

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 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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
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.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☐ Form 5558 ☒ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>ANDEAVOR PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan <u>01/01/1969</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ANDEAVOR LLC</u> <u>539 SOUTH MAIN STREET</u> <u>FINDLAY, OH 45840</u>	2b Employer Identification Number (EIN) <u>38-4084986</u>	2c Plan Sponsor's telephone number <u>419-422-2121</u>	2d Business code (see instructions) <u>324110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/15/2020</u>	<u>JONATHAN M. OSBORNE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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3a Plan administrator's name and address ☐ Same as Plan Sponsor JONATHAN M. OSBORNE C/O MARATHON PETROLEUM COMPANY LP 539 SOUTH MAIN STREET FINDLAY, OH 45840	3b Administrator's EIN 38-4126815 3c Administrator's telephone number 419-422-2121
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11132
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 8908 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ANDEAVOR PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANDEAVOR LLC</u>	D Employer Identification Number (EIN) <u>38-4084986</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>551912252</u>
b Actuarial value	2b <u>581235885</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>919</u> <u>119896553</u> <u>119896553</u>
b For terminated vested participants.....	<u>1305</u> <u>59881796</u> <u>59881796</u>
c For active participants	<u>8908</u> <u>407875882</u> <u>435040059</u>
d Total.....	<u>11132</u> <u>587654231</u> <u>614818408</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.51</u> %
6 Target normal cost.....	6 <u>6270000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>07/14/2020</u>
Signature of actuary		Date
<u>MARY SUSAN WELCH</u>		<u>20-05389</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>847-442-3230</u>
Firm name		Telephone number (including area code)
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	429195
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	429195
10 Interest on line 9 using prior year's actual return of <u>-4.97</u> %	0	-21331
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1215041
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73</u> %		69622
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1284663
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	407864

Part III Funding Percentages		
14 Funding target attainment percentage	14	94.53 %
15 Adjusted funding target attainment percentage	15	94.53 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.58 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2019	3000000	0			
07/12/2019	3000000	0			
10/14/2019	3000000	0			
01/15/2020	3000000	0			
Totals ▶			18(b)	12000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	11586383
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 6270000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 33582523 Installment 5724247**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount. **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 11994247**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 407864 Total balance 407864**36** Additional cash requirement (line 34 minus line 35) **36** 11586383**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 11586383**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ANDEAVOR PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDEAVOR LLC	D Employer Identification Number (EIN) 38-4084986	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

CONDUENT HR CONSULTING, LLC

81-2983623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	417260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN ASSET MANAGEMENT INC.

51-0368279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	105154	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

R.V. KUHNS & ASSOCIATES, INC.

93-0910652

(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	46669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
18 19 28 50 51	NONE	44716	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 25 50 59 60 62	TRUSTEE	42603	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	10523	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>ANDEAVOR PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ANDEAVOR LLC</u>	D Employer Identification Number (EIN) <u>38-4084986</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ABERDEEN EAFE PLUS FUND</u>		
b Name of sponsor of entity listed in (a): <u>ABERDEEN ASSET MANAGEMENT</u>		
c EIN-PN <u>30-0711678-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EX USA NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST</u>		
c EIN-PN <u>90-0337987-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI UNITED STATES INDX NL QP CTF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST</u>		
c EIN-PN <u>04-6625075-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOV'T ST INV FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET INTL EQ ACWI EX US CIT</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY - ARROWSTREET</u>		
c EIN-PN <u>61-6553401-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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)**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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ANDEAVOR PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDEAVOR LLC	D Employer Identification Number (EIN) 38-4084986	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	70777008	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	834690	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	76853315	0
(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)	15794560	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	390775085	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(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	555034658 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	320467 0
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	834690 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1155157 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	553879501 0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	12000000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	12000000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(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)	12624901
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	12624901
(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)		24769379
(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)		-561033
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		43799410
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		92632657

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	70700903	
(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)		70700903
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)	10523	
(2) Contract administrator fees	2i(2)	459863	
(3) Investment advisory and management fees	2i(3)	196539	
(4) Other	2i(4)	5474075	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6141000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76841903

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15790754
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		569670255

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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)		X	
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.)	X		
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
MARATHON PETROLEUM RETIREMENT PLAN	31-1537655	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4235004. (See instructions.)

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 sections 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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ANDEAVOR PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDEAVOR LLC		D Employer Identification Number (EIN) 38-4084986
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): 36-3046063		
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		3 426
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: 39.6 % Investment-Grade Debt: 58.9 % High-Yield Debt: 0.1 % Real Estate: 0.0 % Other: 1.4 %

- 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):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Andeavor Pension Plan



Financial Statements and Supplemental Schedules with Report of Independent Auditors

As of December 31, 2019 and 2018 and for the Year Ended December 31, 2019

Andeavor Pension Plan

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Independent Auditor's Report

To the Participants and Plan Administrator of
the Andeavor Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Andeavor Pension Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits and Statements of Accumulated Plan Benefits as of December 31, 2019 and 2018, and the related Statement of Changes in Net Assets Available for Benefits and Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2019, and the related Notes to Financial Statements.

Plan Management's Responsibility for the Financial Statements

Plan 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 ("US GAAP"); this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), Plan management instructed us not to perform, and we did not perform, any auditing procedures with respect to Plan investments, which was certified by Northern Trust Company, the trustee of the Plan ("Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by Plan management that the Trustee holds the Plan's investments assets and executes investment transactions. Plan management has obtained a certification from the Trustee as of December 31, 2019 and for the year then ended, that the information provided to Plan management by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental information listed in the table of contents for the year ended December 31, 2019 is required by DOL Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental information.

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

The form and content of the information included in the financial statements and supplemental information, other than that derived from the information certified by the Trustee, has been audited by us in accordance with US GAAS and, in our opinion, is presented in compliance with DOL Rules and Regulations for Reporting and Disclosure under ERISA.

McConnell & Jones LLP

Houston, Texas
October 14, 2020

Andeavor Pension Plan
Statements of Net Assets Available for Benefits
(in thousands)

	December 31,	
	2019	2018
Assets		
Investments at Fair Value		
Short-term investment funds	\$ 4,743	\$ 7,442
Common/collective trust funds	113,600	69,411
Pooled investment entity	19,641	15,795
Mutual funds	433,407	390,775
Total Investments	571,391	483,423
Contribution receivable	3,000	70,777
Accrued income receivable	675	835
Total Assets	575,066	555,035
Liabilities		
Due to broker for securities purchased	675	835
Accrued expenses payable	—	320
Benefits Payable	4,721	—
Pending Transfers Out	569,670	—
Total Liabilities	575,066	1,155
Net Assets Available For Benefits	\$ —	\$ 553,880

See accompanying notes to the financial statements.

Andeavor Pension Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019
(in thousands)

Additions	
Investment Activity	
Net appreciation in fair value of investments	\$ 67,376
Interest and dividends	13,257
Total Investment Income	80,633
Employer contributions	12,000
Total Additions	92,633
Deductions	
Benefits paid	70,701
Administrative expenses and other	6,142
Total Deductions	76,843
Total Increase in Net Assets Available for Benefits Before Transfer	15,790
Pending Transfers Out	569,670
Net Assets Available For Benefits	
Beginning of Year	553,880
End of Year	\$ —

See accompanying notes to the financial statements.

Andeavor Pension Plan
Statements of Accumulated Plan Benefits
(in thousands)

	December 31,	
	2019	2018
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	\$ 101,285	\$ 109,372
Other participants	431,227	465,656
Total Vested Benefits	532,512	575,028
Nonvested benefits	26,124	28,209
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 558,636	\$ 603,237

See accompanying notes to the financial statements.

Andeavor Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2019
(in thousands)

Actuarial Present Value of Accumulated Plan Benefits at the Beginning of the Year	\$	603,237
Increase (Decrease) During the Year Attributable to:		
Benefits paid		(77,522)
Benefits accumulated		—
Actuarial losses		—
Decrease in the discount period		36,731
Changes in actuarial assumptions		(3,810)
Net Decrease		(44,601)
Actuarial Present Value of Accumulated Plan Benefits at the End of the Year	\$	558,636

See accompanying notes to the financial statements.

Note 1 - Plan Description

The following is a summary description of the Andeavor Pension Plan (the "Plan"), which is provided for general information only. Participants should refer to the formal plan document ("Plan Document") for more complete information.

General

Andeavor LLC is the successor by merger to Andeavor, which was acquired by Marathon Petroleum Corporation ("MPC") on October 1, 2018. The terms "Andeavor" and "Company" refer to Andeavor prior to October 1, 2018 and Andeavor LLC on and after October 1, 2018.

The Plan is a non-contributory employee defined benefit pension plan established on January 1, 1969 for eligible employees of Andeavor and its subsidiaries. The Plan has been amended to comply with changes in technical requirements of the Internal Revenue Code ("IRC"). Generally, an employee is eligible for participation in the Plan after completing twelve months of service and having at least 1,000 hours of service during that twelve-month period. Upon becoming a participant, all service since date of hire is included in determining vesting and credited service, except for individuals who become employees of Andeavor as a result of an acquisition by Andeavor, for whom benefits are determined by the terms of the acquisition agreement. The Plan covers represented employees if the Plan is incorporated as a provision of the collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective at the close of December 31, 2019, a portion of the Plan's assets and liabilities were spun-off into the Speedway Retirement Plan. As part of this spin-off, \$11,892,401 was transferred into the Speedway Retirement Plan on January 2, 2020. Also, effective at the close of December 31, 2019, and immediately after the spin-off, the remainder of the Plan was merged with and into the Marathon Retirement Plan to form a single plan. As part of this merger, \$558,825,080 was transferred into the Marathon Retirement Plan on January 2, 2020. As a result of the spin-off and merger events, the Plan ceases to exist as a separate plan after the close of December 31, 2019.

Pension Benefits

The Plan provides a monthly retirement benefit made up of two components: 1) a Final Average Pay ("FAP") formula for service through December 31, 2010 and 2) a Cash Balance ("Cash Balance") formula for service beginning on or after January 1, 2011. The final benefit payable under the Plan is equal to the value of the sum of both the FAP and the Cash Balance components on the participant's benefit commencement date.

Under the FAP component, the benefit formula is equal to the sum of 1.1% of final average compensation for each year of service through December 31, 2010, plus 0.5% of average compensation in excess of the Social Security Covered Compensation limit for each year of service through December 31, 2010 up to 35 years. Final average compensation is the monthly average of compensation over the consecutive 36-month period in the last 120 months preceding the date of termination that produces the highest average. Compensation generally includes base salary, overtime and regular bonuses but is limited to the maximum compensation and benefit limits allowable for qualified plans under the IRC. Certain employees who Andeavor employs as a result of an acquisition may be eligible for special provisions that take into account service and benefits earned with a prior employer.

Under the Cash Balance component, for service beginning on or after January 1, 2011, participants earn quarterly pay and interest credits which are allocated to a hypothetical account balance. Pay credits are determined based on a percentage of a participant's eligible compensation at the end of each calendar quarter ranging from 4.5% to 8.5% of pay based on the participant's age at the end of each quarter. Interest is credited quarterly to existing account balances and is based on the higher of 10-Year U.S Treasury Bonds, 30-year U.S. Treasury Bonds or 3%.

Participants in the Plan become fully vested upon the completion of three years of vesting service. Normal retirement age for both the FAP and Cash Balance components is age 65. However, a participant may elect to receive a reduced benefit prior to age 65. Participants who qualify for early retirement (age 50 with service plus age greater than or equal to 80, or age 55 with 5 years of service), are eligible for an early retirement subsidy to be applied to their FAP benefit prior to age 65 with the potential for an unreduced benefit at age 62 or as early as age 60 if their service plus age is at least 80. Participants who do not qualify for early retirement can still receive their FAP benefit as an actuarial equivalent with no early retirement subsidy. Under the Cash Balance formula, participants receive the full value in their account without a reduction for a benefit commencement prior to age 65.

Trustee

At December 31, 2019, The Northern Trust Company ("Northern Trust") is the sole trustee and has certified all assets held under the Plan. The Plan's investments are administered by the Pension Investment Committee.

Plan Freeze

The Plan was frozen with respect to the entry of new participants and benefit accruals effective December 31, 2018.

Plan Termination

The Company had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan was terminated, the net assets of the Plan would be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), which guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions in the event the Plan terminates. However, PBGC does not guarantee all types of benefits, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits in the event of a Plan termination will depend on the sufficiency, at that time, of the Plan's net assets available and the level of benefits guaranteed by PBGC.

Funding Policy

Andeavor's policy is to contribute each year at least the minimum required contribution for that year. Contributions to satisfy minimum funding requirements of ERISA are determined by the Plan's actuary. The Plan has met the minimum funding requirements of ERISA for the year ended December 31, 2019.

Expenses

Administrative expenses of the Plan may be paid by the Plan, or paid by the employer if the Plan fails to pay any such administrative expenses, as provided in the Plan Document. The Company provides accounting and other administrative services to the Plan at no charge.

Subsequent Events

Management has evaluated subsequent events for the Plan through October 14, 2020, the date the financial statements were available to be issued. Any material subsequent events that occurred during this time have been properly recognized or disclosed in the Plan's financial statements.

New Accounting Pronouncements

In July 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standard Update 2018-09, Codification Improvements, which provides various minor codification updates and improvements to address comments that the FASB had received regarding unclear or vague accounting guidance. The standard is effective for fiscal years beginning after December 15, 2018, including interim reporting periods within that fiscal year. The Plan adopted ASU 2018-09 for the year ended December 31, 2019. In connection with the adoption, there was no impact on the Statement of Net Assets Available for Benefits or the Statement of Changes in Net Assets Available for Benefits.

Note 2 - Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments of the Plan are stated 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. See Note 7 for a discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held, amounts due to brokers, and accrued income receivable as of December 31, 2019 and 2018, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2019, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Northern Trust.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (refer to Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits are based on the balance of accrued retirement benefits as of December 31, 2019 or the transition benefits for certain employees. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee services rendered to the valuation date.

Note 3 - Accumulated Plan Benefits

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant Assumptions Underlying the Actuarial Computations

	2019	2018
Investment return	6.50% per annum	6.50% per annum
Retirement ages	50 to 70	50 to 70
Mortality	RP-2014 with MP-2019 Generational Improvements	RP-2014 with MP-2017 Generational Improvements
Lump Sum Interest Rate	2019 Pension Protection Act ("PPA")	2018 Pension Protection Act ("PPA")
Lump Sum Mortality	2019 PPA	2019 PPA
Form of Payment	100% Lump Sum	100% Lump Sum

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

Note 4 - Exempt Party-In-Interest Transactions

Certain of the Plan assets were invested in funds managed by Northern Trust, the trustee as defined by the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions.

Note 5 - Federal Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated May 5, 2014, indicating that the Plan is tax-qualified in form under Section 401(a) of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan, as amended, is designed and is currently

being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is tax-qualified and that the Plan's related trust is tax-exempt.

U.S. GAAP requires management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. The IRS completed audits of the Plan for 2016 and 2015 with no findings, and there are currently no audits for any tax periods in progress.

Note 6 - Risks and Uncertainties

The Plan provides for investments in various securities through the investment funds, including, but not limited to, equity and fixed income securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 7 - Fair Value Measurements

Plan assets are classified into three fair value classifications or levels. Level 1 investments include mutual funds which are based on market quotations from national securities exchanges. Level 2 investments include individual fixed income securities in which the underlying investments are valued on the basis of quoted prices in the active market. Such prices are monitored and provided by an independent, third-party custodial firm responsible for safekeeping plan assets. Level 3 investments are valued using significant unobservable inputs that are not supported by sufficient market activity. As of December 31, 2019 and 2018, there were no level 2 or level 3 assets.

The Plan's short-term investment funds, common/collective trust funds and pooled investment entity are valued at the net asset value ("NAV") of the fund as determined by the fund manager, using NAV as a practical expedient. None of these investments are categorized in the fair value table below.

Plan management does not believe that there are any significant concentrations of risk within the plan assets. Receivables and accrued expenses payable are recorded at cost, which approximates fair value because of the short-term maturities of these instruments.

Plan's Major Asset Categories Shown at Fair Value Level (in thousands)

Fair Value Measurements as of December 31, 2019					
	Level 1	Level 2	Level 3	Total	
Investments Measured at Fair Value:					
Mutual funds (a)	\$ 433,407	\$ —	\$ —	\$	433,407
Investments Measured at Net Asset Value:					
Short-term investment funds (b)					—
Common/collective trust funds (c)					—
Pooled investment entity (d)					—
Total Plan Investments				\$	433,407

Fair Value Measurements as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Investments Measured at Fair Value:				
Mutual funds (a)	\$ 390,775	\$ —	\$ —	\$ 390,775
Investments Measured at Net Asset Value:				
Short term investment funds (b)				7,442
Common/collective trust funds (c)				69,411
Pooled investment entity (d)				15,795
Total Plan Investments			\$	483,423

Investment Strategy and Valuation

Investment Category	Investing In	How Fair Value Measured	Redemption Restrictions
Mutual funds (a)	Domestic and international equity securities	Based on market quotations from national securities exchanges	No redemption notice requirements or penalties
Short-term investment funds (b)	Diversified portfolio of U.S. dollar denominated securities	Net asset value per share	No redemption notice requirements or penalties
Common/collective trust funds (c)	Equity and fixed income securities	Net asset value per share, as determined by the investment manager and derived from the quoted prices in active markets of the underlying securities	Funds require a two to fifteen business day notice and are available for redemption one to three times per month
Pooled investment entity (d)	International equity securities	Net asset value per share, as determined by the investment manager and derived from the quoted prices in active markets of the underlying securities	Fund requires a thirty business day notice

Schedule H, line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2019
EIN: 38-4084986 Plan No.: 001

Party Involved/ Description of Asset	Number of Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) Series of Transactions:						
<u>Morgan Stanley Capital International All Country World EX-US</u>						
Sale		—	39,866,468	32,310,651	39,866,468	7,555,817
<u>Morgan Stanley Capital International All Country World Index</u>						
Purchase		89,122,961	—	89,122,961	89,122,961	—
<u>Morgan Stanley Capital International Common Trust Fund</u>						
Sale		—	49,256,492	27,756,765.3	49,256,492	21,499,726.7
<u>Northern Trust Government Short-Term Investment Fund</u>						
Purchase		124,760,072	—	124,760,072	124,760,072	—
Sale		—	121,556,739	121,556,739	121,556,739	—
<u>Benchmark-Free Allocation Fund - GMO</u>						
Purchase		25,520,000	—	25,520,000	25,520,000	—
<u>Income Opportunity Fund - Westwood Holdings Group</u>						
Sale		—	25,520,036	21,823,168	25,520,036	3,696,868
Category (iii) Series of Transactions:						
<u>Morgan Stanley Capital International All Country World EX-US</u>						
Purchase	7	11,083,000	—	11,083,000	11,083,000	—
Sale	1	—	39,866,468	39,866,468	39,866,468	—
<u>Morgan Stanley Capital International All Country Index</u>						
Purchase	3	90,502,410	—	90,502,410	90,502,410	—
<u>Morgan Stanley Capital International Common Trust Fund</u>						
Purchase	4	13,287,000	—	13,287,000	13,287,000	—
Sale	6	—	51,125,941	28,784,596	51,125,941	22,341,345
<u>Benchmark-Free Allocation Fund - GMO</u>						
Purchase	6	40,251,729	—	40,251,729	40,251,729	—

Party Involved/ Description of Asset	Number of Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Vanguard Long-Term Bond Index Fund</u>						
Purchase	13	6,435,559	—	6,435,559	6,435,559	—
Sale	15	—	45,871,108	45,871,108	45,871,108	—
<u>Vanguard Short-Term Bond Index Fund</u>						
Purchase	15	37,648,709	—	37,648,709	37,648,709	—
Sale	4	—	8,370,000	8,264,220	8,370,000	105,780
<u>Vanguard Short-Term Bond Index Fund</u>						
Purchase	2	7,979,776	—	7,979,776	7,979,776	—
Sale	1	—	25,520,036	21,823,168	25,520,036	3,696,868
<u>Northern Trust Government Short-Term Investment Fund</u>						
Purchase	118	245,825,223	—	245,825,223	245,825,223	—
Sale	93	—	248,503,563	248,503,563	248,503,563	—

There were no category (ii) or (iv) transactions for the year ended December 31, 2019.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		136 \$56,560 \$4,349								
25-29		635 \$90,395 \$9,328	30 \$135,076 \$33,921							
30-34		902 \$106,270 \$12,931	163 \$142,541 \$44,993	46 \$142,334 \$52,890	1					
35-39		929 \$110,849 \$15,147	255 \$148,527 \$50,289	161 \$149,375 \$59,078	15					
40-44		741 \$113,806 \$16,183	232 \$149,909 \$55,615	144 \$154,377 \$67,726	49 \$145,277 \$65,099	1				
45-49		709 \$117,650 \$16,503	247 \$154,616 \$63,948	172 \$154,230 \$76,019	73 \$159,606 \$78,833	15	2			
50-54		606 \$116,763 \$17,695	263 \$155,101 \$69,571	148 \$156,286 \$81,581	137 \$159,567 \$86,146	26 \$162,792 \$91,132	5	1		
55-59		529 \$119,235 \$18,254	285 \$149,701 \$73,281	145 \$152,318 \$88,466	110 \$148,023 \$88,561	29 \$178,132 \$109,115	5	2	1	
60-64		310 \$125,218 \$20,860	216 \$153,640 \$80,346	109 \$152,000 \$94,078	82 \$141,523 \$91,332	16	1	3	3	1
65-69		89 \$116,786 \$19,420	52 \$131,677 \$76,146	22 \$153,071 \$101,639	27 \$145,163 \$103,723	3			2	
70+		9	12		1					

N-8,908

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Salary Increases	N/A.
Cash Balance Interest Crediting Rate	Rate based on the greater of the 10-year and 30-year Treasury Constant Maturity rate for the fourth month preceding the calendar quarter with a minimum rate of 3.0%. For 2019, this equals 3.00%.
Lump Sum Conversion Basis	The mortality table required under 417(e) for 2019 and the underlying liability interest rates.
Optional Payment Form Election Percentage Actives	100% immediate lump sum.
Terminated Vested Participants	Final average pay benefit assumed to be paid as a single life annuity. Cash balance assumed to be paid in a lump sum.
Retirement Age Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates Healthy	2019 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e) and IRS Notice 2018-02.
Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Withdrawal Rates	See Table 2.
Disability Rates	No rates.
Decrement Timing	Beginning of year decrements.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	N/A—the plan is frozen.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$225,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2017 Plan Year	6.50%, limited to 6.48%
2018 Plan Year	6.50%, limited to 6.29%
2019 Plan Year	6.50%, limited to 6.11%
Trust Expenses Included in Target Normal Cost	Administrative expenses paid during the prior year adjusted for the expected increase in PBGC premium, rounded to the nearest ten thousand (\$6,270,000).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2019
Census Date	January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Table 1

Probability of Retirement

Early Retirement

Age	Rate
50	0.00%
51	0.00%
52	0.00%
53	0.00%
54	0.00%
55	5.00%
56	7.00%
57	8.00%
58	9.00%
59	10.00%
60	10.00%
61	10.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Rule of 80 Retirement

Age	Rate
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55	7.50%
56	7.50%
57	7.50%
58	10.00%
59	15.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Table 2

Withdrawal Rates

Age	Male	Female
20	18.50%	22.00%
21	18.50%	22.00%
22	18.50%	22.00%
23	18.50%	22.00%
24	18.50%	22.00%
25	18.50%	22.00%
26	16.53%	20.69%
27	14.56%	19.38%
28	12.59%	18.07%
29	10.62%	16.76%
30	8.65%	15.45%
31	8.23%	14.73%
32	7.81%	14.01%
33	7.39%	13.29%
34	6.97%	12.57%
35	6.55%	11.85%
36	6.23%	11.29%
37	5.91%	10.73%
38	5.59%	10.17%
39	5.27%	9.61%
40	4.95%	9.05%
41	4.95%	9.05%
42	4.95%	9.05%
43	4.95%	9.05%
44	4.95%	9.05%
45	4.95%	9.05%
46	4.95%	9.05%
47	4.95%	9.05%
48	4.95%	9.05%
49	4.95%	9.05%
50	4.95%	9.05%
51	4.95%	9.05%
52	4.95%	9.05%
53	4.95%	9.05%
54+	4.95%	9.05%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 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**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

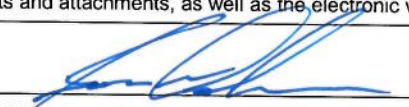
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☒ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☐ Form 5558 ☒ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan ANDEAVOR PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Andeavor LLC 539 South Main Street Findlay OH 45840	2b Employer Identification Number (EIN) 38-4084986
	2c Plan Sponsor's telephone number 419-422-2121
	2d Business code (see instructions) 324110

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

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

SIGN HERE		<u>10.14.20</u>	Jonathan M. Osborne
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor Jonathan M. Osborne c/o Marathon Petroleum Company LP 539 South Main Street Findlay OH 45840	3b Administrator's EIN 38-4126815 3c Administrator's telephone number 419-422-2121
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11,132
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e..... g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 8,908 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

See

Audited Financial Statements

For

Schedule of Reportable Transactions

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ANDEAVOR PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ANDEAVOR LLC	D Employer Identification Number (EIN) 38-4084986

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information**

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value	2a	551,912,252	
b Actuarial value	2b	581,235,885	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	919	119,896,553	119,896,553
b For terminated vested participants	1,305	59,881,796	59,881,796
c For active participants	8,908	407,875,882	435,040,059
d Total	11,132	587,654,231	614,818,408
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.51%	
6 Target normal cost	6	6,270,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE***Mary Susan Welch MSW*

Signature of actuary

07/14/2020

Date

MARY SUSAN WELCH

2005389

Type or print name of actuary

Most recent enrollment number

AON CONSULTING, INC.

847-442-3230

Firm name

Telephone number (including area code)

4 OVERLOOK POINT

LINCOLNSHIRE IL 60069

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	429,195
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	429,195
10 Interest on line 9 using prior year's actual return of <u>-4.97%</u>	0	-21,331
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		1,215,041
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73%</u>		69,622
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		1,284,663
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	407,864

Part III Funding Percentages

14 Funding target attainment percentage	14	94.53%
15 Adjusted funding target attainment percentage.....	15	94.53%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.58%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2019	3,000,000	0			
07/12/2019	3,000,000	0			
10/14/2019	3,000,000	0			
01/15/2020	3,000,000	0			
Totals ▶	18(b)	12,000,000	18(c)		0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	11,586,383

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0		0

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 62**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 6,270,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 33,582,523 Installment 5,724,247**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 11,994,247

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	407,864	407,864

36 Additional cash requirement (line 34 minus line 35) **36** 11,586,383**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 11,586,383**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.51%	Interest Adjusted Contribution
April 12, 2019	\$ 3,000,000	101	\$ 2,955,804
July 12, 2019	3,000,000	192	2,916,542
October 14, 2019	3,000,000	286	2,876,532
January 15, 2020	<u>3,000,000</u>	379	<u>2,837,505</u>
Total Contribution	\$ 12,000,000		\$ 11,586,383

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
50	0.01%	0.24	11.85
51	0.09%	2.80	142.85
52	0.24%	7.81	406.26
53	0.45%	14.78	783.59
54	0.69%	22.89	1236.29
55	3.54%	120.43	6623.58
56	6.72%	231.69	12974.68
57	7.42%	254.24	14491.66
58	8.92%	300.36	17420.94
59	11.70%	379.83	22409.80
60	14.12%	431.56	25893.49
61	14.28%	400.68	24441.67
62	19.07%	484.32	30027.92
63	19.05%	414.18	26093.13
64	19.01%	351.66	22506.38
65	28.73%	451.85	29369.95
66	28.74%	337.13	22250.62
67	29.13%	252.72	16931.93
68	29.03%	184.28	12531.27
69	28.77%	133.68	9224.22
70	96.57%	333.20	23324.28
71	55.77%	9.87	700.98
72	59.56%	5.80	417.93
73	64.02%	6.98	509.32
74	59.89%	2.91	215.52
75	50.19%	1.96	147.32
76	0.00%	0.00	0.00
77	100.00%	1.89	145.28
78	100.00%	0.00	0.00
79	100.00%	1.00	79.00
Total		5140.76	321311.72
Weighted Average			62.50

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard
Carryover Balance or Prefunding Balance

The Andeavor Pension Plan was merged into the Marathon Petroleum Retirement Plan on December 31, 2019. The prefunding funding balance listed on line 7(b) is the portion of the Marathon Petroleum Retirement Plan's January 1, 2018 prefunding balance that the Andeavor plan is using to satisfy the remaining portion of the 2019 minimum required contribution. The return for the 2018 plan year is that of the Marathon Petroleum Retirement Plan. This balance is ignored when determining the funding target attainment percentage and the funding shortfall as of January 1, 2019.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date of Plan and Most Recent Amendment	The plan was originally effective January 1, 1969. It was amended and restated effective January 1, 2014. The most recent amendment reflected is Amendment 10 (signed December 27, 2018). Effective December 31, 2018, benefit accruals for all employees under the plan are frozen.
Plan Year	The twelve-month period ending December 31.
Coverage and Participation	A United States employee of Andeavor or one of its subsidiary companies which has adopted this Plan will become a participant on the first day of the month if: 1. Employee has worked 12 consecutive months from date of hire and credited with 1,000 hours or 2. Employee has worked 1,000 hours in a subsequent 12-month period beginning January 1 through December 31 Effective December 31, 2018, the plan is closed to new entrants.
Normal Retirement Date	The later of age 65 and three years of participation in the plan.
Early Retirement Date	A participant is eligible for early retirement when he has reached (i) age 50, if age plus vesting service is greater than or equal to 80, or (ii) both age 55 and completed 5 years of vesting service. Vesting service will continue to accrue after December 31, 2018.
Eligible Compensation	Amounts paid which are required to be reported on income tax and withholding statement (W-2) inclusive of overtime pay, commissions and normal bonuses but excluding special income because of services overseas, expense allowances, special recognition awards and all other extraordinary compensation. No pay after December 31, 2018 is considered when determining the benefit.
Plan Participants' Contributions	They are not required or permitted.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Optional Forms of Retirement Income

Optional forms of payment include: single life annuity, 10-year certain and life, 50% Joint and Survivor, 75% Joint and Survivor, 66 2/3% Joint and Survivor, 66 2/3% Joint and Survivor with 10 years certain option, and lump sum.

Changes in Plan Provisions Since
Last Actuarial Valuation

Effective December 31, 2018, benefit accruals for all employees under the plan are frozen.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Final Average Pay Component of Benefit for Service Prior to 2011¹

Final Average Monthly Compensation	Average of the highest consecutive, 36-month period of Eligible Compensation in the past 10-year period. Final Average Monthly Compensation is frozen as of December 31, 2018.
Average Final Compensation	Average of high 36-month earnings in last 120 months of Shell earnings. Generally, the same as Eligible Compensation however, overtime and other bonuses are not included. Average Final Compensation is frozen as of December 31, 2018.
Social Security Covered Compensation	Average of the Social Security Taxable Wage Bases (in accordance with the Social Security Act in effect on the Participant's date of termination) for the 35-year period ending in the calendar year that the Participant attains Social Security Normal Retirement Age. Social Security Covered Compensation is frozen as of December 31, 2018.

Benefit Service

Generally each month of service a participant works, a month of Benefit Service is earned. Benefit Service starts from hire date or date of acquisition if later. Participants earn service from date of hire or from the dates below if acquired participants:

Former Plan Participants	Applicable Date
BP Amoco	September 6, 2001
Golden Eagle	May 17, 2002
LAR (Shell Los Angeles)	May 11, 2007
Shell	August 1, 1998

Effective December 31, 2010, Benefit Service is frozen¹.

Normal Retirement Benefit
Andeavor Benefit Formula:

- Sum of (i) and (ii)
- (i) 1.10% of participant's Final Average Monthly Compensation multiplied by the number of years of Benefit Service through December 31, 2010¹.
 - (ii) 0.50% of participant's Final Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by the number of years of Benefit Service through December 31, 2010¹ to a maximum of 35 years.

¹ For Mandan and LAR Unions, effective dates are January 31, 2012 and April 30, 2012, respectively.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Benefit for Former BP Amoco,
Golden Eagle and LAR Participants:

Greater of (i) and (ii) where:

- (i) Andeavor benefit formula above based on Andeavor service from Benefit Service table above through December 31, 2010¹.
- (ii) Andeavor benefit formula above using **all** service (service with Andeavor and prior plan service) through December 31, 2010¹ minus the prior plan frozen benefit.

Note: Generally, all service in (ii) above is from date of hire, however it is from January 1, 2003 for LAR participants.

Benefit for Former Shell Participants:

Greater of (i) and (ii) below:

- (i) Andeavor benefit formula above based on Andeavor service from Benefit Service table above through December 31, 2010.
- (ii) 1.60% of participant's Average Final Compensation multiplied by Benefit Service (all periods) through December 31, 2010 minus August 1, 1998 Shell Benefit and minus Social Security Offset. The Social Security Offset is calculated as 1.50% of the participant's Primary Social Security Benefit (frozen as of December 31, 2018) multiplied by the Projected Benefit Service to Social Security Normal Retirement Age (max of 33 1/3 years) multiplied by Benefit Service through December 31, 2010 divided by Projected Benefit Service to Social Security Normal Retirement Age (no max). Projected Benefit Service for this purpose is not frozen at December 31, 2010.

¹ For Mandan and LAR Unions, effective dates are January 31, 2012 and April 30, 2012, respectively.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Early Retirement Benefit

Andeavor, BP Amoco, & LAR Participants The benefit calculation as defined above based on Benefit Service (as frozen at December 31, 2010¹) and Pay (as frozen at December 31, 2018) as of early retirement date but reduced according to the schedule below:

Age	Age + Svc > = 80 Percentage of NR Benefit	Age + Svc < = 80 Percentage of NR Benefit
65	100%	100%
64	100%	100%
63	100%	100%
62	100%	100%
61	100%	92.8%
60	100%	85.7%
59	95%	78.6%
58	90%	71.4%
57	85%	64.3%
56	80%	57.1%
55	75%	50.0%
54	70%	N/A
53	65%	N/A
52	60%	N/A
51	55%	N/A
50	50%	N/A

¹ For Mandan and LAR Unions, effective dates are January 31, 2012 and April 30, 2012, respectively.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Andeavor Pension Plan
EIN: 38-4084986 PN: 001

Former Golden Eagle Participants

The factors above are applied to the Andeavor portion of the benefit (either Andeavor-only or Andeavor-all service).

The factors below are applied to the frozen Golden Eagle benefit based on status at acquisition date:

Service Age Points	< 10 < 55 N/A	10+ < 55 N/A	10+ 55+ N/A	N/A 55+ 85+
65	100%	100%	100%	100%
64	90%	93%	100%	100%
63	82%	87%	100%	100%
62	74%	80%	100%	100%
61	67%	73%	100%	100%
60	61%	67%	100%	100%
59	55%	63%	93%	100%
58	50%	60%	87%	100%
57	46%	57%	80%	100%
56	42%	53%	73%	100%
55	38%	50%	67%	100%
54	35%	46%	N/A	N/A
53	32%	42%	N/A	N/A
52	29%	38%	N/A	N/A
51	27%	35%	N/A	N/A
50	25%	32%	N/A	N/A

Former BP Amoco Participants

In addition to the above benefits, participants who were age 40 and above and not age 50 with at least 15 years of service at acquisition and ultimately qualify for early retirement benefits are eligible for a Special Social Security supplement. This benefit will be paid until the participant attains age 62.

The monthly supplement amount is equal to \$50 times vesting service up to 20 years plus \$45 times vesting service greater than 20 years. Vesting service for this purpose is limited to service through December 31, 2010¹.

¹ For Mandan and LAR Unions, effective dates are January 31, 2012 and April 30, 2012, respectively.

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The supplement is then reduced to reflect age at commencement based on the factors below:

Age	Vesting Service + Age > = 55	Vesting Service + Age < = 55
61	100%	100%
60	100%	100%
59	97%	85%
58	94%	70%
57	91%	55%
56	88%	40%
55	85%	25%
54	77%	10%
53	69%	N/A
52	61%	N/A
51	53%	N/A
50	45%	N/A

The final reduced supplement payable is limited to the amount of the unreduced Primary Social Security Benefit.

Former Shell Participants
Before Age 65

The greater of (i) and (ii) below:

- (i) The total service Shell benefit, calculated as 1.60% times Average Final Compensation.
- (ii) Andeavor formula based on service from Benefit Service table above through December 31, 2010.

After Age 65

The greater of (i) and (ii) below:

- (i) The total service Shell benefit, calculated as 1.60% times Average Final Compensation, minus Social Security Offset minus August 1, 1998 Shell benefit.
- (ii) Andeavor formula based on service from Benefit Service table above through December 31, 2010.

Where amounts above are reduced in accordance with early retirement table. Note that the August 1, 1998 Shell benefit will be offset before age 65 if the participant was eligible at August 1, 1998 for an early retirement benefit.

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Death Benefit

A participant is eligible for a death benefit after completing three years of vesting service. The death benefit amount is actuarial equivalent to the survivor portion of a 100% Joint & Survivor assuming that the participant elected such form of payment immediately preceding their death. The death benefit for the surviving spouse may be paid as a single life annuity or a lump sum at the election of the spouse. The death benefit for a non-spouse beneficiary will be paid as an immediate lump sum.

Vested Benefits Upon Termination of Service

If a participant terminates his service prior to his normal retirement date and has three years of vesting service (five years for terminations before December 31, 2010¹), the deferred vested benefit is equal to the benefit computed based on pay and service as of the termination date (pay is frozen at December 31, 2018, service is frozen at December 31, 2010¹). The benefit will commence at Normal Retirement Date, or reduced benefits may commence at any earlier age on an actuarially equivalent basis, where actuarial equivalence is based on GAM-83 unisex mortality and 7.50% interest.

Disability Benefit

A participant is eligible for a disability benefit upon completing three years of vesting service and becoming totally and permanently disabled. The benefit amount is calculated in the same manner as the Normal Retirement Benefit above, however, assuming that pay will continue at the same rate as in effect at time of disability to normal retirement date (frozen at December 31, 2018) and service will continue to December 31, 2010¹.

¹ For Mandan and LAR Unions, effective dates are January 31, 2012 and April 30, 2012, respectively.

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Cash Balance Component of Benefit for Services After 2010¹

Cash Balance Account Account

A notional account corresponding to each participant reflecting the amount of the employer's obligation to the participant at any given time.

Accrual

On the last day of each plan quarter (or the last day of the month of the participant's date of termination, if earlier), each participant's account shall be credited with:

- a. Interest Credits: Using an annual effective rate based on the yield on 30-Year Treasury Securities (but not less than 3.0%) applied to the notional account at the beginning of the quarter; and
- b. Salary Credits: Based on a percentage applied to the member's Eligible Compensation during the quarter, as shown below:

Age at the End of the Quarter	Quarterly Contribution Percentage
Less Than 30	4.5%
30–39	5.5%
40–49	6.5%
50–59	7.5%
60 and Above	8.5%

In addition, acquired BP Carson employees earn an additional 6% (Non-Heritage) or 9% (Heritage) of pay for the period between June 1, 2013 and May 31, 2014.

Salary Credits are frozen effective December 31, 2018. Interest credits will continue to be provided after December 31, 2018.

Retirement Benefits

The benefit payable upon Early or Normal Retirement Date is a lump sum or annuity that is actuarially equivalent to the participant's Cash Balance Account as of the annuity starting date.

¹For Mandan and LAR Unions, effective dates are January 31, 2012 and April 30, 2012, respectively.

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Vested Benefits Upon Termination of Service	A participant is 100% vested upon completion of three years of service and may elect to commence benefits at any time. The termination benefit is equal to the vested cash balance account credited with interest to the annuity starting date. Vesting service will continue to accrue after December 31, 2018.
Death Benefits	The participant's beneficiary will receive a lump-sum benefit equal to 100% of the participant's vested account balance as of the date of death, increased with interest to the payment date.
Disability Benefit	A participant is eligible for a disability benefit upon completing three years of vesting service and becoming totally and permanently disabled. The benefit amount is calculated in the same manner as the Retirement Benefit above, however, assuming that pay and service (i.e., Salary Credits) will continue at the same rate as in effect at time of disability to normal retirement date. Employees disabled prior to 2011 will begin earning Salary Credits on January 1, 2011 ¹ in lieu of additional Benefit Service under the Final Average Pay formula. Salary Credits are frozen as of December 31, 2018.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Line 14 and 32a were calculated without subtracting any funding balances as there were not any funding balances as of January 1, 2019 in the Andeavor Pension Plan. The funding balance shown on line 7 is a portion of the Marathon Petroleum Retirement Plan funding balance that became available on December 31, 2019 when the Andeavor Pension Plan merged into the Marathon Petroleum Retirement Plan.

Both the enrolled actuary for the plan and the business organization providing actuarial services to the plan have changed. This change meets the conditions for automatic approval provided in Rev. Proc. 2017-56 (change in funding method for takeover plans).

¹ For Mandan and LAR Unions, effective dates are February 1, 2012 and May 1, 2012, respectively.

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 12,204,872	January 1, 2018	6	\$ 2,250,640
Shortfall	\$ 21,377,651	January 1, 2019	7	\$ 3,473,607