

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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 MARATHON PETROLEUM THRIFT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">010</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/2011</td> </tr> </table>	1b Three-digit plan number (PN) ▶	010	1c Effective date of plan 07/01/2011	
1b Three-digit plan number (PN) ▶	010				
1c Effective date of plan 07/01/2011					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MARATHON PETROLEUM COMPANY LP 539 SOUTH MAIN STREET, ROOM 3123 FINDLAY, OH 45840	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-1537655</td> </tr> <tr> <td>2c Sponsor's telephone number 419-422-2121</td> </tr> <tr> <td>2d Business code (see instructions) 324110</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1537655	2c Sponsor's telephone number 419-422-2121	2d Business code (see instructions) 324110	
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2c Sponsor's telephone number 419-422-2121					
2d Business code (see instructions) 324110					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	RODNEY NICHOLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address R. P. NICHOLS 539 SOUTH MAIN STREET FINDLAY, OH 45840		3b Administrator's EIN 34-1861584 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 7809
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 9735
b Retired or separated participants receiving benefits		6b 74
c Other retired or separated participants entitled to future benefits		6c 1385
d Subtotal. Add lines 6a , 6b , and 6c		6d 11194
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 9
f Total. Add lines 6d and 6e		6f 11203
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 9916
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 25
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: 2E 2F 2G 2J 2K 2R 2T 3F 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>MARATHON PETROLEUM THRIFT PLAN</u>	B Three-digit plan number (PN) <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARATHON PETROLEUM COMPANY LP</u>	D Employer Identification Number (EIN) <u>31-1537655</u>

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
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 71	RECORDKEEPER	3883	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FINANCIAL ENGINES

77-0473565

(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?
27	ADVISOR	1029459	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINANCIAL ENGINES

94-3250323

(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?
26	ADVISOR	121850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ABF BALANCED INST-STATE STREET BANK 225 FRANKLIN STREET BOSTON, MA 02111	0.04	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ABF LG CAP VAL-STATE STREET BANK 225 FRANKLIN STREET BOSTON, MA 02111	0.40	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ALZGI NFJ SMCPVL-BOSTON FINANCIAL 330 W 9TH STREET KANSAS CITY, MO 64105	0.10	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARIEL APPRECIATION-U.S.BANCORP FUND PO BOX 701 MILWAUKEE, WI 53201	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARIEL FUND-U.S. BANCORP FUND PO BOX 701 MILWAUKEE, WI 53201	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARTISAN INTL-STATE STREET BANK	0.40%	
04-0025081		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN MIDCAPVAL-STATE STREET BANK 04-0025081	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON ASSET INST-DST 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON GROWTH INST-DST SYSTEMS 43-1581814	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
CRM MIDCAPVAL-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.10%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
EV LGCAP VALUE-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.15%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
FPA CRESCENT-BOSTON FINANCIAL DATA 330 W 9TH STREET KANSAS CITY, MO 64105	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
INVS DIVRS DIVD R5-INVESCO INV	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
INVS GBL SMMDCPGR R5-INVESCO INV	11 GREENWAY PLANA, SUITE 100 HOUSTON, TX 77046	0.35%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
JANUS FUND I-JANUS SERVICES	43-1804048	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(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.	
JANUS GLB RESEARCH		0.10%	
43-1804048			
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(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.	
JANUS TWENTY		0.35%	
43-1804048			
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(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.	
KALMAR GR W/VAL SMCP-BNY MELLON PO BOX 9793 PROVIDENCE, RI 02940		0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
MANAGERS BOND FUND-BNY MELLON	PO BOX 9793 PROVIDENCE, RI 02940	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
MSIF EMERGING MKTS-BOSTON FINANCIAL	330 W 9TH STREET KANSAS CITY, MO 64105	0.15%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
MSIF MID CAP GRTH-BOSTON FINANCIAL	330 W 9TH STREET KANSAS CITY, MO 64105	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MUTUAL GLB DISCVRY-FRANKLIN TEMPLET	0.15%	
94-3167260		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MUTUAL SHARES-FRANKLIN TEMPLETON	0.15%	
94-3167260		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NB GENESIS-STATE STREET BANK	0.10%	
04-0025081		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation NB LG CAP VAL-STATE STREET BANK 04-0025081		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.10%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK EQ-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.35%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation PIM GLOB BD UNHG-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.03%		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
PIM HIGH YIELD-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.03%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
PIM REAL RETURN-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.03%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
PIM TOTAL RT-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.03%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
RHJ MICRO CAP-DST SYSTEMS, INC 43-1581814	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ROYCE VALUE PLUS IS-BOSTON FINANCIA PO BOX 8480 BOSTON, MA 02266	0.05%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TEMPLETON FOREIGN-FRANKLIN TEMPLETO 94-3167260	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TEMPLETON GROWTH ADV-FRANKLIN TEMPL 94-3167260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL DEV MKTS ADV-FRANKLIN TEMPLETO 94-3167260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL GLOBAL BOND-FRANKLIN TEMPLETON 94-3167260	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL WORLD FUND-FRANKLIN TEMPLETON 94-3167260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
USAA INCOME FUND-USAA SHAREHOLDER 74-0959140	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WFA SM CAP VAL-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
COL/ACORN INTL-COLUMBIA MGT INV PO BOX 8081 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
COL/ACORN SELECT Z-COLUMBIA MGT INV PO BOX 8081 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		
(d) Enter name and EIN (address) of source of 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

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>MARATHON PETROLEUM THRIFT PLAN</u>	B Three-digit plan number (PN)	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MARATHON PETROLEUM COMPANY LP</u>	D Employer Identification Number (EIN) <u>31-1537655</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2000</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3741391</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2005</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1992324</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2010</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4766001</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2015</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22584099</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2020</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46585064</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2025</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50489146</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE LIFECYCLE 2030</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44506099</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS CORE LIFECYCLE 2035**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33195499
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS CORE LIFECYCLE 2040**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26821899
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS CORE LIFECYCLE 2045**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20678163
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS CORE LIFECYCLE 2050**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15173074
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS CORE LIFECYCLE 2055**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3513597
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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)
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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)
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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)
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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)
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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)
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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
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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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan MARATHON PETROLEUM THRIFT PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 MARATHON PETROLEUM COMPANY LP	D Employer Identification Number (EIN) 31-1537655	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	3060273	8554908
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	54071314	52985988
(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)	35270487	42611791
(9) Value of interest in common/collective trusts	1c(9)	116872697	274046356
(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)	793777169	930816399
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	449980860	435636761

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	164920355	216881178
(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	1617953155	1961533381

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1617953155	1961533381
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	61671939	
(B) Participants	2a(1)(B)	100869367	
(C) Others (including rollovers)	2a(1)(C)	109255571	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		271796877

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5976951	
(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)	1270667	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7247618

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3515522	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	37449354	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40964876

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	62830097	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		62830097

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		36610588
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		130164148
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		549614204

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	198077213	
(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)		198077213
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	1184932	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1184932
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		199262145

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		350352059
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: MCCONNELL & JONES LLP

(2) EIN: 76-0488832

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:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	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		40000000
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.)		X	
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.		X	

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 (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>MARATHON PETROLEUM THRIFT PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARATHON PETROLEUM COMPANY LP</u>	D Employer Identification Number (EIN) <u>31-1537655</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
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): <u>04-6568107</u>	
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

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
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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): _____



Independent Auditors' Report

To the Participants and Plan Administrator of the
Marathon Petroleum Thrift Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the Marathon Petroleum Thrift Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013, and the related Notes to Financial Statements.

Plan Management's Responsibility for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP"); 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 our audits. We conducted our audits in accordance with the auditing standards generally accepted in the United States of America ("GAAS"). Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the Plan's management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2013 and 2012, and the

changes in net assets available for benefits for the year ended December 31, 2013, in accordance with GAAP.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the table of contents is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

McConnell & Jones LLP

Houston, Texas

June 24, 2014

Marathon Petroleum
Thrift Plan EIN 31-1537655, Plan Number 010
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2013

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Current Value
*	Marathon Petroleum Company Marathon Oil Corporation	Marathon Common Stock - 1,728,406 shares Marathon Common Stock - 1,652,535 shares	\$ 158,546,689 58,334,489
*	Investment Trust Shares		
*	Fidelity Government Income Fund	Investment Company - 1,344,968 shares	\$ 13,664,877
*	Fidelity Retirement Govt. Money Market	Investment Company - 22,800,796 shares	22,800,796
*	Fidelity Mid Cap Value Fund	Investment Company - 773,026 shares	17,470,395
*	Spartan Extended Market Index Advtg	Investment Company - 1,261,880 shares	67,409,608
*	Fidelity Balanced K	Investment Company - 1,672,062 shares	38,022,697
*	Fidelity Contrafund K	Investment Company - 881,970 shares	84,730,898
*	Fidelity Fund K	Investment Company - 142,944 shares	6,093,691
*	Fidelity Growth Company K	Investment Company - 679,752 shares	81,373,121
*	Fidelity International Discovery K	Investment Company - 427,305 shares	17,263,120
*	Fidelity Low Priced Stock K	Investment Company - 1,483,704 shares	73,324,635
*	Spartan 500 Index Institutional	Investment Company - 2,200,592 shares	144,116,766
*	Spartan International Index Inst	Investment Company - 2,365,914 shares	96,221,710
*	Pyramis Core Lifecycle 2055 Commingled	Investment Company - 267,194 shares	3,513,598
*	Pyramis Core Lifecycle 2000 Commingled	Investment Company - 319,777 shares	3,741,391
*	Pyramis Core Lifecycle 2005 Commingled	Investment Company - 163,842 shares	1,992,324
*	Pyramis Core Lifecycle 2010 Commingled	Investment Company - 370,319 shares	4,766,000
*	Pyramis Core Lifecycle 2015 Commingled	Investment Company - 1,768,528 shares	22,584,099
*	Pyramis Core Lifecycle 2020 Commingled	Investment Company - 3,756,860 shares	46,585,064
*	Pyramis Core Lifecycle 2025 Commingled	Investment Company - 3,953,731 shares	50,489,146
*	Pyramis Core Lifecycle 2030 Commingled	Investment Company - 3,615,443 shares	44,506,099
*	Pyramis Core Lifecycle 2035 Commingled	Investment Company - 2,645,060 shares	33,195,499
*	Pyramis Core Lifecycle 2040 Commingled	Investment Company - 2,168,302 shares	26,821,899

Marathon Petroleum
Thrift Plan EIN 31-1537655, Plan Number 010
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2013

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c)	Description of Investment	(d) Current Value
*	Pyramis Core Lifecycle 2045 Commingled	Investment Company - 1,662,232 shares	\$	20,678,163
*	Pyramis Core Lifecycle 2050 Commingled	Investment Company - 1,238,618 shares		15,173,074
	PIMCO Total Return Institutional	Investment Company - 4,481,919 shares		47,911,716
	Columbia Acom International Z	Investment Company - 342,352 shares		15,981,003
	Morgan Stanley Mid Cap Growth	Investment Company - 356,678 shares		16,161,062
	DFA Emerging Markets Value	Investment Company - 984,233 shares		27,174,659
	Wells Fargo Advantage Small Cap Value	Investment Company - 292,587 shares		9,842,629
	Eaton Vance Large Cap Value	Investment Company - 431,127 shares		10,334,122
	Vanguard Total Bond Market	Investment Company - 7,846,104 shares		82,854,855
	Kalmar Growth with Value Small Cap	Investment Company - 629,297 shares		14,354,256

Marathon Petroleum
Thrift Plan EIN 31-1537655, Plan Number 010
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2013

(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Current Value	
Stable Value Contract Carriers			
Chase Manhattan Bank			
Wrapper Contract MARAPETRO-7-11; 1.45%	Actively Managed Global Wrap**	69,559,603 ***	
Total Contract Value/Fair Market Value			
State Street Bank & Trust Company Boston			
Wrapper Contract 111013; 1.48%	Actively Managed Global Wrap**	92,171,628 ***	
Total Contract Value/Fair Market Value			
American General Life			
Wrapper Contract 1627813; 1.45%	Actively Managed Global Wrap**	65,152,199 ***	
Total Contract Value/Fair Market Value			
Bank of Tokyo - Mitsubishi			
Wrapper Contract FID-MARPETR12-1; 1.45%	Actively Managed Global Wrap**	65,970,860 ***	
Total Contract Value/Fair Market Value			
Prudential Insurance Co. America			
Wrapper Contract 062473001; 1.45%	Actively Managed Global Wrap**	64,242,980 ***	
Total Contract Value/Fair Market Value			
Nationwide Life Insurance			
Wrapper Contract FID_MAP_IP-1013; 1.46%	Actively Managed Global Wrap**	78,539,491 ***	
Total Contract Value/Fair Market Value			
Fidelity Management Trust Company			
Variable interest rate - 1.87% as of 12/31/12	Interest-Bearing Cash-Fidelity Institutional Cash Portfolios; Money Market Portfolio; Class A Money Market Pool	21,741,720	
Brokerage Link	Self-Directed Brokerage Accounts	74,954,050	
Fidelity Management Trust Company			
Interest rates range from 3.25%-9.50% due 1/1/14 - 12/31/2018	Loans to Plan Participants	42,611,791	
Totals		\$ 1,952,978,472	

* Indicates party-in-interest.

** A SIC is comprised of two components, an underlying asset and a wrapper contract. The underlying assets are valued at representative quoted market prices. The wrapper contracts are valued by using replacement cost methodology. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses. The wrapper contract guarantees the SIC contract value.

*** Pages 19 thru 31 list the fair value of each underlying investment of the SICs. Each SIC owns approximately 14 to 20 percent interest in the total fair value of the Fund.

Marathon Petroleum
Thrift Plan EIN 31-1537655, Plan Number 010
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2013

(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments \$	Current Value
(CASH)			
ABB FIN USA INC 1.625% 5/08/17			8,751,667
AT&T INC 2.95% 5/15/16			164,005
ABBEY NATL 3.875 11/10/14 144A			438,464
ALLYA 2013-1 A3 .63% 5/15/17			872,690
AMER EXPRESS CR 3ML+85 6/24/14			1,155,301
AMERICAN EX MTN 1.3% 07/29/16			1,054,906
AMXCA 2012-2 A .68% 3/18			425,526
AMXCA 2013-3 A .98% 05/19			2,234,695
AMXCA 2012-5 A 0.59% 5/18			782,644
AMERICAN HONDA FIN 2.125 10/18			1,993,586
AMER HONDA 2.5% 9/21/15 144A			425,062
AMERICAN HONDA 1.5% 9/17 144A			434,727
APPLE INC 1% 5/3/18			457,110
A USTRALIA & NZ 1.875% 10/06/17			1,579,920
A USTRALIA & NZ 1.45% 5/15/18			463,566
BB&T CORP MTN B/E 3.2% 3/15/16			421,586
BB&T CORP 2.05% 6/19/18			437,855
BHP BILLITON F 1% 2/24/15			394,113
BPCM 1.375% 5/10/18			433,874
BACM 2006-4 A1A CSTR 7/46			433,874
BANK AMER 4.5% 4/1/15			636,678
BANK OF AMERICA CRP MTN 2 1/18			843,907
BAAT 2012-1 A4 1.03 12/16			190,337
BANK OF MONTREL 2.375% 1/25/19			915,569
BANK OF NY MTN 2.4% 1/17/17			463,725
BSCMS 05-T18 A4 4.933% 2/42			426,089
			1,127,092
			621,043

Marathon Petroleum
Thrift Plan EIN 31-1537655, Plan Number 010
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2013

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Current Value
	Actively Managed Global Wrap Underlying Investments \$		
	BSCMS 05-PWR8 A4 4.674 6/41		451,942
	BSCMS 2006-T22 A1A CSTR 4/38		786,805
	BSCMS 06-PW12 A1A CSTR 9/38		597,473
	BSCMS 2006-PW13 A1A 5.533 9/41		756,520
	BERK HATH INC 1.55% 2/9/18		1,386,202
	BMWLT 2013-1 A3 .54% 09/15		455,097
	BRITISH COLMB PRO 1.2% 4/25/17		2,660,927
	BRIT COLMB PROV2.1% 5/18/16		1,336,241
	CD 2005-CD1 A4 CSTR 7/44		287,463
	CD 06-CD2 A1B CSTR 1/46		1,185,969
	CD 2007-CD5 A1A 5.8% 11/44		809,915
	COMM 2012-CR5 A1 0.673% 12/45		291,271
	COMM 2012-CR1 A1 1.116% 5/45		126,850
	COMM 2012-CR1 A2 2.35% 5/45		346,377
	COMM 2012-CR2 A1 .824% 08/45		149,957
	COMM 2013-CR9 A1 1.3440% 7/45		171,004
	COMET 2013-A1 A1 .63% 11/18		2,354,567
	COMET 2013-A3 A3 .96% 9/19		1,032,824
	CARMX 2013-3 A3 .97% 11/15/16		417,311
	CATERPILR F MTN 1.3% 03/01/18		880,998
	CHAIT 2012-A3 A3 0 6/17		1,907,207
	CHAIT 2012-A5 A5 .59% 8/17		2,200,783
	CHAIT 2012-A8 A8 0.54% 10/17		2,896,262
	CHAIT 2013-A8 A8 1.01% 10/18		849,007
	CHEVRON CORP NE 1.104% 12/5/17		856,064
	CHEVRON CORP 0.889% 06/24/16		190,484
	CITIGROUP 1.25% 1/15/16		1,441,902

Marathon Petroleum
Thrift Plan EIN 31-1537655, Plan Number 010
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2013

(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments \$	Current Value
CCCCT 2012-A1 A1 0.55% 10/17			1,290,033
CCCCT 13-A3 A3 1.11% 7/23/18			685,442
CCCCT 2013-A6 A6 1.32% 09/18			1,029,236
CCCCT 2013-A10 A10 .73% 02/18			851,916
CGCMT 2006-C5 A4 5.431 10/49			416,310
CGCMT 13-GC11 A1 0.672% 12/17			307,264
COCA-COLA CO 1.15% 3/5/18			881,385
COCA-COLA CO 1.65% 11/1/18			628,071
COLGATE-PALMOLIVE 0.9% 5/1/18			543,123
COMM 2006-C8 A4 0 12/46			634,475
COMM 2006-C7 A1A CSTR 6/46			855,521
COMM 2013-LC6 A1 .7240% 1/46			227,314
COMMONWEALTH NY 1.95% 3/16/15			667,626
CORNELL UNIV 4.35% 2/1/14			439,147
CREDIT SUISSE NY 2.2% 1/14/14			1,424,264
DBUBS 2011-LC3A A1 2.238 8/44			69,920
JOHN DEERE CAP 1.3% 3/12/18			1,348,527
DCENT 2012-A1 A1 0.81% 8/17			943,628
DCENT 2012-A3 A 0.86% 11/15/17			1,526,685
DCENT 2013-A2 A2 .69% 07/18			2,197,035
DCENT 2013-A5 A5 1.04% 04/19			848,023
FHLG 15YR 4.50% 8/18 #E98688			232,786
FHLG 15YR 4.50% 9/18 #E99205			84,566
FHLG 15YR 4.50% 10/18 #E99833			115,562
FHLM ARM 3.53% 4/40 #1B4657			122,740
FHLM ARM 3.58% 4/40 #1B4702			93,464
FHLM ARM 4.68% 1/36 #847584			39,088

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(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments	Current Value
FHLM ARM 3.88% 1/35 #848084			25,110
FHLG 7.50% 7/34 #G02115			396,167
FHLG15YR 5.00% 3/19 #G13052			307,658
FHLG15YR 3.50% 1/26 #G14312			287,044
FHLG15YR 4.00% 9/25 #G14376			885
FHLG15YR 3.50% 4/27 #G14449			702,454
FHLG15YR 3.50% 10/26 #G14450			8,389
FHLG25YR 5.50% 7/35 #C05815			133,378
FHLM ARM 4.941% 11/35 #1J1228			128,803
FHLM ARM 5.37% 12/35 #1N0106			105,330
FHLM ARM 3.717% 05/41 #1B8124			86,945
FHLM ARM 3.224% 4/41 #1B8179			53,287
FHLM ARM 3.464% 5/1/41 #1B8304			56,422
FHLM ARM 3.627% 6/1/41 #1B8372			89,165
FHLM ARM 3.283 6/1/41			69,733
FHLM ARM 2.98% 8/41 #1B8533			201,898
FHLM ARM 3.07% 9/41 #1B8608			102,417
FHLM ARM 3.242% 9/1/41 #1B8659			59,064
FHLG 5.50% 3/34 #C01665			197,781
FHLG15YR 5.50% 4/18 #G11389			102,642
FHLG15YR 4.00% 9/25 #E02787			348,372
FHLG15YR 4.00% 4/26 #E02867			186,561
FHLG15YR 4.50% 11/18 #B10931			71,082
FHLM ARM 4.199% 8/36 #848185			63,682
FHLG 5.50% 5/34 #Z40042			1,509,246
FHR 2417 EH 6% 2/17			18,739
FHR 2394 KD 6% 12/16			26,910

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(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Current Value
	Actively Managed Global Wrap Underlying Investments		
	FNMA 0.5% 7/02/15		\$ 4,579,225
	FNMA .5% 9/28/15		2,360,197
	FNMA .875% 10/26/17		818,857
	FNMA .875% 2/8/18		2,066,228
	FNMA 0.625% 8/26/16		4,516,857
	FNMA 1.875% 09/18/18		12,182,931
	FNMA 1.625% 11/27/18		15,359,483
	FNR 2013-9 FA IML+35 03/42		1,113,704
	FNR 2011-88 AB 2.5% 9/26		200,044
	FNR 2012-15 FP IML+38 6/40		665,401
	FHR 2011-3938 BE 2% 10/21		618,061
	FHR 3943 EF IML+25 2/26		355,852
	FHR 3763 QA 4% 4/34		357,885
	FHR 3820 DA 4% 11/35		345,985
	FHR SER 4221 CLS GA 1.4% 7/23		1,217,582
	FHLMC 1.25% 5/12/17		2,055,778
	FHLMC 1% 9/29/17		1,798,715
	FHLMC .75% 1/12/18		508,706
	FNMA 15YR 7.00% 2/15 #253033		24,533
	FNMA 5.50% 11/34 #310105		1,082,028
	FNMA 15YR 6.50% 6/14 #323794		1,419
	FNMA ARM 3.228% 7/41 #A13469		93,189
	FNMA ARM 3.01% 8/41 #A14358		70,899
	FNMA ARM 3.545% 07/41 #A16050		100,351
	FNMA ARM 3.365% 10/41 #A16819		57,099
	FNMA ARM 3.37% 9/41 #A18935		99,585
	FNMA ARM 09/41 #A19813		65,689

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(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments	Current Value
FNMA ARM 10/41#AJ3399		\$	20,056
FNMA ARM 2.74% 8/41 #AH5259			376,380
FNMA ARM 2.69% 9/41 #AH5260			280,554
FNMA ARM 2.57% 10/41 #AH5261			216,847
FNMA 15YR 3.50% 1/26 #AL1168			306,928
FNMA 15YR 3.50% 5/27 #AL1741			1,316
FNMA 15YR 3.50% 3/27 #AL1746			1,112,487
FNMA 15YR 3.50% 5/27 #AL1751			712
FNMA ARM 06/42#AO2244			70,510
FNMA 6.50% 7/32 #S45759			50,343
FNMA 6.50% 7/32 #S45762			25,673
FNR 2002-56 MC 5.5% 9/17			28,403
FNR 2003-74 PG 4.5% 8/18			145,663
FNR 2005-90 FC 1ML+25 10/35			223,730
FNR 2005-106 UF 1ML+30 11/35			216,358
FHR 2866 XE 4 12/18			75,937
FHR 3117 JF 1ML+30 2/36			240,436
FNR 2008-29 BG 4.7% 12/35			101,843
FNR 2008-95 AD 4.5% 12/23			349,444
FNR 2011-23 AB 2.75% 6/25/20			159,024
FNMA 1.625% 10/26/15			959,199
FNR 2010-123 DL 3.5% 11/25			138,868
FHR 3741 HD 3% 11/15/39			272,514
FNR 2010-135 DE 2.25% 4/24			247,614
FNR 2010-143 B 3.5% 12/25			224,577
FHR 3659 EI 3% 6/18			318,708
FNMA ARM 4.68% 11/34 #735011			86,460

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(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments	Current Value
FNMA 6.50% 12/32 #735415			25,702
FNMA 6.50% 7/35 #745092			26,984
FNMA 15YR 4.50% 6/19 #745278			106,762
FNMA ARM 4.53% 12/34 #802852			84,229
FNMA 6.50% 8/36 #888034			36,417
FNMA 6.50% 8/36 #888544			154,810
FNMA 15YR 4.50% 7/20 #888653			47,213
FNMA ARM 4.21% 5/35 #889946			158,957
FNMA ARM 4.30% 2/35 #995017			180,763
FNMA ARM 4.58% 7/35 #995273			61,584
FNMA ARM 4.53% 10/35 #995414			154,229
FNMA ARM 4.55% 10/35 #995415			632,602
FNMA ARM 4.512% 12/36 #995606			178,203
FNMA ARM 2.61% 4/35 #995609			61,146
FNMA ARM 3.20% 1/40 #AC0599			167,363
FNMA ARM 4.285% 7/33 #AD0066			62,234
FNMA 6.50% 12/35 #AD0723			174,437
FNMA ARM 3.47% 3/40 #AD0820			128,127
FNMA 6.50% 8/36 #AE0746			139,517
FNMA ARM 11/40 #AE6806			57,384
FORDO 2011-B A4 1.35% 12/16			352,495
FORDL 2012-A A4 1.03% 4/15			962,766
FORDO 2012-D A3 0.51% 4/17			549,971
FORDO 2013-A A3 .55% 07/17			673,879
FORDL 2013-A A3 0.60% 3/16			800,575
FORDO 2013-B A3 .57% 6/16			559,601
FORDL 2013-B A3 .76% 09/16			330,018

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(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments	Current Value
GEMNT 2009-4 A 3.8% 11/17		\$	812,067
GEMNT 2012-1 A 1.03% 1/18			752,414
GEMNT 2012-5 A 0.95% 6/15/18			2,004,248
GMA CC 2004-C2 A4 5.301% 8/38			391,616
GSMS 2011-GC5 A1 CSTR 8/44			200,394
GSMS 2012-GC6 A1 1.282% 1/45			94,078
GSMS 2013-GC10 A1 .696% 2/46			67,236
GSMS 2013-GC10 A2 1.84% 2/46			189,399
GSMS 2013-GC12 A1 VAR 06/46			297,171
GNMA 15YR 4% 04/25#737164			542
GNMA 15YR 4% 05/25#737261			548
GNMA 15YR 4% 03/25#737348			482
GNMA 15YR 4.00% 1/25 #723552			540
GNMA 30YR 5.5% 06/35#783800			192,839
GSMS 04-GG2 A6 CSTR 8/38			345,851
GSMS 2006-GG6 A2 5.506% 4/38			17,544
GSMS 2006-GG6 A1A CSTR 4/38			398,464
GSMS 2006-GG8 A1A 5.547 11/39			514,788
GNMA 15YR 4% 06/25#676681			692
GNMA 15YR 4% 10/24#710940			452
GECMC 2005-C2 A4 CSTR 5/43			1,076,246
GECMC 2006-C1 A4 CSTR 3/44			613,021
GECMC 2006-C1 A1A CSTR 3/44			562,411
GE-CORP .85% 10/09/15			494,244
GE CAP MTN 3.5% 6/29/15			514,602
GE CAP CORP 2.25% 11/9/15			402,172
GENERAL ELEC 2.95% 5/09/16			121,936

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(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Current Value
	GENERAL ELEC MTN3.35% 10/17/16	Actively Managed Global Wrap Underlying Investments	\$ 1,341,788
	GE CAP CORP 2.9% 1/09/17		444,140
	GENERAL ELEC CAP 1.0% 1/8/16		568,090
	GOLDMAN SACHS MTN 3.7% 8/1/15		329,693
	GOLDMAN SAC GRP 3.625% 2/07/16		314,921
	GNR 2010-99 PT 3.5% 8/33		101,984
	GNR 2010-112 PM 3.25% 9/33		78,314
	CFGNR 2011-150 D 3% 4/37		122,225
	GNR 2013-9 F VAR IML+25 1/43		767,620
	GNR 2012-149 MF IML+25 12/42		1,081,391
	G2SF 12-149 LF IML+25 12/42		452,117
	GNR 2013-37 F 0.4712% 3/20/43		292,113
	GNR 13-41 PA 2.5% 04/40		557,454
	CANADA GOVT .875% 2/14/17		702,285
	HAROT 2013-3 A3 0.77% 05/17		511,324
	HAROT 2013-1 A3 .48% 12/15		1,099,569
	HAROT 2013-2 A3 .53% 2/17		319,830
	HSBC BANK 3.1% 5/24/16 144A		878,277
	HART 2013-A A3 0.56% 7/17		1,100,146
	HART 2013-B A3 .71% 09/17		771,243
	HART 2013-C A3 1.01% 02/18		231,115
	INTERCONT EXCH 2.5% 10/15/18		298,716
	IBRD 0.5% 04/15/2016		2,949,444
	INTL FIN CORP .875% 06/15/18		1,535,980
	JPMORGAN CHASE 3.15% 7/05/16		603,126
	JPMC CO 1.625% 5/15/18		858,202
	JPMCC 2005-LDP2 A3 4.697 7/42		137,145

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(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c)	Description of Investment	Actively Managed Global Wrap Underlying Investments	\$	(d) Current Value
	JPMCC 2006-LDP7 A1A CSTR 4/45					657,326
	JPMCC 2006-CB16 A1A 5.546 5/45					1,077,296
	JPMCC 2007-LD11 A2 CSTR 6/49					154,484
	JPMCC 2012-C6 A2 2.2058% 5/45					418,187
	JPMCC 2013-C10 .7302% 12/15/47					221,884
	JPMCC 13-LC11 A1 .7664% 04/46					482,976
	LBUBS 2006-C6 A4 5.372% 9/39					153,124
	LBUBS 2004-C8 4.799% 12/29					381,583
	LBUBS 2005-C1 AAB CSTR 2/30					47,378
	LBUBS 05-C1 A1A 4.581% 2/15/30					519,243
	MANU&TRD NT PRG 1.45% 3/7/18					1,431,080
	MANITOBA (PROV) 1.125% 6/1/18					1,113,147
	MASSMUTUAL GBL 3.125 4/16 144A					880,624
	MASSMUTUAL GBL 2% 4/5/17 144A					441,220
	MASSMUTUAL GBL 2.1 8/2/18 144A					634,086
	MBALT 2013-B A3 1.06% 07/16					669,298
	MBALT 2013-A A3 .59% 02/16					800,659
	MBART 2013-1 A3 0.78% 08/17					531,359
	MLMT 05-CK11 A1A CSTR 11/37					199,389
	MLMT 2006-C2 A1A CSTR 8/43					702,110
	MET LIFE GBL 2.5 9/29/15 144A					633,190
	MET LIFE GBL 1.5 1/18 144A					1,087,016
	MET LIFE 1.875% 6/22/18 144A					368,165
	MICROSOFT CORP .875% 11/15/17					134,976
	MICROSOFT CORP 3.625% 12/15/23					666,584
	MIDAMERICAN ENE 2.4% 03/15/19					648,474
	MLCFC 2006-3 A4 CSTR 7/46					1,772,163

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(a)	(b)	(c)	(d)
Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Actively Managed Global Wrap Underlying Investments	Current Value
MIZUHO CORP 1.85% 3/21/18 144A		\$	910,801
MSC 2006-IQ11 A1A CSTR 10/42			850,389
MORGAN STANLEY 4.1% 1/26/15			219,859
MSC 2006-HQ9 A4 CSTR 7/44			440,338
MSBAM 2012-C5 A1 .916% 8/45			353,176
MSBAM 2012-C5 A2 1.972% 8/45			742,748
NCUA GTD NTS MA 1.4% 6/12/15			582,265
NEW YORK LIFE 1.3% 10/17 144A			1,163,751
NAROT 2013-A A3 .50% 5/17			829,754
NALT 2013-A A3 .61% 04/16			870,118
NAROT 2013-B A3 0.84% 11/17			742,161
NORDEA BK AG .875% 5/16 144A			652,465
NEF 2005-1 A5 4.74% 10/45			171,817
PNC FUND MTN 3.625% 2/8/15			487,703
PNC BK NA 1.3% 10/3/16			641,307
PHILIP MORS INT 1.875% 1/15/19			541,535
PRICOA GLBL F 1.6% 5/18 144A			635,543
PROCTER & GAMBLE 1.8% 11/15/15			385,553
PROCTER & GAMBLE 1.6% 11/15/18			763,515
RABOBANK NDL 1.7% 3/19/18			2,757,695
ROYAL BK CAN GL .85% 03/08/16			153,187
ROYAL BK CANADA 2.3% 7/20/16			186,875
SLMA 2012-7 A2 IML+28 9/19			398,662
SLMA 2013-1 A1 IML+15 1/17			549,349
SANOFI AVENTIS 2.625% 3/29/16			454,182
SUMITOMO BKG 1.9% 1/12/15 144A			417,665
SUMITOMO MITSUI BKG 1.8% 7/17			1,340,303

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(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Current Value
	Actively Managed Global Wrap Underlying Investments		\$
	TARGET CORP 1.125% 7/18/14		199,802
	TENN VLY AUTH 1.75% 10/15/18		848,158
	TORONTO DOM BK 2.5% 7/14/16		879,945
	TORONTO DOMINI 2.375% 10/19/16		417,161
	TORONTO DOM 1.4% 4/30/18		867,640
	TOTAL CAP CDA L 1.45% 01/15/18		482,502
	TOTAL CAPITAL SA 1.5% 2/17/17		446,246
	TOYOTA MOTOR CRD 1.25% 10/5/17		688,974
	TAOT 2013-A A3 .55% 01/17		500,055
	UBSBB 2012-C2 A1 1.006% 5/63		308,072
	UBSCM 2012-C1 A1 1.032% 5/45		183,897
	UBSCM 2012-C1 A2 2.180% 5/45		367,044
	UBSBB 2012-C4 A1 .6728 12/45		251,996
	USAA CAPITAL 1.05% 9/14 144A		477,391
	USAA CAP CO 2.25% 12/13/16 144		422,623
	UBSBB 2013-C6 A1 .805% 4/46		257,108
	UNION BK NA 3% 6/6/16		902,100
	UST NOTES 0.625% 12/15/16		1,849,852
	USTN 1.5% 12/31/18		8,815,138
	USTN 1.75% 7/31/15		40,359,994
	USTN 1.375% 9/30/18		3,651,724
	USTN 1% 9/30/16		34,756,575
	USTN .875% 11/30/16		56,510,210
	USTN .875% 1/31/17		269,233
	USTN .875% 4/30/17		13,631,793
	USTN .750% 6/30/17		8,927,318
	UST NOTES 0.25% 10/31/15		25,353,125

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(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Current Value
	Actively Managed Global Wrap Underlying Investments		
	UST NOTES 1.25% 10/31/18		13,311,552
	VALET 2013-1 A3 .56% 8/17		679,246
	VW ALT 2013-A A3 0.84% 07/16		552,390
	VALET 2013-2 A4 1.16% 03/20/20		621,031
	WFRBS 13-C14 A1 .836% 6/15/46		175,606
	WFRBS 2013-C14 A2 2.133% 6/46		169,884
	WFRBS 2011-C5 A1 1.456 11/44		83,468
	WFRBS 2012-C8 A1 .864% 8/45		205,593
	WFRBS 2012-C8 A2 1.881% 8/45		410,647
	WFRBS 2013-C11 A1 .799% 03/45		131,351
	WFRBS 13-C13 A1 0.778% 5/45		181,034
	WBCMT 06-C23 A1A CSTR 1/45		772,938
	WBCMT 2006-C23 A5 CSTR 1/45		811,310
	WBCMT 06-C24 A1A CSTR 3/45		453,122
	WBCMT 2006-C25 A5 CSTR 5/43		219,654
	WBCMT 05-C16 APB 4.692% 10/41		63,766
	WBCMT 2006-C26 A1A CSTR 6/45		530,619
	WBCMT 2006-C29 A1A 5.297 11/48		383,525
	WBCMT 2007-C31A A2 5.421% 4/47		212,977
	WAL-MART STORES 1.125% 4/18		882,089
	WFCM 2013-LC12 A1 1.676% 7/46		697,900
	WESTPAC BANKING CRP 2% 8/14/17		811,556
	WPACBK 0.95% 01/12/16		951,787
	WOLS 2012-A A3 0.93% 11/15		280,797
	WOART 2013-A A3 .64% 4/16/18		379,713
	WOLS 2013-A A3 1.10% 12/16		803,235
	Total Fair Value of Underlying Investments		\$ 435,636,761