

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
▶ Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for: a multiemployer plan; a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or a single-employer plan; 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; automatic extension; the DFVC program; special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>UNO-VEN RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PDV MIDWEST REFINING L.L.C.</u> <u>CITGO PETROLEUM CORPORATION</u> <u>PO BOX 4689</u> <u>HOUSTON, TX 77210-4689</u>	1c Effective date of plan <u>12/01/1989</u> 2b Employer Identification Number (EIN) <u>36-4138789</u> 2c Plan Sponsor's telephone number <u>832-486-4000</u> 2d Business code (see instructions) <u>324110</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>10/14/2016</u>	<u>MARISOL GOMEZ</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2016</u>	<u>JOHN BUTTS</u>
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT PLANS COMMITTEE C/O CITGO PETROLEUM CORPORATION PO BOX 4689 HOUSTON, TX 77210-4689	3b Administrator's EIN 73-1195676
	3c Administrator's telephone number 832-486-4000

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
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5 Total number of participants at the beginning of the plan year	5	615
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....	6a(1)	175
a(2) Total number of active participants at the end of the plan year	6a(2)	154
b Retired or separated participants receiving benefits.....	6b	146
c Other retired or separated participants entitled to future benefits.....	6c	263
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	563
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	25
f Total. Add lines 6d and 6e	6f	588
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 Characteristics Codes in the instructions:
 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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 <u>UNO-VEN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PDV MIDWEST REFINING L.L.C.</u>	D Employer Identification Number (EIN) <u>36-4138789</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>		
2	Assets:		
	a Market value	2a	<u>50081128</u>
	b Actuarial value	2b	<u>49019687</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>176</u>	<u>14609572</u>
	b For terminated vested participants	<u>299</u>	<u>12853505</u>
	c For active participants	<u>175</u>	<u>15794833</u>
	d Total	<u>650</u>	<u>43257910</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>6.27%</u>
6	Target normal cost	6	<u>261527</u>

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			
	Signature of actuary	<u>09/22/2016</u>	Date
	<u>KRISTY THORNTON</u>	<u>14-05881</u>	Most recent enrollment number
	Type or print name of actuary	<u>850-894-4953</u>	Telephone number (including area code)
	<u>MERCER</u>		
	Firm name		
	<u>1717 MAIN STREET, SUITE 4400</u> <u>DALLAS, TX 75201</u>		
	Address of the firm		

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-SF.

Schedule SB (Form 5500) 2015 v. 150123

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.17%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4445024
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.47%</u>		287593
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		4732617
d	Portion of (c) to be added to prefunding balance		4732617
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	4732617

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.74 %
15	Adjusted funding target attainment percentage	15	112.61 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.33 %
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
01/14/2016	471995	0			
04/14/2016	471995	0			
07/14/2016	471995	0			
09/15/2016	1027713	0			
			Totals ▶	18(b)	18(c)
				2443698	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 contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2236211
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions 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 and excess assets (see instructions):			
a Target normal cost (line 6)	31a	261527	
b Excess assets, if applicable, but not greater than line 31a	31b	261527	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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 (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2236211	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2236211	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<p style="text-align: center;">SCHEDULE C (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Service Provider Information</p> <p style="font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2015</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<p>A Name of plan <u>UNO-VEN RETIREMENT PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>PDV MIDWEST REFINING L.L.C.</u></p>	<p>D Employer Identification Number (EIN) <u>36-4138789</u></p>	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
RUSSELL TRUST COMPANY

91-1116938

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RUSSELL TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 61	NONE	134866	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	23549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER

20-1932099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	14913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BOKF, NA DBA BANK OF TEXAS

73-0780382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	12904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
UNO-VEN RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PDV MIDWEST REFINING L.L.C.

D Employer Identification Number (EIN)
36-4138789

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY II FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN 91-1117282-006 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1314002

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN 91-1117282-005 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8883791

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SERIES I

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN 91-1117282-033 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11854222

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL MULTI-MANAGER BOND FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN 91-1117282-038 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22640590

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan UNO-VEN RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PDV MIDWEST REFINING L.L.C.	D Employer Identification Number (EIN) 36-4138789	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	549194	471995
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	5	2
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1148133	287167
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	44245073	44692605
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45942405	45451769
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	41709	39351
i Acquisition indebtedness	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41709	39351
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	45900696	45412418

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4824806	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		4824806
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....			
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....			
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	381616
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	
c Other income.....	2c	2862
d Total income. Add all income amounts in column (b) and enter total.....	2d	5209284

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5299611
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	5299611
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses: (1) Professional fees	2i(1)	85666
(2) Contract administrator fees.....	2i(2)	
(3) Investment advisory and management fees	2i(3)	134866
(4) Other	2i(4)	177419
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	397951
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	5697562

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-488278
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unqualified **(2)** Qualified **(3)** Disclaimer **(4)** Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

Yes No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG LLP

(2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. **(2)** It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	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 the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			30000000
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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

6c Name of trustee or custodian	6d Trustee's or custodian's telephone number
--	---

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>UNO-VEN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PDV MIDWEST REFINING L.L.C.</u>	D Employer Identification Number (EIN) <u>36-4138789</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 73-6210970

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	25
---	----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year.....	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?..... Yes No

20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... Design-based safe harbor method ADP/ACP test

20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? Yes No

21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio percentage test Average benefit test

21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

22a Has the plan been timely amended for all required tax law changes?..... Yes No N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Yes No



UNO-VEN RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

UNO-VEN RETIREMENT PLAN

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Note: All other supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they are required.	



KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

The Benefit Plans Committee
CITGO Petroleum Corporation:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the UNO-VEN Retirement Plan (the Plan) which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 9, which was certified by Bank of Texas, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matter

The supplemental schedules (1) schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2015 and (2) schedule H, part IV, line 4j – schedule of reportable transactions for the year ended December 31, 2015 are required by the DOL’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Houston, Texas
October 12, 2016

UNO-VEN RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Money market fund	\$ 287,167	1,148,133
Common/collective trusts	44,692,605	44,245,073
Total investments	44,979,772	45,393,206
Employer contributions receivable	471,995	549,194
Interest receivable	2	5
Total assets	45,451,769	45,942,405
Liabilities:		
Accrued liabilities	39,351	41,709
Net assets available for benefits	\$ <u>45,412,418</u>	<u>45,900,696</u>

See accompanying notes to financial statements.

UNO-VEN RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions to (deductions from) net assets:		
Investment income:		
Net appreciation of common/collective trusts	\$ 381,574	2,830,567
Interest and dividends	42	38
Other income	2,862	3,051
Total investment income	384,478	2,833,656
Employer contributions	4,824,806	1,391,762
Benefits paid directly to participants	(5,299,611)	(6,830,593)
Administrative expenses	(397,951)	(309,015)
Net decrease	(488,278)	(2,914,190)
Net assets available for benefits:		
Beginning of year	45,900,696	48,814,886
End of year	\$ 45,412,418	45,900,696

See accompanying notes to financial statements.

UNO-VEN RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 18,188,817	16,911,165
Other participants	<u>34,938,688</u>	<u>40,174,403</u>
Total vested benefits	53,127,505	57,085,568
Nonvested benefits	<u>314,388</u>	<u>351,436</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 53,441,893</u>	<u>57,437,004</u>

See accompanying notes to financial statements.

UNO-VEN RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 57,437,004	54,392,563
Increase (decrease) during the year attributable to:		
Actuarial assumption changes (note 3)	446,590	6,644,772
Interest due to the decrease in the discount period	2,372,286	2,706,893
Benefits paid	(5,299,611)	(6,830,593)
Actuarial experience	<u>(1,514,376)</u>	<u>523,369</u>
Net (decrease) increase	<u>(3,995,111)</u>	<u>3,044,441</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 53,441,893</u>	<u>57,437,004</u>

See accompanying notes to financial statements.

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(1) Plan Description

The UNO-VEN Retirement Plan (the Plan) is a noncontributory, defined benefit pension plan established by the UNO-VEN Company (UNO-VEN) effective December 1, 1989. The Plan covered substantially all employees of UNO-VEN. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The partners of UNO-VEN entered into the Partnership Interest Retirement Agreement (the Agreement) which provided that the operations of UNO-VEN ceased as of May 1, 1997 (the Closing Date). The accrued benefits under the Plan were frozen as of the Closing Date and there will be no new participants. The Agreement further provides that the ongoing operations and administration of the Plan be assumed by PDV Midwest Refining, L.L.C. (PDVMR)/(the Company), an affiliate of CITGO Petroleum Corporation (CITGO). Effective on the Closing Date, CITGO was appointed the Plan Administrator. Effective March 1, 1998, the Benefit Plans Committee of CITGO was appointed Plan Administrator.

The Plan was amended to state that no break or interruption of employment and participation of an employee shall be deemed to have occurred if an employee of UNO-VEN immediately before the Closing Date is employed by PDVMR or an affiliate (including CITGO) immediately after the Closing Date. The Plan was also amended as of the Closing Date to give employees who were entitled to separation benefits under the Special Separation Benefits and Pay Program certain enhanced benefits. These included full vesting, entitlement to the lump-sum payment option, and, for employees who met certain criteria, early retirement benefits.

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan's Summary Plan Description (SPD) or the Plan document for a more complete description of the Plan's provisions. The terms used herein are as defined in the Plan document.

(a) *General*

The Plan provides for retirement and death benefits. The Company contributes such amounts as necessary to provide assets sufficient to meet the benefits to be paid to Plan participants and to comply with the minimum funding requirements of ERISA. In accordance with ERISA funding requirements and historical Company funding policy, contributions to be made by the Company after the Plan year-end, which were considered due as of the reporting date, have been accrued in the accompanying financial statements.

(b) *Vesting*

Participants became fully vested upon completion of five years of service. Service with CITGO on or after the Closing Date is included in the determination of vesting. The employees who left under the Special Separation Benefits and Pay Program and had one year of vesting service were fully vested.

(c) *Pension Benefits*

Vested participants are entitled to annual pension benefits payable in monthly installments beginning at normal retirement age (age 65) equal to (a) 1.6% times the participant's Final Average Pay multiplied by the participant's years of Benefit Credit Service, minus (b) the participant's Social Security offset (1.5% of the participant's monthly Social Security benefit payable at age 65 times the

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

participant's years of Benefit Credit Service up to 33-1/3 years). The Plan permits early retirement beginning at age 55 provided the participant has completed at least 10 years of vesting service. These payments are reduced for early commencement of benefits as calculated using the actuarial tables in the Plan document. The participant may elect to receive the value of his or her accumulated plan benefits as a lump-sum distribution upon retirement or termination under certain circumstances. A lump-sum distribution upon retirement or termination will be made in instances where the present value of the accumulated plan benefits is \$1,000 or less.

Certain survivor's benefits are also provided under the Plan for the eligible surviving spouse of a participant who is vested and (a) dies while in employment and prior to retirement or (b) terminates from employment but dies prior to retirement.

Prior to the Closing Date, active employees who became permanently and totally disabled continued to accrue Benefit Credit Service. Disabled participants can begin receiving benefits at normal retirement age (age 65) with the option to have payments begin as early as age 55, provided the participant has completed at least 10 years of vesting service.

(d) *Amendment and Termination*

No amendment of the Plan may diminish the accrued benefit of any participant. Although it has not expressed any intention to do so, the Company's board of directors has the right under the Plan to amend or terminate the Plan subject to the provisions set forth in ERISA and the Plan document.

The Pension Benefit Guaranty Corporation (PBGC) guarantees, subject to certain limitations prescribed by ERISA, the payment of all nonforfeitable basic benefits. Should the Plan terminate at some future time, the assets are to be allocated in an order of precedence set forth in the Plan document. Whether a particular participant's accumulated plan benefits will be paid depends upon (1) the priority of those benefits, (2) the extent of net assets available for distribution, and (3) the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

(e) *Plan Administration*

The Benefit Plans Committee of CITGO serves as the plan administrator. Bank of Texas, N.A. is the trustee of the Plan. Russell Trust Company is the investment manager for the Plan. The Company pays certain administrative expenses of the Plan including salaries and office expenses; all other expenses are paid by the Plan.

(2) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(b) Valuation of Investments and Income Recognition

The underlying investments consisted of a money market fund and common/collective trusts at December 31, 2015 and 2014. The money market fund and common/collective trusts are valued at the net asset values (NAVs) of the shares held by the Plan at year-end.

Security transactions are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as earned. Net appreciation in fair value of investments includes gains and losses on investments bought and sold as well as held during the year.

(c) Administrative Expenses

Expenses including but not limited to fees for benefit services, PBGC premiums, auditing services, legal services, actuarial services, and fees charged by the trustee, investment manager, and others for products or services related to management of the investments are charged directly to the Plan.

(d) Management Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(e) Impact of New Accounting Standards and Interpretations

In July 2015, the FASB issued Accounting Standards Update No. 2015-12 (ASU 2015-12), *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I of ASU 2015-12 eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures as contract value is the only required measure for fully benefit-responsive investment contracts. Part II of ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of ASU 2015-12 allows a plan with a fiscal year end that doesn't coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. Part III is to be applied prospectively. Plans can early adopt any of ASU 2015-12's three parts without early adopting the other parts. Management has elected to early adopt Part II of ASU 2015-12. Parts I and III are not applicable to the Plan.

In June 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2015-10 (ASU 2015-10), *Technical Corrections and Improvements*, which contains amendments

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

that will affect a wide variety of topics in the accounting standards codification. One such amendment states that an equity security that is an investment in a mutual fund, or in a structure similar to a mutual fund, has a readily determinable fair value if the fair value per share is determined and published and is the basis for current transactions. In 2015, the Plan adopted this provision of ASU 2015-10 and applied the provision retrospectively. As a result, the Plan's investment in common/collective trusts have been reclassified from Level 2 to Level 1 in the fair value hierarchy.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service that employees have rendered to the Closing Date, or such earlier date as applicable based upon termination of employment. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. The accumulated plan benefits for participants are based on their highest consecutive 36-month average compensation during their last 10 years of service. Compensation amounts and Benefit Credit Service were frozen as of the Closing Date. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits has been determined by an independent actuarial firm, Mercer Human Resource Consulting, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2015 and 2014 valuation dates are as follow:

	<u>2015</u>	<u>2014</u>
Actuarial cost method	Projected Unit Credit	Projected Unit Credit
Interest rate	4.76%	4.33%
Mortality:		
Healthy participants	RP-2014 annuitant/ nonannuitant healthy mortality tables with white collar adjustments for males and females, with projected future mortality improvements using the Mercer-developed projection scale, which was developed based on observed mortality improvements for 2008-2010 and projections published by the Social Security Administration (MSS-2007)	RP-2014 annuitant/ nonannuitant healthy mortality tables with white collar adjustments for males and females, with projected future mortality improvements using the Mercer-developed projection scale, which was developed based on observed mortality improvements for 2008-2010 and projections published by the Social Security Administration (MSS-2007)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial assumption changes for the year ended December 31, 2015, relate to a change in the interest rate from 4.33% to 4.76%. The actuarial assumption changes for the year ended December 31, 2014, relate to a change in the interest rate from 5.31% to 4.33% and updates to the mortality tables and mortality improvement scale.

(4) **Reconciliation of Financial Statements to Form 5500 Schedule SB**

On August 8, 2014, the Highway and Transportation Funding Act of 2014 (HATFA-2014) was approved. HATFA-2014 extended the Moving Ahead for Progress in the 21st Century Act of 2014 interest rate corridor, which stabilized interest rates used in the estimation of minimum funding requirements. The Plan has elected to apply the provisions of HATFA-2014 on a prospective basis beginning in 2014. In September 2016, the Company designated \$471,995, \$471,995 and \$1,027,713 of contributions paid to the Plan in April, July and September of 2016, respectively, to the 2015 plan year. These contributions will be recorded to the financial statements for the year ended December 31, 2016, but are reflected on the 2015 Form 5500 Schedule SB for the year ended December 31, 2015. In September 2015, the Benefit Plans Committee designated \$549,194, \$549,194 and \$3,254,423 of contributions paid to the Plan in April, July and September of 2015, respectively, to the 2014 plan year. These contributions will be recorded to the financial statements for the year ended December 31, 2015, but are reflected on the 2014 Form 5500 Schedule SB for the year ended December 31, 2014.

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

The following is a reconciliation of employer contributions per the Financial Statements to the Annual Return/Report of Employee Benefit Plan (Form 5500) Schedule SB for the year ended December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Contributions from the Financial Statements	\$ 4,824,806	1,391,762
Plan year 2016 contributions recharacterized to 2015 Plan year	1,971,703	—
Plan year 2015 contributions recharacterized to 2014 Plan year	(4,352,811)	4,352,811
Plan year 2014 contributions recharacterized to 2013 Plan year	—	(842,568)
Contributions from the Form 5500 Schedule SB	<u>\$ 2,443,698</u>	<u>4,902,005</u>

(5) Tax Status

The Company obtained its latest determination letter dated April 15, 2013, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed and amended, qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended, (the Code) and that the related trust was exempt from federal income taxes under Code Section 501(a). The Benefit Plans Committee of CITGO believes the Plan is being operated and administered in accordance with Code Section 401(a) requirements and that the related trust is exempt from federal income taxes under Code Section 501(a).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

(6) Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(7) Fair Value Measurements

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value.

- Level 1 – inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2 – inputs to the valuation methodology are observable for the asset or liability (other than quoted prices included within Level 1), either directly or indirectly. Observable inputs are those that reflect the assumptions market participants would use in pricing the asset developed on market data obtained from sources independent of the Plan.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, developed based on the best information available in the circumstances.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the Plan valuation methodologies for assets measured at fair value. During the year, plan management re-evaluated the plan's investments as to whether they have a readily determinable fair value. Based on that re-evaluation, certain accounting policy and NAV disclosures have been revised. There have been no changes in methodologies used or transfers between levels as of December 31, 2015 and 2014, other than described above.

(a) Money Market Fund

The money market fund is valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded and is classified within Level 1 of the valuation hierarchy.

(b) Common/Collective Trust Funds

These investments are valued at the daily NAV as reported by the issuer and are classified within Level 1 of the valuation hierarchy. The investments primarily consist of mutual funds that are valued on the basis of readily determinable market prices.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

Assets measured at fair value on a recurring basis as of December 31, 2015:

	Fair value measurements using			Total
	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Money market fund	\$ 287,167	—	—	287,167
Common/collective trust funds	44,692,605	—	—	44,692,605
Total assets at fair value	\$ 44,979,772	—	—	44,979,772

Assets measured at fair value on a recurring basis as of December 31, 2014:

	Fair value measurements using			Total
	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Money market fund	\$ 1,148,133	—	—	1,148,133
Common/collective trust funds	44,245,073	—	—	44,245,073
Total assets at fair value	\$ 45,393,206	—	—	45,393,206

(8) Party-In-Interest Transactions

Certain Plan investments are shares of common/collective trusts issued by Russell Trust Company. Russell Trust Company is the investment manager for the Plan. Additionally, the Plan investments include shares of a money market fund issued by Cavanal Hill Investment Management, a wholly owned subsidiary of the Trustee. These transactions qualify as party-in-interest transactions. These transactions are covered by an exemption from the prohibited transaction provisions of ERISA and the Code.

(9) Information Certified by the Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from the trustee of the Plan that all of the information provided by them is complete and accurate.

UNO-VEN RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

Information included in the accompanying financial statements and notes to financial statements as to investments, interest receivable, investment income including net appreciation of common/collective trusts, interest and dividends, other income, and all information in the supplemental schedules are presented in reliance solely upon those certifications.

(10) Subsequent Events

Effective April 1, 2016, the Cavanal Hill Cash Management Fund changed its name to the Cavanal Hill Government Securities Money Market Fund.

The Plan has evaluated subsequent events through October 12, 2016 the date the financial statements were available to be issued.

UNO-VEN RETIREMENT PLAN

EIN 36-4138789 Plan No. 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2015

(a) Party-in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Russell Trust Company	Russell Equity II Fund	\$ 933,999	1,314,002
*	Russell Trust Company	Russell International Fund	7,910,808	8,883,791
*	Russell Trust Company	Russell Multi-Manager Bond Fund	17,922,174	22,640,590
*	Russell Trust Company	Russell 1000 Index Fund Series I	7,868,470	11,854,222
*	Cavanal Hill Investment Management	Cavanal Hill Cash Management Fund	287,167	287,167
			<u>\$ 34,922,618</u>	<u>44,979,772</u>

* Denotes party-in-interest

This information has been summarized from information provided by Bank of Texas, N.A., the trustee of the Plan, which the trustee has certified as being complete and accurate.

See accompanying independent auditors' report.

UNO-VEN RETIREMENT PLAN

EIN 36-4138789 Plan No. 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015

Category (i): Single transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Russell Trust Company	Russell 1000 Index Fund Series I	\$ —	2,727,257	—	—	1,772,305	2,727,257	954,952

Category (iii): Series of transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Russell Trust Company	Russell Multi-Manager Bond Fund							
	Purchases	\$ 4,910,163	—	—	—	4,910,163	4,910,163	—
	Sales	—	2,929,508	—	—	2,229,227	2,929,508	700,281
Russell Trust Company	Russell International Fund							
	Purchases	2,368,480	—	—	—	2,368,480	2,368,480	—
	Sales	—	1,662,126	—	—	1,387,772	1,662,126	274,354
Cavanal Hill Investment Management, Inc.	Cavanal Hill Cash Management Fund:							
	Purchases	11,377,908	—	—	—	11,377,908	11,377,908	—
	Sales	—	12,238,874	—	—	12,238,874	12,238,874	—

This information has been summarized from information provided by Bank of Texas, N.A., the trustee of the Plan, which has been certified as being complete and accurate.

Categories (ii) and (iv) are not applicable for the year ended December 31, 2015.

See accompanying independent auditors' report.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service as of April 30, 1997										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44		3	1								4
45–49		3	8	1							12
50–54		1	14	13	3						31
55–59	1	3	13	17	29	2					65
60–64		1	10	11	11	10	4				47
65–69			1	4	2	4	3				14
70 & up			1		1						2
Total	1	11	48	46	46	16	7				175

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions****Discount rate sponsor elections**

- | | |
|-------------------------------------|---------|
| • Segment rates or full yield curve | Segment |
| • Look-back months | 4 |

	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years	4.72%	1.15%
• Next 15 years	6.11%	4.06%
• Over 20 years	6.81%	5.15%

Mortality sponsor elections

- | | |
|--------------------|--|
| • All participants | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA. |
|--------------------|--|

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Other economic assumptions

- | | |
|------------------------------|--|
| • Salary increases | Not applicable |
| • Social Security wage base | Not applicable |
| • Inflation | 2.50% per year |
| • Expected investment return | 5.90% per year for 2013, 6.20% per year for 2014 and 2015 |
| • Expenses | Expected administrative expenses (assumed to equal prior year actual administrative expenses adjusted for current year PBGC premium) are included in normal cost |

Rationale for Economic Assumptions

- Inflation – The inflation assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook dated July 2014.
- Expected investment return – The expected rate of return on plan assets is based on a blend of: 1) the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook (CMO), 2) historical averages adjusted to the long-term inflation and interest rate environment of the CMO, and 3) plan sponsor information regarding their expectations. The plan's current target asset mix (50% equity and 50% fixed income) along with a net adjustment of 20 bps for expenses to be paid from plan assets was used in the analysis.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Expenses – Assumed plan-paid expenses for the upcoming year are based on prior year experience, adjusted (if material for this purpose) for expected changes in the upcoming year.
- Discount rate – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.

Demographic assumptions

- Withdrawal 15% of Small Plan Society of Actuaries 2003 Termination Table based on Age. See table of sample rates.
 - Disability incidence 1985 class 2 pension disability tables applicable prior to early retirement eligibility. See table of sample rates.
-

- Retirement age

Attained age	Percentage
55	2.00%
56	3.00%
57	5.00%
58	7.00%
59	8.00%
60	8.00%
61	12.00%
62	15.00%
63	15.00%
64	20.00%
65	20.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70 and above	100.00%

Benefit commencement age for

- Future vested deferred 62
- Current vested deferred 62

Spouse assumptions

	<u>Male participants</u>	<u>Female participants</u>
• Percentage married	80%	55%
• Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	100%	0%	0%	0%
• Future vested deferred	0%	50%	25%	25%
• Future disabilities before early retirement eligibility	100%	0%	0%	0%
• Future deaths before early retirement eligibility	0%	0%	100%	0%
• Future deaths on or after early retirement eligibility	100%	0%	0%	0%
• Current vested deferred – non RIF group	0%	50%	25%	25%
• Current vested deferred – RIF group	100%	0%	0%	0%
Unpredictable contingent event assumptions	None assumed since likelihood was deemed to be de minimis by the plan sponsor.			

Rationale for Demographic Assumptions

- Withdrawal rates– The withdrawal rates are based on an experience study undertaken in 2014 using data from 2009 through 2013.
- Retirement rates – The retirement rates are based on an experience study undertaken in 2014 using data from 2009 through 2013.
- Benefit commencement age – The benefit commencement age is based on an experience study undertaken in 2014 using data from 2009 through 2013 for Salaried and Hourly employees.
- Mortality – Prescribed assumption and based on plan sponsor’s PPA election.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates***

Attained Age	Percentage		
	Withdrawal	Disability Incidence ¹	
		All	Male
20	3.65%	0.064%	0.055%
25	2.93	0.093	0.096
30	2.33	0.134	0.165
35	1.82	0.199	0.252
40	1.41	0.314	0.357
45	1.10	0.505	0.522
50	0.84	0.830	0.854
55	0.63	1.502	1.490
60	0.45	2.266	1.793
65	0.00	3.028	2.095

¹ Ceases upon attainment of early retirement eligibility

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial Methods

Asset Methods

The asset valuation method is an annual average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for non vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Because the plan is frozen (and no participants are accruing additional benefits due to anticipated future pay increases), the funding method used for minimum funding calculations yields the same liability result as the funding method for maximum funding calculations.

UNO-VEN RETIREMENT PLAN

EIN 36-4138789 Plan No. 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015

Category (i): Single transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Russell Trust Company	Russell 1000 Index Fund Series I	\$ —	2,727,257	—	—	1,772,305	2,727,257	954,952

Category (iii): Series of transactions involving a net amount in excess of 5% of the current value of plan net assets at the beginning of the year:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Russell Trust Company	Russell Multi-Manager Bond Fund							
	Purchases	\$ 4,910,163	—	—	—	4,910,163	4,910,163	—
	Sales	—	2,929,508	—	—	2,229,227	2,929,508	700,281
Russell Trust Company	Russell International Fund							
	Purchases	2,368,480	—	—	—	2,368,480	2,368,480	—
	Sales	—	1,662,126	—	—	1,387,772	1,662,126	274,354
Cavanal Hill Investment Management, Inc.	Cavanal Hill Cash Management Fund:							
	Purchases	11,377,908	—	—	—	11,377,908	11,377,908	—
	Sales	—	12,238,874	—	—	12,238,874	12,238,874	—

This information has been summarized from information provided by Bank of Texas, N.A., the trustee of the Plan, which has been certified as being complete and accurate.

Categories (ii) and (iv) are not applicable for the year ended December 31, 2015.

See accompanying independent auditors' report.

**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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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
UNO-VEN RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PDV MIDWEST REFINING L.L.C.

D Employer Identification Number (EIN)
36-4138789

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 01 Day 01 Year 2015

2 Assets:

a Market value.....	2a	50,081,128
b Actuarial value.....	2b	49,019,687

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	176	14,609,572	14,609,572
b For terminated vested participants.....	299	12,853,505	12,853,505
c For active participants.....	175	15,794,833	16,065,595
d Total.....	650	43,257,910	43,528,672

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

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 in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 6.27%

6 Target normal cost..... **6** 261,527

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 KKT Signature of actuary

9/22/2016 Date

KRISTY THORNTON Type or print name of actuary

1405881 Most recent enrollment number

MERCER Firm name

850-894-4953 Telephone number (including area code)

1717 MAIN STREET, SUITE 4400
DALLAS TX 75201 Address of the firm

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions 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 and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	261,527	
b Excess assets, if applicable, but not greater than line 31a	31b	261,527	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,236,211	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,236,211	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200	11,000
56	3.0%	9,800	294	16,464
57	5.0%	9,506	475	27,075
58	7.0%	9,031	632	36,656
59	8.0%	8,399	672	39,648
60	8.0%	7,727	618	37,080
61	12.0%	7,109	853	52,033
62	15.0%	6,256	938	58,156
63	15.0%	5,318	798	50,274
64	20.0%	4,520	904	57,856
65	20.0%	3,616	723	46,995
66	35.0%	2,893	1,013	66,858
67	35.0%	1,880	658	44,086
68	35.0%	1,222	428	29,104
69	35.0%	794	278	19,182
70	100.0%	516	516	36,120
Total			10,000	628,587
Average				62.86

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: December 1, 1989 Restated plan: January 1, 2012 Plan year: Calendar year
Status of the plan	Effective April 30, 1997, no employee will be eligible to become a participant in the plan.
Significant events that occurred during the year	None
Definitions	
Covered employees	Any person who was employed by the UNO-VEN Company on or before April 30, 1997.
Participation	After April 30, 1997, no employee will be eligible to become a participant in the plan. A participant shall continue to be a participant until termination of employment with all employers and affiliates.
Employee contributions	None required or allowed. Contributions formerly made under the Unocal Retirement Plan are accumulated and held as a minimum benefit in the event that actual payments to (or on behalf of) a participant are inadequate to assure a return of the employee-provided value.
Vesting service	Period of employment with the UNO-VEN Company, PDV Midwest Refining, L.L.C., CITGO Petroleum Corporation, and each affiliate, including vesting service with the Union Oil Company of California.
Benefit service	Period of employment with the UNO-VEN Company and each affiliate, including benefit service with the Union Oil Company of California, Service is measured in years, completed months and days. After April 30, 1997, benefit service will be frozen.
Pensionable earnings	Earnings include base, bonuses, and overtime pay at straight-time rates. No pay shall be taken into account after April 30, 1997.
Final average earnings	The average monthly earnings on or before April 30, 1997 during the 36 consecutive months within the last 10-year period which produces the highest average monthly compensation.
Primary Social Security benefit	Monthly primary old age insurance benefit payable to the Participant under the Federal Social Security Act, as in effect at date of termination or at age 65. This amount reflects the freezing of the plan as of April 30, 1997.
Normal retirement	
Eligibility	Termination of employment on or after age 65.

Schedule SB, Part V — Summary of Plan Provisions

Benefit	Monthly benefit equal to (a) less (b) below: (a) 1.6% of final average monthly compensation multiplied by the years of benefit service (no limit); (b) 1.5% of the Primary Social Security benefit for each year of service not exceeding 33 1/3 years. After April 30, 1997 a participant's benefit service and earnings will be frozen for purposes of determining the amount of a participant's benefits.
Early retirement	
Eligibility	Termination of employment prior to age 65 but after the attainment of age 55 and the completion of 10 years of vesting service.
Benefit	Normal retirement benefit unreduced at or after age 62, with a 3% per year reduction from age 62 to 60, and a 5% per year reduction from age 60 to 55. If an employee has ten years of service and is terminated due to plant closings, layoffs, or other such action, improved early retirement benefits are provided.
Deferred vested	
• Eligibility	Termination of employment prior to early retirement eligibility but after the completion of five years of vesting service.
• Benefit	Monthly benefit equal to the product of (a) multiplied by (b) below, minus (c) below: (a) (i) 1.6% of final average monthly compensation multiplied by years of projected benefit service, minus (ii) 1.5% of the Primary Social Security benefit multiplied by the years of projected benefit service (33 1/3 maximum) (b) The years of benefit service divided by the years of projected benefit service; (c) The prior plan offset. In the event of commencement prior to age 65, this benefit will be reduced 6.67% per year for each of the first five years by which the commencement date precedes age 65. The benefit is further reduced 3.33% per year for each of the next five years by which the commencement date precedes age 60.
Pre-Social Security annuity	
• Eligibility	Employment by the Union Oil Company of California prior to July 1, 1986, and (a) attainment of early retirement eligibility, or (b) completion of 10 years of vesting service.
• Benefit	The temporary benefit will be paid from the date of commencement of early retirement or terminated vested retirement benefits until the earlier of attainment of age 62 or date of death. The benefit is equal to: \$120 per month based on benefit commencement at age 55, increasing by \$5 per month each year the commencement age exceeds age 55.
Disability	

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Eligibility 	<p>Incurring long-term disability prior to April 30, 1997.</p>
<ul style="list-style-type: none"> Benefit 	<p>Vesting and benefit service will be credited during period of disability until earliest of recovery, benefit commencement date, or April 30, 1997.</p>
<p>Pre-retirement death</p>	
<ul style="list-style-type: none"> Eligibility 	<p>Surviving spouse of an employee who has completed five years of vesting service and dies prior to commencement of benefits, or a surviving spouse of a participant who was entitled to early or deferred vested retirement benefits and dies prior to age 65.</p>
<ul style="list-style-type: none"> Benefit 	<p>The monthly benefit is determined based on the participant's years of benefit service, final average monthly compensation, and Social Security benefit as of the earlier of date of death or April 30, 1997, and is equal to the amount which would have been payable had the participant elected a 50% joint and survivor annuity option with his spouse as beneficiary payable at the earliest retirement date.</p> <p>Reductions for benefit commencement prior to normal retirement age are consistent with those used in determining the early retirement benefit when the participant dies after reaching age 55, and are consistent with those used in determining the deferred benefit when the participant dies prior to age 55.</p> <p>Optional spouse's benefits are also available in the event that the surviving spouse of a deceased participant who had more than 10 years of vesting service elects to waive the benefit described above.</p>
<p>Form of benefits</p>	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	<p>Modified cash refund life annuity.</p>
<ul style="list-style-type: none"> Automatic form for married participants 	<p>Actuarially equivalent qualified 50% joint and survivor annuity.</p>
<ul style="list-style-type: none"> Optional forms 	<ul style="list-style-type: none"> Modified cash refund life annuity Five-year certain and life annuity 10-year certain and life annuity 25%, 50%, 75%, or 100% joint and survivor annuity Lump sum (not available to all participants)
<ul style="list-style-type: none"> Optional form reduction formulas 	<ul style="list-style-type: none"> 100% J&S/Life 1.1449 - .0116a + .0066b 75% J&S/Life 1.1242 - .0095a + .0054b 50% J&S/Life 1.0950 - .0069a + .0039b 25% J&S/Life 1.0548 - .0038a + .0021b 10CL/Life 1.3056 - .0061a 5CL/Life 1.1001 - .0020a <p>"a" represents the Participant's age and "b" represents the age of the beneficiary</p>

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Actuarial equivalence for lump sum 	PPA mortality and interest rates equal to the 3-tiered minimum present value segment rate for the month of October immediately preceding the first day of the Plan Year during which the lump sum payment occurs and reflecting the appropriate phase-ins.
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2015, the limit is \$265,000.
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2015, the limit is \$210,000.

Plan Provision Changes since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2014 to 2015.

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2012 are included in this valuation.

- **Most recent plan amendments included:** None.

- **Late retirement increases:** This valuation does not include late retirement actuarial increases for active or deferred vested participants. The plan provides suspension of benefits notices to participants who work beyond normal retirement. The plan distributes benefits to all deferred vested participants upon attaining age 65.

- **IRC Sections 415(b) and 401(a)(17) limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** This valuation excludes the plan's unpredictable contingent event benefits, which are summarized below, because the likelihood of such an event is considered de minimis.

The plan provides participants who are terminated as a result of a work force reduction or job elimination with early retirement subsidies and the option to elect their benefit as a lump sum, provided that they have at least 10 years of service at termination.

UNO-VEN RETIREMENT PLAN

EIN 36-4138789 Plan No. 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2015

(a) Party-in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Russell Trust Company	Russell Equity II Fund	\$ 933,999	1,314,002
*	Russell Trust Company	Russell International Fund	7,910,808	8,883,791
*	Russell Trust Company	Russell Multi-Manager Bond Fund	17,922,174	22,640,590
*	Russell Trust Company	Russell 1000 Index Fund Series I	7,868,470	11,854,222
*	Cavanal Hill Investment Management	Cavanal Hill Cash Management Fund	287,167	287,167
			<u>\$ 34,922,618</u>	<u>44,979,772</u>

* Denotes party-in-interest

This information has been summarized from information provided by Bank of Texas, N.A., the trustee of the Plan, which the trustee has certified as being complete and accurate.

See accompanying independent auditors' report.

Schedule SB, line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2014 to 2015 in accordance with PPA.
- The retirement decrement was updated to reflect actual experience determined in the most recent experience study dated May 2015.
- Assumed commencement age for current and future vested participants changed from 58 to 62 to reflect actual experience determined in the most recent experience study dated May 2015.
- The withdrawal decrement was updated to reflect actual experience determined in the most recent experience study dated May 2015.