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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE GATES MATCHMAKER PLAN

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 12/01/1960

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
THE GATES CORPORATION

1551 WEWATTA STREET 2N-A1
DENVER, CO 80202

2b Employer Identification Number (EIN)
84-0857401

2c Plan Sponsor's telephone number
303-744-5042

2d Business code (see instructions)
326200

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.	08/17/2015	JOHN BARKER
	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

GATES INDUSTRIAL AND AUTO RETIREMENT COMMITTEE

1551 WEWATTA STREET 2N-A1
DENVER, CO 80202

3b Administrator's EIN: 84-0857401

3c Administrator's telephone number: 303-744-5042

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**	7186
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4298
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4141
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1865
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6006
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	6022
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5996
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	193
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 2S 2T 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)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE GATES MATCHMAKER PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
THE GATES CORPORATION

D Employer Identification Number (EIN)
84-0857401

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).. . . . . [X] 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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

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)

SCHWAB RETIREMENT PLAN SERVICES CO.

74-2279754

(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?
13 15 50 64	NONE	409416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE GOLDMAN SACHS TRUST COMPANY NA

13-4019460

(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 50	NONE	194530	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK CONSULTANTS, LLC

13-3954297

(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 50	NONE	183338	Yes [ ] No [X]	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)

DEUTSCHE BANK TRUST COMPANY AMERICA

13-6043638

(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?
13 15 50 64	NONE	46321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE NORTHERN TRUST COMPANY

45-6138589

(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 50	NONE	43762	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTON COLLINS MITCHELL, LLP

01-0724563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	37383	Yes [ ] No [X]	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)

CHARLES SCHWAB & CO., INC

94-1737782

(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?
33 59 62 71	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
CHARLES SCHWAB & CO., INC.	59	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.
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE GATES MATCHMAKER PLAN

B Three-digit plan number (PN) ▶ 334

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE GATES CORPORATION

D Employer Identification Number (EIN)
84-0857401

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMID INTERMEDIATE FIXED INCOME

b Name of sponsor of entity listed in (a): DEUTSCHE BANK TRUST COMPANY AMERICAS

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)
13-6043638-059	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL TRUST COMPANY COLLECTIVE

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

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)
22-1211670-000	C	51116380

a Name of MTIA, CCT, PSA, or 103-12 IE: NGTI COLLECTIVEST INVESTMENT FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-068	C	1578512

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

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

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)
20-4712534-012	C	54093352

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2014

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

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)
20-4742534-047	C	1449280

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2015

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

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)
20-4742534-048	C	15401190

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2016

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

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)
61-1668895-049	C	17944014

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2017

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

c EIN-PN 46-1445262-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6967248

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2018

b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA

c EIN-PN 46-4178777-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6892313

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE GATES MATCHMAKER PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
THE GATES CORPORATION

D Employer Identification Number (EIN)
84-0857401

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	190786	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	259312	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	312362	0
(2) U.S. Government securities	1c(2)	29437236	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	15432005	0
(B) All other	1c(3)(B)	15848681	0
(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)	10201023	8098154
(9) Value of interest in common/collective trusts	1c(9)	123883882	155398206
(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)	429942935	395721584
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	39828	44084

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	625548050	559262028
	Liabilities			
g	Benefit claims payable	1g	269429	0
h	Operating payables	1h	109665	220755
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	79022	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	458116	220755
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	625089934	559041273

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	13997289	
	(B) Participants	2a(1)(B)	16266431	
	(C) Others (including rollovers)	2a(1)(C)	1276389	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		31540109
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	361600	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		361600
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22833962	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22833962
	(3) Rents	2b(3)		
	(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)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4435879
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4667228
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		63838778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58233306	
(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)		58233306
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)	37383	
(2) Contract administrator fees	2i(2)	453178	
(3) Investment advisory and management fees	2i(3)	424189	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		914750
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		59148056
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4690722
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		70739383

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) [X] 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 [X] No

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

(1) Name: ANTON COLLINS MITCHELL LLP **(2)** EIN: 01-0724563

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	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.	4n	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)
AQUATIC 401(K) PLAN	36-4284100	001

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
THE GATES MATCHMAKER PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
THE GATES CORPORATION

D Employer Identification Number (EIN)
84-0857401

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 42-1558009

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

The Gates Matchmaker Plan

Financial Statements and Supplemental Schedule

As of December 31, 2014 and 2013
and for the Year Ended December 31, 2014

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

The Gates Matchmaker Plan

Financial Statements and Supplemental Schedule

As of December 31, 2014 and 2013
and for the Year Ended December 31, 2014

The Gates Matchmaker Plan

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Supplemental Schedule:

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 25

NOTE: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

Independent Auditor's Report

To the Plan Administrator of
The Gates Matchmaker Plan
Denver, Colorado

Report on the Financial Statements

We have audited the accompanying financial statements of The Gates Matchmaker Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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 entity'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 entity'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 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, 2014 and 2013, and the changes in net assets available for benefits for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, assets of approximately $70,700,000 were transferred out of the Plan due to a plan spin off. Our opinion is not modified with respect to this matter.

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 of assets (held at end of year) as of December 31, 2014 is presented for the purpose of additional analysis and is not a required part of the 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. Such information is the responsibility of the Plan's 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 to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Anton Collins Mitchell LLP

Denver, Colorado
August 10, 2015

Financial Statements

The Gates Matchmaker Plan

Statements of Net Assets Available for Benefits

December 31,	**2014**	2013
Assets:		
Investments, at fair value:		
Cash and cash equivalents	**$ -**	$ 190,786
Registered investment companies	**395,721,584**	429,942,935
Separately managed stable value fund	**155,442,290**	184,953,994
Total investments, at fair value	**551,163,874**	615,087,715
Receivables:		
Notes receivable from participants	**8,098,154**	10,201,023
Trade receivables	**-**	259,312
Total receivables	**8,098,154**	10,460,335
Total assets	**559,262,028**	625,548,050
Liabilities:		
Accrued administrative expenses	**(220,755)**	(109,665)
Trade payables	**-**	(79,022)
Total liabilities	**(220,755)**	(188,687)
Net assets available for benefits, at fair value	**559,041,273**	625,359,363
Adjustment from fair value to contract value for interest in the Gates Stable Value Fund held by the Plan relating to fully benefit-responsive investment contracts	**(5,222,702)**	(4,680,886)
Net assets available for benefits, after contract value adjustment	**$ 553,818,571**	$ 620,678,477

See accompanying notes to financial statements.

The Gates Matchmaker Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31,	**2014**
Additions to net assets attributed to:	
Contributions:	
Participant	**$ 16,266,431**
Employer, net of forfeitures	**13,997,289**
Rollovers	**1,276,389**
Total contributions	**31,540,109**
Interest earned on notes receivable from participants	**361,600**
Net investment income:	
Net appreciation in fair value of investments	**4,667,228**
Interest and dividend income from investments	**26,728,025**
Net investment income and interest earned on notes receivable from participants	**31,756,853**
Total additions	**63,296,962**
Deductions from net assets attributed to:	
Benefits paid to participants	**(58,502,735)**
Administrative expenses	**(914,750)**
Total deductions	**(59,417,485)**
Net increase in net assets prior to plan spin off	**3,879,477**
Transfer to other plan due to plan spin-off (Note 1)	**(70,739,383)**
Net assets available for benefits, beginning of year	**620,678,477**
Net assets available for benefits, end of year	**$ 553,818,571**

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of The Gates Matchmaker Plan (the "Plan") provides only general information. Participants should refer to the Plan Document and Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan, which was established December 1, 1960, and amended and restated effective January 1, 2012, is a defined contribution plan available to all employees in the domestic operations of The Gates Corporation and certain of its subsidiaries, the plan sponsor, and Aquatic Co. (collectively, the "Company"). Certain specified employees whose retirement benefits are subject to certain collective bargaining agreements are not eligible to participate in the Plan, unless specifically provided for in the union contracts. Employees represented by the United Steelworkers of America Local Union #8031 and the United Steelworkers of America Local Union #685L, are eligible to participate in the Plan. Effective July 3, 2014, the Gates Corporation was acquired by The Blackstone Group L.P.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, ("ERISA"). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

Plan Spin Off

Effective June 11, 2014 Aquatic Co., a participating employer in the Plan, ceased to be a member of the same controlled group of businesses through corporate re-organization. In connection with the corporate re-organization, Aquatic Co. established a new plan, and effective June 13, 2014, the accounts, including participant notes, of all active and terminated employees and their beneficiaries of Aquatic Co. were transferred to the new plan. Approximately $70,700,000 in investment and participant notes were transferred to the new plan.

Trustee and Administration of the Plan

The Gates Retirement Board (the "Plan Administrator" or "Retirement Board") is the administrator of the Plan. The Plan Administrator has full power, authority and responsibility to control and manage the operations and administration of the Plan. The Retirement Board determines the appropriateness of the Plan's investment offerings and monitors investment performance.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Charles Schwab Bank ("Charles Schwab"), as appointed by the Retirement Board, is the trustee for the Plan. Charles Schwab Retirement Plan Services Company ("Schwab Retirement") serves as the recordkeeper of the Plan.

The Northern Trust Company ("Northern Trust"), as appointed by the Retirement Board, acts as a sub-custodian of the Gates Stable Value fund.

Eligibility

Each full-time and benefits eligible part-time employee, as defined, becomes an eligible participant of the Plan on their date of hire. Each part-time benefits ineligible employee, as defined, becomes a participant on any day after completing one year of employment and at least 1,000 hours of service. Leased employees, non-resident aliens, and independent contractors are not eligible to participate in the Plan. Members of collective bargaining groups participate in accordance with their most recent collective bargaining agreement.

Contributions

Participants may elect to defer between 1% and 75% of their annual eligible compensation as pre-tax, after-tax, and Roth contributions, subject to certain Internal Revenue Code ("IRC") limitations ($17,500 for 2014). Participants who have attained or will attain the age of 50 by the last day of the plan year may elect to make catch-up contributions, as defined by the Plan, subject to IRC limitations ($5,500 for 2014). An eligible employee will be automatically enrolled in the Plan at a 3% pre-tax contribution approximately 30 days after employment begins. Participants may waive the automatic enrollment. Participants may increase or decrease their deferral percentages on the first day of any pay period, in accordance with administrative procedures.

The Plan was amended such that participants who are automatically enrolled on or after January 1, 2014 will have their contribution percentage increased 1% per year until their contribution percentage equals 8%. Participants who were contributing less than 8 percent as of April 1, 2014 shall have their contribution percentage increased 1% per year until their contribution percentage equals 8%. The automatic escalation shall be effective for the first pay period beginning on or after April 1. Participants may opt out of the automatic escalation feature in accordance with procedures sanctioned by the Retirement Board.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Each pay period, the Company makes a basic contribution of 3% of compensation, as defined, for all eligible employees, regardless of whether they are contributing to the Plan. The Company also makes a matching contribution, on behalf of each contributing participant for whom pre-tax or Roth contributions are being made, of an amount equal to 100% of the first 3% of pre-tax and Roth contributions made during the plan year.

A true-up match contribution process is in place that reviews each participant's employer match quarterly to ensure that they received the maximum employer match based on annual compensation and employee pre-tax or Roth contributions.

Rollover contributions transferred from other qualified retirement plans or Individual Retirement Accounts ("IRA") are accepted as permitted by the Plan Document. Effective January 1, 2014, the Plan Document was amended to allow for Roth contributions to be rolled into the Plan.

Participants' Accounts and Investment Options

Each participant's account is credited with (1) the participant's pre-tax, after tax, Roth, rollover, and catch-up contributions; (2) the Company's employer matching, basic contributions; and (3) an allocation of plan earnings or losses. Each participant's account is charged with withdrawals and expenses. Investment earnings or losses from investment funds are allocated to each participant's account in the proportion that the balance of each participant's account bears to the total balance of all participants in each fund. Participants may direct the investment of their account balances into various investment options offered by the Plan, and may change their investment elections at any time. The Plan offers various registered investment companies (mutual funds) and a stable value fund as investment options for participants. The benefit to which participants are entitled is the vested portion of their accounts. If a participant does not affirmatively elect an investment allocation, the Qualified Default Investment Alternative ("QDIA") will be selected for them.

Vesting

Participants are immediately 100% vested in their own contributions, rollover contributions and the employer basic contribution. Participants are 100% vested in the employer matching contribution after three years of service, upon reaching age 65, death, or becoming disabled. Additional special vesting provisions apply for participants who were affected by certain layoffs between 1993 and 2004 and throughout 2009.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Unallocated Amounts

At December 31, 2014 and 2013, unallocated amounts held for the Plan totaled $391,474 and $685,401, respectively. These unallocated funds are comprised of forfeited non-vested accounts, monthly fees charged to participants pending payment of expenses incurred (the "fee account"), and accounts held for former employees who cannot be located. Forfeited non-vested accounts can be used to reduce future employer contributions or pay plan administrative expenses. During the year ended December 31, 2014, $803,514 of forfeitures were used to reduce employer contributions and $537,288 were used to pay plan administrative expenses. The majority of the Plan's expenses are paid by Plan participants through the use of the fee account.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance reduced by the highest outstanding loan balance over the past twelve months or the total of the participant's rollover and pre-tax, accounts in the Plan. Note terms cannot exceed four and one half years, except for principal residence notes that were grandfathered into the Plan. Notes are secured by the participant's account and bear interest at a rate of 1% above the lowest prime rate used by the trustee and are fixed for the term of the note. Principal and interest are paid ratably through payroll deductions unless the Plan member elects to accelerate payment in a lump sum payment by check. Effective January 1, 2010, the maximum number of outstanding notes was limited to one. Notes outstanding that exceed, in quantity, the number of new notes available will be repaid until they are paid in full under the original terms of the note.

Payment of Benefits

A participant's vested interest in the Plan is payable upon termination of employment or upon death. Upon termination of service, the participant may elect (1) to receive the distribution in a lump sum; (2) to receive annual, semi-annual, quarterly or monthly installments over any period designated by the participant, not to exceed the life expectancy of the participant or their beneficiary; (3) to roll over their account balance to another qualified plan or IRA; or (4) to leave the account in the Plan up to age 70½, at which time one of the above distribution options must be selected if no longer employed.

1. DESCRIPTION OF THE PLAN (CONTINUED)

If a participant dies before benefits have begun, the vested portion of the account is paid to the beneficiary in a lump sum. If the participant had elected distribution in installments, the remainder of the installments is paid to the beneficiary in a lump sum. If the participant dies before payment of the account begins, and if the beneficiary is the surviving spouse, the surviving spouse may elect to defer distribution until the participant would have reached the age of 70½. However, if the beneficiary is other than the surviving spouse, the beneficiary may defer distribution until five years following the anniversary of the participant's death.

Terminated participants, whose account value does not exceed $1,000, will receive a lump-sum payment within 90 days of termination. Terminated participants may elect to withdraw any portion of their accounts at any time after they terminate, provided the minimum amount requested is at least $5,000; or the total account balance if at that time is less than $5,000.

Actively employed members can begin drawing their employer matching contribution account along with their pre-tax, after-tax, Roth and rollover balances without penalty at age 59½. In-service hardship distributions are allowed if certain criteria are met. A beneficiary may elect to rollover any portion of a distribution that would constitute an eligible rollover distribution if it were made by a member, surviving spouse or alternate payee.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, amounts credited to the individual participant's accounts would become 100% vested.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and such differences could be material.

Investment Valuation and Income Recognition

The Plan's Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Board determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and sub-custodian. See Note 4, *Fair Value Measurements and Disclosures* for a discussion of fair value measurements.

Interest and dividend income, including capital gain distributions, is recorded when earned or on the ex-dividend date, respectively. Net appreciation (depreciation) in the fair value of investments represents the realized and unrealized gains and losses on the investments. Purchases and sales are recorded on a trade-date basis.

Separately Managed Stable Value Fund

Investment contracts held directly by a plan are required to be reported at fair value. In addition, investment contracts should also report contract value which is the relevant measurement of net assets available for benefit payments for fully benefit responsive investment contracts. As required, the Statements of Net Assets Available for Benefits presents the Plan's interest in the fair value of the fully benefit-responsive investment contracts held by the Plan at December 31, 2014 and 2013 with an adjustment to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Contract value represents contributions made, plus earnings, less participant withdrawals, losses and administrative expenses. All earnings from the Gates Stable Value Fund are reported in interest and dividends in the accompanying Statement of Changes in Net Assets Available for Benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest was de minimus. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Concentrations, Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are subject to various risks, such as interest rate, credit and overall market volatility risk. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in the economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such investment securities, it is possible that changes in the value of investment securities could occur in the near term and that such changes could affect the amounts reported in the Statements of Net Assets Available for Benefits. See Note 3, *Investments* for a listing of investments at fair value, which individually are greater than 5% of net assets held by the Plan.

Payment of Benefits

Benefit payments to participants are recorded when paid. As of December 31, 2014 and 2013, there were $0 and $269,429 in pending distributions, respectively.

Contributions

Participant contributions and related employer contributions are recognized in the period during which the Company makes payroll deductions from the participant's compensation.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Plan may pay for investment management fees, custodial fees, investment review fees, recordkeeping fees, trustee fees, eligible legal expenses and audit expenses as provided by the Plan Document. A fee of $50 is charged to the participant for initiation and processing of a participant loan. A flat fee of $500 is charged to the participant for external legal expense of the review and qualification of a Domestic Relations Order. The Plan allows for a flat fee to be charged to each participant's account each month to cover certain plan administrative expenses. Expenses of $914,750 were paid by the Plan for the year ended December 31, 2014. All other expenses of the Plan incurred during 2014 were paid by the Company and are excluded from these financial statements.

3. INVESTMENTS

The Retirement Board adheres to the Gates Corporation Defined Contribution Retirement Plan Statement of Investment Policy (the "Investment Policy"), which is periodically reviewed and updated. All investments are managed in accordance with the applicable fund prospectus by which the investment managers have been given the authority to make individual investment decisions that are consistent with the Investment Policy. As stated in the Investment Policy, each participant is responsible for directing the investment of his/her account balance.

During 2014, the Plan's investments in registered investment companies held (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $4,667,228.

3. INVESTMENTS (CONTINUED)

The fair value of individual investments held that represent 5% or more of the Plan's net assets as of December 31, 2014 and 2013 are as follows:

	2014	2013
American Funds New Perspective R6	**$ 58,343,977**	$ 65,496,055
Vanguard Institutional Index	**55,977,811**	59,481,748
Intermediate Core Fund*	**54,093,352**	-
Dodge & Cox Balanced	**51,483,416**	53,114,078
Prudential Core Conservative Intermediate Bond Fund*	**51,072,297**	56,906,602
Pyramid Intermediate Fixed Income Fund*	**-**	56,451,816
PIMCO Total Return Institutional	**35,347,306**	45,994,464
American Funds Fundamental Investors R6	**39,296,785**	45,504,911

** Held within the Gates Stable Value Fund. No other individual investment within the separately managed fund exceeded 5%.*

Separately Managed Stable Value Fund

The Gates Stable Value Fund is a separately managed account for the benefit of members of the Gates Matchmaker Plan: all assets of the Gates Stable Value Fund are held in the name of the Plan for the exclusive use of Plan members. As permitted by the Plan's investment policy and investment management agreement, the Stable Value Fund may invest in wrap contracts issued by insurance companies selected by the investment manager. Wrap contracts guarantee the book value of the underlying portfolio of corporate bonds, government backed fixed income securities, asset backed securities, and mortgage backed securities against depreciation due to interest rate fluctuation. Wrapper contracts enable the Plan to execute participant directed transactions without regard to volatility from appreciation or depreciation in the day-to-day value of the underlying assets.

The effective yields on these contracts represent the crediting rate, less the "wrapper" fee paid to the insurance carrier. Global wraps do not expire as assets are sold or mature; instead, the wrap remains intact and the maturity of the contract is open-ended. The underlying investments are valued at quoted redemption values on the last business day of the Plan's year-end. The fair value of the stable value fund equals the total of the fair value of the underlying assets plus the total wrap rebid value. Net assets are adjusted to contract value, which represents the contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

3. INVESTMENTS (CONTINUED)

The following summarizes the stable value fund's wrapper contracts at December 31, 2014 and 2013.

December 31, 2014

Contract Issuer	Major Credit Ratings	Fair Value of Underlying Assets	Adjustment from Fair Value to Contract Value	Contract Value
Synthetic GICs, including wrapper:				
Prudential Insurance Co. of America	**AA/Aa1**	**$ 51,116,380**	**$ (2,144,464)**	**$ 48,971,916**
RGA Reinsurance Co.	**AA/Aa1**	**44,916,864**	**(1,834,546)**	**43,082,318**
Monumental Life Insurance Co.	**AA/Aa2**	**57,830,534**	**(1,243,692)**	**56,586,842**
Short-term investment fund -				
Northern Trust STIF	**AAA/Aaa**	**1,578,512**	**-**	**1,578,512**
Total		**$ 155,442,290**	**$ (5,222,702)**	**$ 150,219,588**

December 31, 2013

Contract Issuer	Major Credit Ratings	Fair Value of Underlying Assets	Adjustment from Fair Value to Contract Value	Contract Value
Synthetic GICs, including wrapper:				
Monumental Life Insurance Co.	AA-/A1/AA-	$ 61,063,233	$ (1,564,542)	$ 59,498,691
Prudential Insurance Co. of America	AA-/A1/A+	56,906,602	(1,295,989)	55,610,613
RGA Reinsurance Co.	AA-/A1/A+	50,306,676	(1,648,361)	48,658,315
Monumental Life Insurance Co.	AA-/A1/AA-	6,152,019	(171,994)	5,980,025
Short-term investment fund -				
Northern Trust STIF	A-1/P-1/F1	10,525,464	-	10,525,464
Total		$ 184,953,994	$ (4,680,886)	$ 180,273,108

3. INVESTMENTS (CONTINUED)

The weighted average yield based on the interest rate credited to the fund based on the interest rate credited to participants was 2.32% and 2.25% for the years ended December 31, 2014 and 2013, respectively. The weighted average yield of the fund based on the actual earnings of underlying assets in the fund was 1.48% and 1.65% for the years ended December 31, 2014 and 2013, respectively. There were no valuation reserves recorded to adjust contract amounts during the plan years. Crediting rate resets were applied to specific investment contracts, as determined at the time of purchase and are generally reset quarterly. Crediting rates cannot be less than 0%. The reset values for security-backed investment rates were a function of contract value, market value, yield, and duration. General account investment rates were based on a pre-determined index rate of return plus a fixed-basis point spread.

Synthetic GICs, backed by underlying assets, provide for a guaranteed return on principal and accrue interest over a specified period of time (i.e., period of time before the crediting rate reset) through benefit-responsive wrapper contracts issued by a third party, assuming that the underlying assets meet the requirements of the GIC. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value for plan permitted benefit payments. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not limited to, the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. There were no restrictions on employee directed trades applied in 2014 and 2013. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are the highest priority and consist of unadjusted quoted prices in active markets the Plan has the ability to access for identical assets and liabilities. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly (quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant value drivers are observable). Level 3 inputs are the lowest priority and are unobservable and significant to the fair value measurement of an asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Cash and cash equivalents: Cash and cash equivalents represent funds on deposit in a Charles Schwab Trust account. The fair value is determined by obtaining the deposit balance from Charles Schwab. Cash and cash equivalents are classified as Level 1 in the fair value hierarchy.

Registered investment companies (mutual funds): Prices of these funds are based on net asset value ("NAV") calculated by the funds and are publicly reported on national exchanges. Although the prices are listed on national exchanges, exiting the investment is generally only accomplished through redemption with the fund itself. Thus, redemption with the fund is the principal market in which the Plan could exit the investments. The funds redeem shares at the NAV with few restrictions and redemption with the funds is within an active market. The Plan measures fair value of these investments using the daily NAV provided by the fund managers to Charles Schwab. These investments are classified as Level 1 in the fair value hierarchy.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

Separately managed stable value fund: The Gates Stable Value Fund, managed by GSAM Stable Value LLC (and previously managed by Deutsche Bank through March 11, 2014) consists of several different types of investments held in a separately managed account. The types of investments held within the account are short-term investments and synthetic GICs and the underlying portfolio of fixed income investments supporting the synthetic GICs.

Short-term investment fund: Consist of 100% U.S. Treasury money market funds managed by Northern Trust and are valued at the NAV which is calculated at a unit price which attempts to maintain a $1 unit price. The unit price is based on the fair value of the underlying investments, which in general are traded on an active market with observable inputs. Northern Trust determines the unit value. This investment is classified as Level 1 in the fair value hierarchy.

Synthetic GICs: A synthetic GIC is an investment contract issued by an insurance company or bank, and is constructed by combining a stable value insurance wrapper and a fixed income portfolio owned by the Plan. These assets underlying the wrapper contracts are maintained separate from the contract issuer's general assets, usually by a third party custodian. The wrapper contracts are obligated to provide an interest rate not less than zero. These contracts typically provide that realized and unrealized gains and losses on the underlying assets are not reflected immediately in the assets of the Plan, but rather are amortized, usually over the time to maturity or the duration of the underlying investments, through adjustments to the future interest crediting rate. The issuer guarantees that all qualified participant withdrawals will occur at contract value. At December 31, 2014, the synthetic GICs were comprised of intermediate fixed income funds and collective term funds. At December 31, 2013, the synthetic GICs were comprised of intermediate fixed income funds; asset backed securities; mortgage backed government securities (mainly U.S. backed); corporate bonds and cash and cash equivalents. The short-term investment fund is valued as described previously. The intermediate fixed income and collective term funds are valued at NAV, which is determined by the fund manager based on the fair value of the underlying investments. The funds generally stand ready to redeem at NAV on a daily basis. There are no unfunded commitments by the Company related to the funds and there are no significant restrictions on the ability to sell the investment. The asset backed, mortgage backed and government securities and corporate bonds were valued by Deutsche Bank utilizing pricing models that vary by asset class and incorporate available market data. Pricing models rely on observable standard market inputs such as benchmark yields, reported trades, broker/dealer quotes and matrix pricing. The fair value of synthetic GICs is determined using the market price of the underlying securities, as noted above, and the value of the investment contract ("wrapper"). Synthetic GICs are classified as Level 2 in the fair value hierarchy.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

Wrapper contracts: There is no market in which the Plan could exit the wrapper contracts associated with the Synthetic GICs. Additionally, reliable quotes are not available from issuers. Therefore, GSAM Stable Value LLC (and previously managed by Deutsche Bank through March 11, 2014) estimates the fair value of the wrapper contracts using a pricing matrix that incorporates unobservable inputs such as internal estimates of the average pricing used by issuers at December 31, 2014 and 2013 (based on a replacement cost methodology). The wrapper contracts are classified as Level 3 in the fair value hierarchy. In determining the reasonableness of the methodology, the Retirement Board evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

As of December 31, 2014	Level 1	Level 2	Level 3	Total
Investments:				
Registered investment companies:				
Fixed income funds	**$ 43,366,148**	**$ -**	**$ -**	**$ 43,366,148**
Balanced funds	**59,509,120**	**-**	**-**	**59,509,120**
U.S. equity funds	**215,216,540**	**-**	**-**	**215,216,540**
Global equity funds	**74,251,964**	**-**	**-**	**74,251,964**
International equity funds	**3,377,812**	**-**	**-**	**3,377,812**
Stable value fund:				
Short-term investment fund	**1,578,512**	**-**	**-**	**1,578,512**
Synthetic GICs – Intermediate fixed income and collective term funds	**-**	**153,819,694**	**-**	**153,819,694**
Wrapper contracts	**-**	**-**	**44,084**	**44,084**
Total investments, at fair value	**$ 397,300,096**	**$ 153,819,694**	**$ 44,084**	**$ 551,163,874**

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

As of December 31, 2013	Level 1	Level 2	Level 3	Total
Investments:				
Cash and cash equivalents	$ 190,786	$ -	$ -	$ 190,786
Registered investment companies:				
Fixed income funds	50,146,583	-	-	50,146,583
Balanced funds	60,602,537	-	-	60,602,537
U.S. equity funds	231,601,372	-	-	231,601,372
Global equity funds	85,498,303	-	-	85,498,303
International equity funds	2,094,140	-	-	2,094,140
Stable value fund:				
Short-term investment fund	10,525,464	-	-	10,525,464
Synthetic GICs –				
Intermediate fixed income funds	-	113,358,418	-	113,358,418
Asset backed securities	-	6,632,876	-	6,632,876
Cash equivalents	-	312,362	-	312,362
Mortgage backed securities	-	9,215,805	-	9,215,805
Government securities	-	29,437,236	-	29,437,236
Corporate bonds	-	15,432,005	-	15,432,005
Wrapper contracts	-	-	39,828	39,828
Total investments, at fair value	$ 440,659,185	$ 174,388,702	$ 39,828	$ 615,087,715

The following table sets forth a summary of changes in the fair value of the Plans Level 3 investments for the year ended December 31, 2014:

	Stable Value Fund Wrapper Contracts
Beginning balance January 1, 2014	$ 39,828
Interest earned	-
Realized losses	-
Unrealized gains, relating to investments still held as of the reporting date[1]	4,256
Sales	-
Ending balance December 31, 2014	$ 44,084

[1] Does not impact the Statement of Changes in Net Assets Available for Benefits due to the adjustment from fair value to contract value.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

The availability of observable market data is monitored to assess the appropriate classification of financial statements within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2014 and 2013, there were no transfers in or out of levels 1, 2, or 3.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share held in the Plan as of December 31, 2014 and 2013:

As of December 31, 2014

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Fixed income funds	$ 153,819,694	None	Daily	1 day

As of December 31, 2013

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Fixed income funds	$ 113,358,418	None	Daily	1 day

The following is a description of the investment strategies and objectives for the fixed income funds at December 31, 2014 and 2013:

Intermediate fixed income funds (Godman Sachs Intermediate Core Fund): To seek to provide regular, predictable United States ("U.S.") dollar interest income, through the investment in a diversified portfolio of U.S. Treasury and other government securities, corporate, mortgage and asset-backed securities and other fixed income securities.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

Intermediate fixed income funds (Prudential Core Conservative Intermediate Bond Fund): To outperform the Barclays Capital U.S. Intermediate Aggregate Bond Index by 25 basis points over a full market cycle.

Collective term funds: To seek to provide regular, predictable United States ("U.S.") dollar interest income over the course of its expected term through investment in a diversified portfolio of U.S. Treasury and other government securities, corporate, mortgage and asset-backed securities and other fixed income securities.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuations techniques used to measure the fair value of those financial instruments at December 31, 2014 and 2013, and the significant unobservable inputs and the range of values for those inputs:

As of December 31, 2014

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of significant input values
Transamerica Premier Life Insurance Company (formerly Monumental Life Insurance Co) wrapper contracts	$ 44,084	Replacement Cost	Year-end annual wrap fee	0.220%
			Indicative annual wrap fee	0.250%

As of December 31, 2013

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of significant input values
Transamerica Premier Life Insurance Company (formerly Monumental Life Insurance Co) wrapper contracts	$ 39,828	Replacement Cost	Year-end annual wrap fee	0.220%
			Indicative annual wrap fee	0.250%

5. INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated January 3, 2013 that the Plan was designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator and Company management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date, therefore no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of a Schwab U.S. Treasury Money Fund. Charles Schwab is the trustee of the Plan. Certain Plan investments are units of a short-term investment fund managed by Northern Trust. Northern Trust is the sub-custodian of the Gates Stable Value Fund. The Plan also pays certain expenses for audit, recordkeeping, custodial and investment management services from plan assets. The Plan also issues loans to participants, which are secured by the vested balances of the participant's accounts. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500:

December 31,	**2014**	2013
Net assets available for benefits per the accompanying financial statements	**$ 553,818,571**	$ 620,678,477
Amounts allocated to withdrawing participants	**-**	(269,429)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts (Note 2)	**5,222,702**	4,680,886
Net assets available for benefits per Form 5500 (unaudited)	**$ 559,041,273**	$ 625,089,934

The following is a reconciliation of the Plan's net increase in net assets per the accompanying financial statements for the year ended December 31, 2014 to Form 5500:

Total increase in net assets available prior to plan spin off per the accompanying financial statements	**$ 3,879,477**
Plus: 2014 Adjustment from fair value to contract value for fully benefit-responsive investment contracts held by the Plan	**5,222,702**
Less: 2013 Adjustment from fair value to contract value for fully benefit-responsive investment contracts held by the Plan	**(4,680,886)**
Plus: Amounts allocated to withdrawing participants as of December 31, 2013	**269,429**
Plan's increase in net assets available per the Form 5500 (unaudited)	**$ 4,690,722**

Benefits are recorded when paid for in the accompanying financial statements as required by current authoritative guidance. The above reconciliation includes participant benefit payments that were authorized and approved for payment prior to year end but not paid as of year-end. These amounts are recorded as liabilities for Form 5500 purposes.

Participant loans are reported as notes receivable from participants in the accompanying financial statements as required by current authoritative guidance; however, for Form 5500 purposes and reporting on the supplemental Schedule of Assets (Held at End of Year) they are shown as investments.

8. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through August 10, 2015, which is the date the financial statements were available to be issued. No events or transactions discovered during this evaluation require recognition or disclosure in the financial statements.

Supplemental Schedule

The Gates Matchmaker Plan

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014

(a),(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Participant Loans:		
*Plan participants	Interest rates of 4.25%; various maturity dates from 2015 to 2019	$ 8,098,154
Registered Investment Companies:		
American Beacon	American Beacon Small Cap Value	16,993,748
American Beacon	American Funds Fundamental Investors R6	39,296,785
American Beacon	American Funds New Perspective R6	58,343,977
Artisan	Artisan Mid Cap Value Investor	11,916,457
Columbia	Columbia Acorn Z	11,969,742
Dodge & Cox	Dodge & Cox Balanced	51,483,416
Harbor	Harbor International	15,907,987
PIMCO	PIMCO All Asset Institutional	8,025,704
PIMCO	PIMCO Total Return Institutional	35,347,306
T. Rowe Price	T. Rowe Price New America Growth	21,592,942
Vanguard	Vanguard Equity Income Admiral	12,400,339
Vanguard	Vanguard Inflation-Protected Securities Adm	1,136,386
Vanguard	Vanguard Institutional Index	55,977,811
Vanguard	Vanguard Mid Cap Index Institutional	20,550,999
Vanguard	Vanguard Small Cap Index	24,517,717
Vanguard	Vanguard Total Bond Market Index Signal	6,882,456
Vanguard	Vanguard Total Intl Stock Index	3,377,812
		395,721,584
Separately Managed Stable Value Fund:		
*Northern Trust Company (at fair value)		
	Northern Trust Company Collective Government Short Term Investment Fund	1,578,512
	Common/Collective Trust Funds	
	Prudential Trust Company	
	Core Conservative Intermediate Bond Fund	51,072,297
	Goldman Sachs Trust Company, N.A.	
	Intermediate Core Fund	54,093,352
	Term Fund 2014	1,449,280
	Term Fund 2015	15,401,190
	Term Fund 2016	17,944,014
	Term Fund 2017	6,967,248
	Term Fund 2018	6,892,313
		153,819,694
	Wrapper Contracts	
	Transamerica Premier Life Insurance Company	44,084
Total assets (held at end of year)		**$ 559,262,028**

* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditors' report.

THE GATES MATCHMAKER PLAN
Attachment to Form 5500, Schedule C-Part I Line 3
December 31, 2014
EIN: 84-0857401 Plan #: 334

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Artisan	39-1811840	Rate of 0.02% of average daily balance of asset(s)
Columbia	93-0577450	Rate of 0.02% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.01% of average daily balance of asset(s)

The Gates Matchmaker Plan

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014

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*Plan participants	Interest rates of 4.25%; various maturity dates from 2015 to 2019	$ 8,098,154
Registered Investment Companies:		
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American Beacon	American Funds Fundamental Investors R6	39,296,785
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See accompanying independent auditors' report.