Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

P.O. BOX 50770 BELLEVUE, WA 98015

3a Plan administrator's name and address XSame as Plan Sponsor.

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Sponsor's telephone number 253-893-7014

Administrator's EIN

5b

5c

5d(1)

Business code (see instructions) 423990

3c Administrator's telephone number

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit MARATHON INDUSTRIES RETIREMENT PLAN plan number (PN) ▶ 001 Effective date of plan 05/20/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MARATHON INDUSTRIES, INC. 91-1505036 (EIN)

4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a

d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested.

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

beliet, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	08/14/2015	SHARLA GERRISH				
HERE	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 spo				
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone number (optional)			

Total number of participants at the end of the plan year.....

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

16

14

13

14

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot be a contracte	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	6016	31			748726
	Total plan liabilities	7b	0010		_		
	Net plan assets (subtract line 7b from line 7a)	7c	6016	31	_		748726
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	535	544			
	2) Participants	8a(2)	655	808			
	3) Others (including rollovers)	8a(3)	280)43			
-	Other income (loss)	8b					
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					147095
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					147095
<u>j</u> .	ransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions						
10	During the plan year:				Yes	No	Amount
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X		3872
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	Χ		933
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i	X		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	n	-	_			
For calendar plan year 2014 or		1/2014	and ending	12/31/2014			
A This return/report is for:	X a single-employer plan a one-participant plan	a multiple-employer pla of participating employ a foreign plan					
B This return/report is	the first return/report	the final return/report					
D Triis retain report is	an amended return/report	a short plan year return	roport (loss than 12 m	ontha)			
			meport (less than 12 m				
C Check box if filing under:	X Form 5558	automatic extension		DFVC pro	gram		
	special extension (enter des	cription)					
Part II Basic Plan Inf	ormation—enter all requested in	oformation			-		
1a Name of plan	onto an roquottou i			1b Three-digit			
MARATHON INDUSTRIES RET	REMENT PLAN			plan number	001		
				1c Effective dat 05/20/2004	e of plan		
2a Plan sponsor's name and a MARATHON INDUSTRIES, INC.	ddress; include room or suite num	ber (employer, if for a single⊣	employer plan)	(EIN) 91-150			
P.O. BOX 50770					53) 893-7014		
BELLEVUE. WA 98015				2d Business co	de (see instructions)		
	and address X Same as Plan Spor	nsor.		3b Administrator's EIN			
				3C Administrato	r's telephone number		
4 If the name and/or EIN of the name, EIN, and the plan n a Sponsor's name	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN			
	s at the beginning of the plan year			4c PN 5a			
	is at the end of the plan year				16		
	n account balances as of the end of				14		
complete this item)			***************************************	5c	17		
Q(1) Total number of active p	articipants at the beginning of the	plan year		5d(1)	13		
d(2) Total number of active p	articipants at the end of the plan y	ear		5d(2)	14		
Number of participants that less than 100% vested	terminated employment during the		efits that were	5e			
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is established			
Under penalties of perjury and of	other penalties set forth in the instrand signed by an enrolled actuary,	uctions. I declare that I have	examined this return/re	port including if an	nlicable a Schedule		
belief, it is true, correct, and cor	nplete.	as well as the electronic vers	sion of this return/repor	rt, and to the best of	my knowledge and		
SHOW X XINDE	la III ()	18/10/15	xs Sharla	Gerrist	<u> </u>		
HEIRE Signature of plan	administrator	Date	Enter name of individ				
SIGN							
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor		
Preparer's name (including firm	name, if applicable) and address	(include room or suite numbe	r) (optional)	Preparer's teleph	one number (optional)		
				Residence of the second			

6a h	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)						X Yes		No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	П	No	
	if you answered "No" to either line 6a or line 6b, the plan canr	not use Fo	rm 5500-SF and must instea	d use	Form	5500			M	' ⊔	
_ c	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance p	rogram (see ERISA section 40	021)?		Yes	∏No	Пм	ot dete	rmine	d
	rt iii Financial information			_				<u> </u>		_	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T	-	(b) E	nd of	Voor	_	
_ a	Total plan assets	. 7a	60163		┪		(0) L	10 01	74872	6 6	
	Total plan liabilities				+	_			1 10/2		
	Net plan assets (subtract line 7b from line 7a)		60163	1	\top	-			74872	 6	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top	(b) Total					
a	Contributions received or receivable from: (1) Employers	. 8a(1)	5354	4				, 100			
	(2) Participants	. 8a(2)	6550	8	50	ye s		1318	1000		100
	(3) Others (including rollovers)		2804	3	請		Aye a	RID I		AV ST	
_ <u>b</u>	Other income (loss)				36				C SUBM		1
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					Marketon		14709	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
e	Certain deemed and/or corrective distributions (see instructions)				100			State 8			d y
f	Administrative service providers (salaries, fees, commissions)	. 8f			奶	A.	NAME OF		N. Carlo	Nh.	
<u>g</u>	Other expenses								OUT 7		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					- Angel			- 3 - 5	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							14709	5	
	Transfers to (from) the plan (see instructions)	- 8j			832					3163	4
Pa	t IV Plan Characteristics				MATE CO.				No to provide	CLIPA	11-11
Par	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions		es from the List of Plan Chara	cterist ———	ic Cod	es in	the instru	iction:	s: 		
10	During the plan year:	· ·			Yes	No					
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Figure	uciary Com	ection Program)	10a	103	X	<u> </u>	Ar	nount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10Ь		х			-		
_ C	Was the plan covered by a fidelity bond?			400		х	 				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd that was caused by fraud	10c		X					
9	Were any fees or commissions paid to any brokers, agents, or oth	er nerenne	by an incurance corrier	10d	┝╌┤		-				
	insurance service, or other organization that provides some or all instructions.)	of the hone	afite under the plant (Coe	10e	x					20	72
f	Has the plan failed to provide any benefit when due under the plan	n?				X					
g				10f	-						
h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	X					9	33
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10h	x	-					
Part	VI Pension Funding Compliance	1-5		10i				Dept.		121	
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form	Τ,			
11a	Enter the unpaid minimum required contribution for current year fro	om Schedu	ıle SB (Form 5500) line 39			11a			Yes		No
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or se	ction 3	02 of	EBIGVS	T	Yes	x i	 No
	the rest complete line 12a or lines 12b, 12c, 12d, and 12e below	as annlica	hla \								40
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	a amortiza	d in this plant was a second	tions,	and e	nter th	ne date o	f the I		ling	_
									·		

	Form 5500-SF 2014	Page 3 - 1					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13				1	
	Enter the minimum required contribution for this plan year			12b			
c	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	alt (enter a minus sign to the lef	tofa	12d			
9	Will the minimum funding amount reported on line 12d be met by the fundi				Yes	No	
Part	7 SHE CO.						
_13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	rred to another plan, or brought	under the d	ontrol		☐ Yes 🗓 No	
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify	the plan(s) t	0		<u></u>	
	3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3) PN(s)	
Part	Viii Trust Information (optional)		<u> </u>		<u> </u>		
14a	14a Name of trust				14b Trust's EIN		