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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I							
For cale	ndar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	12/31/	2012				
A This	return/report is for: a single-employer plan a multiple-employer plan (not multiemployer	loyer plan a multiple-employer plan (not multiemployer) a one-participant plan					
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	nonths)				
C Chec	ck box if filing under: X Form 5558 automatic extension		DFVC progra	ım			
	special extension (enter description)						
Part I							
	ne of plan	1b	Three-digit				
	G-UNITED OIL COMPANY, INC. 40(K) PLAN		plan number				
			(PN) •	001			
		1c	Effective date o	•			
2a Plar	n sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2h	Employer Identi				
HELGER	S-UNITED OIL COMPANY	20		93157			
		2c	Sponsor's telep				
136 MAIN	I ROAD N, RI 02878	24	401-624				
TIVERTO	14, 14 02070	2 a	Business code (45431	see instructions)			
3a Plar	administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address	3b	Administrator's	EIN			
		3c	Administrator's	telephone number			
			,				
	e name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b	EIN				
	ne, EIN, and the plan number from the last return/report. nsor's name	4c	PN				
	al number of participants at the beginning of the plan year	-		4			
b Tot	al number of participants at the end of the plan year	. 5b		4			
C Nur	mber of participants with account balances as of the end of the plan year (defined benefit plans do not						
	nplete this item)	5c		3			
	ere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No			
	eyou claiming a waiver of the annual examination and report of an independent qualified public accountant (I der 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			X Yes No			
	ou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead us			M 163 140			
	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cenalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report.			able a Schedule			
	chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repo						
belief, it	is true, correct, and complete.			_			
SIGN	Filed with authorized/valid electronic signature. 10/09/2013 TERESA HELGER						
HERE	Signature of plan administrator Date Enter name of indiv	Enter name of individual signing as plan administrator					
SIGN		,	,				
HERE	Signature of employer/plan sponsor Date Enter name of indiv	dual ci	ning as employe	r or plan enoneor			
Prepare	r's name (including firm name, if applicable) and address; include room or suite number (optional)			number (optional)			
			,	,			

Form 5500-SF 2012 Page **2**

Do	rt III Financial Information								
	rt III Financial Information Plan Assets and Liabilities		(a) Paginning of Var				(h) End of Your		
	Total plan assets	7a	(a) Beginning of Year 91937			(b) End of Year 95134			
	Total plan liabilities	7a 7b	0			93134			
	Net plan assets (subtract line 7b from line 7a)	7c	91937			95134			
	Income, Expenses, and Transfers for this Plan Year	70							
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	11	9					
	(2) Participants	8a(2)	69	90					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1197	' 2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12781		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	958	34					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9584		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					3197		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		X	, anount		
b		? (Do not	include transactions reported	10b		X			
				10c	X		50000		
d	, ,			100			50000		
	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		455		
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g						X			
h		(See instru	uctions and 29 CFR	10g 10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii		X			
Part	1 1 1	1-5		101					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a	103 / 100		
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a 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 letter ruling granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 irement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a

1210-0089 2012

OMB Nos. 1210 0110

Employee B	enefits Security Administration enefit Guaranty Corporation		temal Revenue Code (the	e Code).	This Form i	s Open to Public pection		
Part I		► Complete all entries in a t Identification Information)	ructions to the Form 550	JU-SF.			
For calenda	ar plan year 2012 or t	fiscal plan year beginning	01/01/2012	and ending	12/31/201	2		
A This ret	turn/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer)	a one-particip	oant plan		
B This ret	turn/report is:	the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)			
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC progra	m		
• oncor,	box it ming under.	special extension (enter desc			☐ bi vo piogia	111		
Part II	Basic Plan Infe	ormation—enter all requested in			-			
1a Name	h	of manor—enter an requested in	normation		1b Three-digit	**		
		il Company, Inc. 40(k) D1::0		plan number			
nerg	ers-oniced of	ir company, inc. 40(k) Fidir		(PN) ▶	001		
					1c Effective date of 01/01/2005	100000		
2a Plan si	ponsor's name and a	ddress; include room or suite numb	per (employer, if for a sing	de-employer plan)	2b Employer Identif			
	ers-United Oi			, a simple year,	(EIN) 05-039			
		or here and			2c Sponsor's telep			
					(401) 624			
136 1	Main Road				2d Business code (see instructions)		
Tive				RI 02878	454310			
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor Name Same as P	lan Sponsor Address	3b Administrator's I	EIN		
					3c Administrator's t			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN			
a Sponso	A STATE OF THE PARTY OF THE PAR	umber nom me last retummeport.			4c PN			
5a Total r	number of participants	s at the beginning of the plan year.			- 5a	4		
b Total r	number of participants	s at the end of the plan year				4		
C Numbe	er of participants with	account balances as of the end of	the plan year (defined be	enefit plans do not				
					. 5c	3		
		ts during the plan year invested in				X Yes No		
b Are yo	ou claiming a waiver o	of the annual examination and repo	rt of an independent qual	ified public accountant (IC	QPA)			
		6? (See instructions on waiver eligit either line 6a or line 6b, the plan				Yes		
	market contract of the second	or incomplete filing of this retur						
		ther penalties set forth in the instru				bla a Cabadala		
SB or Sche	dule MB completed a rue, correct, and com	and signed by an enrolled actuary,	as well as the electronic v	version of this return/repor	t, and to the best of my	knowledge and		
EICN	×1.5	tale o	10.2.10	Teresa Helger				
SIGN HERE			10:3.13					
	Signature of plan a	ignature of plan administrator Date Enter name of individ				ninistrator		
SIGN HERE								
	Signature of employer/plan sponsor Date Enter name of individual name (including firm name, if applicable) and address; include room or suite number (optional)			idual signing as employer or plan sponsor				
reparers I	ит вповот вт	namo, n appreable) and address; I	nadae toom or suite num	ber (optional)	Preparer's telephone	number (optional)		

7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
а	Total plan assets	7a	91	, 93	7				95,134
b	Total plan liabilities	7b			0				C
	Net plan assets (subtract line 7b from line 7a)	7c	91	, 93	7				95,134
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a	Contributions received or receivable from:	Total T			_				
	(1) Employers	8a(1)		11	_				
	(2) Participants	8a(2)		69	0				
	(3) Others (including rollovers)	8a(3)	1.1	0.7	_				
_	Other income (loss)	86	11	., 97	2				10 701
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		_				12,781
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9	, 58	4				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			J.				
g	Othor oxponsos	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9,584
i	Net income (loss) (subtract line 8h from line 8c)	8i							3,197
j	Transfers to (from) the plan (see instructions)	8j							
b	If the plan provides welfare benefits, enter the applicable welfare fe	salare codes	TOTT THE LIST OF FRANCE		.0 000		o mion don	J.113.	
Part	V Compliance Questions			_					
-					Yes	No		Amount	
_	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within th	e time period described in on Program)	10a	Yes	No X		Amount	
10 a	During the plan year:	ciary Correct ? (Do not incl	on Program)ude transactions reported	10a	Yes			Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct ? (Do not incl	on Program)ude transactions reported		Yes	Х		Amount	
b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Do not incl	on Program)ude transactions reported	10b		Х		Amount	50,000
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	that was caused by fraud or an insurance carrier, under the plan? (See	10b 10c		X		Amount	50,000
a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidt Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan is	ciary Correct (Do not incl didelity bond, ner persons bof the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d	Х	X		Amount	50,000
a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, ner persons bof the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	Х	X X X		Amount	50,000
a b c d f g	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and policy voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period?	fidelity bond, ner persons bof the benefits n?	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	Х	X X X X X X		Amount	50,00
a b c d f g	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond, ner persons b of the benefits n? sof year end (See instruction	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	Х	X X X X X X		Amount	50,00
b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	fidelity bond, ner persons b of the benefits n? sof year end (See instruction	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	Х	X X X X X X		Amount	50,00
b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidt Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	fidelity bond, fidelity bond, firer persons boof the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X	(Form		50,000 45
b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond, fidelity bond, firer persons boof the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X	(Form		50,00
a b c d e e f g h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If ton was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirents 5500) and line 11a below) Enter the amount from Schedule SB line 39.	fidelity bond, fidelity bond, firer persons boof the benefits fis of year end fice instruction finer required not fine r	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X X Aule SB	(Form		50,000 45:
b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?. Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the amount from Schedule SB line 39.	fidelity bond, fidelity bond, firer persons b of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X X Aule SB	(Form	☐ Ye	50,000 45:
10 a b c d d e e f g h i 111a 112	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If ton was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirents 5500) and line 11a below) Enter the amount from Schedule SB line 39.	fidelity bond, fidelity bond, fidelity bond, fidelity bond, firer persons b finer persons b fi	that was caused by fraud y an insurance carrier, under the plan? (See ons and 29 CFR otice or one of the of section 412 of the Code a.) In this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X A A A A A A A A A A A A	(Form	Ye	50,000 455 es ⊠ No

	Form 5500-5F 2012 Page 3 -	TOTAL AND ADDRESS OF THE PARTY			
	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	I IZU I			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes	No N/A		
Part	t VII Plan Terminations and Transfers of Assets	-			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, o of the PBGC?		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	, identify the plan(s) to			
1	13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)		
Part	t VIII Trust Information (optional)				
14a	Name of trust	14b Trust's El	14b Trust's EIN		