 for the plan year ending December 31, 2008. On that form, we inadvertently failed to check box B3 to indicate that it was a final return.

This plan was merged into another plan (EIN 94-0890210 PN 006) on December 31, 2008. Please note that the return as filed indicated zero assets and zero participants at year-end. Also, Schedule H indicated that the assets were transferred to plan 006, the notes to Schedule SB indicated that the plan was merged, and the notes to the financial statements also stated that the plan was merged into 006.

In accordance with the FAQ on the IRS web site, we are amending the Form 5500 for plan year 2008 to show it was the final return. We hope this resolves the issue for plan year 2009.

Please contact me if you have any questions.

Sincerely,

IRS Department of the Treasury
Internal Revenue Service

002454
BOD CD-TE

** IF YOU HAVE ANY QUESTIONS, **
** REFER TO THIS INFORMATION: **
NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-24-2011
TAXPAYER IDENT. NUM: 94-0890210
FORM: 5500 PLAN #: 075
PLAN YEAR ENDING: 12-31-2009

OGDEN UT 84201-0018

CHEVRON CORPORATION
% SCOTT SWASEY
6001 BOLLINGER CANYON RD H3501
SAN RAMON CA 94583-2324019

003093

## REQUEST FOR INFORMATION ABOUT YOUR FORM 5500 or FORM 5500-SF
## WRITTEN RESPONSE REQUIRED

### Why Are You Getting This Notice?

We do not have a record of receiving your Form 5500 information from the Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) for the plan number and/or plan period ending indicated below:

| Plan Number | Plan Period Ending |
|---|---|
| 075 | 12-31-2009 |

### What You Need To Do

We urge you to review the items below, complete the appropriate section of this notice and return it to us by 11-24-2011.

1. If you filed the return within the last four weeks and used the name, employer identification number (EIN) and plan number shown above, disregard this notice.
2. Complete Section I of this notice if you have already filed the return.
3. Complete Section I of this notice if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
4. Complete Section II of this notice if you are not required to file for the plan number and/or plan year ending shown above.
5. If you are required to file a Form 5500 or Form 5500-SF electronically and you need more information, go to www.efast.dol.gov.
6. If you are required to file a Form 5500 and have not filed, you may be eligible to participate in the DOL Delinquent Filer Voluntary Compliance Program (DFVCP), which allows for substantially reduced EBSA penalties for delinquent filers and eliminates the IRS penalty. Information about the DFVCP is available on DOL's website, www.dol.gov/ebsa. If you are eligible for and have satisfied the requirements for participation in the DFVCP, check the box below and enter the date that you applied for participation in the DFVCP.

002454
BOD CD-TE

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-24-2011
TAXPAYER IDENT. NUM: 94-0890210
FORM: 5500 PLAN #: 075
PLAN YEAR ENDING: 12-31-2009

CHEVRON CORPORATION
% SCOTT SWASEY
6001 BOLLINGER CANYON RD H3501
SAN RAMON CA 94583-2324019

003093

COMPLETE AND RETURN WITH YOUR REPLY

## Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Employer Identification Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement number:

Plan Number

## Section II
## Not Required to file

Please check the box that applies to you, a form was not filed because:

[ ] Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.

[ ] Plan in question is a Simplified Employee Pension (SEP).

[X] Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.

[ ] Other:_____

## Section III
## Reason for not filing on time

Explain why you did not file on time:

.