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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		rt Identification Informatio								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	/2014	and ending 12/3	31/2014					
A This re	eturn/report is for:	a single-employer plan			ver) (Filers checking this box must attach a list coordance with the form instructions)					
		a one-participant plan	a foreign plan							
B This ref	turn/report is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pr	C program				
		special extension (enter des	scription)							
Part II	Basic Plan In	formation—enter all requested i	information							
1a Name					1b Three-digit					
		ANY, INC. 40(K) PLAN			plan numbe	er				
				-	(PN))	001				
					1c Effective da	ate of plan 01/01/2005				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HELGERS-UNITED OIL COMPANY			2b Employer Identification Number (EIN) 05-0393157							
					2c Sponsor's t	telephone number				
136 MAIN R TIVERTON,				-						
					2d Business code (see instructions) 454310					
3a Plan a	3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN					
				-	20 Administrat	or's telephone number				
					Administrati	or a telephone number				
4 If the	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed	I for this plan, enter the	4b EIN					
name	e, EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed	I for this plan, enter the	_					
name a Spons	e, EIN, and the plan r sor's name	number from the last return/report.	· 	·	4c PN					
name a Spons	e, EIN, and the plan r sor's name		· 	·	4c PN 5a	4				
a Spons 5a Total	e, EIN, and the plan r sor's name I number of participan	number from the last return/report.	r		4c PN					
a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name I number of participan I number of participan ber of participants wit	number from the last return/report.	r of the plan year (defined be	nefit plans do not	4c PN 5a	4				
a Spons 5a Total b Total c Numl	e, EIN, and the plan r sor's name I number of participan I number of participan ber of participants wit olete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of	r of the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	4				
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name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is	e, EIN, and the plan r sor's name I number of participant of participants with plete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It account balances as of the end of the plan year It account balances as of the end of the plan year It terminates at the end of the plan year terminated employment during the content of the plan year terminated employment during the content penalties set forth in the instrand signed by an enrolled accuary	plan year (defined be plan year	enefit plans do not enefits that were d unless reasonable cause examined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if a	4. pplicable, a Schedule				
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name a Spons 5a Total b Total c Numl comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan r sor's name I number of participant I number of participant ber of participants with older this item)	the sat the beginning of the plan year at the end of the plan year	plan year (defined be plan year with accrued be plan year with accrued be plan year will be assessed fuctions, I declare that I have, as well as the electronic vertical plane.	enefit plans do not enefits that were enefits that were enefits that were ere examined this return/rep eresion of this return/report, TERESA HELGER Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if all and to the best of and to the best of all signing as plantal signing as emplantal sig	I. pplicable, a Schedule of my knowledge and administrator				

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considera	an indeper and condit	ndent qualified public accounta ions.)	nt (IC	PA)				<u>.</u>	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	_ N	lot de	termir	ned
Par	t III Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	1148						12	1254	
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	1148	382					12	1254	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	6	528							
	(2) Participants	8a(2)	23	315							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	34	129							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								6372	
	Benefits paid (including direct rollovers and insurance premiums	ا ا									
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i								6372	
	Transfers to (from) the plan (see instructions)	8j									
Par 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	acteri	stic Co	des in	the inst	ructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instr	uction	ns:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the ben	efits under the plan? (See	10e	X						470
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	٠	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			letter ear _	rulin	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN HERE

SIGN HERE

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information	1						
For calend	ar plan year 2014 or t	fiscal plan year beginning	01/01/2014	and ending	12/31/201	4			
	turn/report is for: urn/report is		a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions) a foreign plan the final return/report a short plan year return/report (less than 12 months)						
	pox if filing under:	Form 5558			DFVC progra	ım			
Part II	Basic Plan Inf	ormation —enter all requested ir	nformation		T :-				
1a Name	•	Company, Inc. 40(k)	Plan		1b Three-digit plan number (PN) ▶	001			
,					1c Effective date o 01/01/2005	f plan			
2a Plan s	ponsor's name and a	ddress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b Employer Identi				
	s-United Oil			, , , ,	(EIN) 05-039				
					2c Sponsor's telep (401) 624-	hone number 9289			
136 Ma	in Road				2d Business code (see instructions)			
Tivert	on		RI	02878	454310				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone num									
4 If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name	e, EIN, and the plan none nsor's name	umber from the last return/report.	the last retain/report med	ior una piari, eriter tre	4c PN				
		ts at the beginning of the plan year			5a	4			
	, ,	ts at the end of the plan year				4			
		n account balances as of the end o			5c	4			
d(1) To	tal number of active p	articipants at the beginning of the p	olan year		5d(1)	4			
d(2) To	tal number of active p	participants at the end of the plan ye	ear		5d(2)	4			
		terminated employment during the			5e	0			
Caution:	A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed	d uniess reasonable ca	ause is established.				
Under per SB or Sch	alties of periury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions. I declare that I have	e examined this return/r	eport, including, if applic	able, a Schedule knowledge and			

Date

Date

Teresa Helger

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrato

Signature of employer/plan sponsor

I	Pa	a	e	2

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann						
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA section 40	021)?		Yes	No Not determined
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	114	1,88	2		121,254
<u>b</u>	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	114	1,88	2		121,254
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		62			
	(2) Participants.	8a(2)		2,31			
	(3) Others (including rollovers)	8a(3)		2,31			
	Other income (loss)	8b		3,42	0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7,42	9		6,372
	Benefits paid (including direct rollovers and insurance premiums	00			+		0,312
	to provide benefits)	8d			\bot		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses.	8g			\bot		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\perp		C
i_	Net income (loss) (subtract line 8h from line 8c)	8i					6,372
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Corr	rection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ	
С				10c	Х		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	1						
	insurance service, or other organization that provides some or all instructions.)			10e	Х		470
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)					ule SB	(Form Yes X No
11a	Enter the unpaid minimum required contribution for current year fi	rom Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and	enter th Day	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and	skip	to line	13.						
b	Enter the minimum required contribution for this plan year					T	12b				
С	Enter the amount contributed by the employer to the plan for this plan year .					Τ	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	g 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?					[es 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, transferrof the PBGC?					e c	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another p	lan(s	s), ident	ify the plan(s	s) to)				
1	I3c(1) Name of plan(s):					13	c(2) E	IN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)										
	Name of trust					1	4b ⊤	rust's Ell	1		

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