# 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**

## 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GRAHAM C-STORES CO. PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1992

**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)
GRAHAM C-STORES COMPANY

39109 N US HWY 41
WADSWORTH, IL 60083-8915

**2b** Employer Identification Number (EIN)
36-3830551

**2c** Plan Sponsor's telephone number
847-223-3710

**2d** Business code (see instructions)
447100

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/01/2020 | JACK GRAHAM |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/01/2020 | JACK GRAHAM |
| | **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 |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 310 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 194 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 203 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 128 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 331 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 332 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 279 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 28 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 3D

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**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
GRAHAM C-STORES CO. PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GRAHAM C-STORES COMPANY

**D** Employer Identification Number (EIN)
36-3830551

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

UBS FINANCIAL SERVICES INC.

13-2638166

**(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)

CORRELL CO.

36-3492086

| (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? |
|---|---|---|---|---|---|---|
| 15 37 | TPA | 9446 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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
GRAHAM C-STORES CO. PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GRAHAM C-STORES COMPANY

**D** Employer Identification Number (EIN)
36-3830551

## 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) | 27429 | 55023 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 185791 | 88400 |
| **(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) | 94122 | 67682 |
| **(B)** Common | 1c(4)(B) | 7791538 | 10407873 |
| **(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) | 33375 | 31769 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (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 | 8132255 | 10650747 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 50 | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 50 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 8132205 | 10650747 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 355023 | |
| | **(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) | | 355023 |
| **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) | 1766 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1766 |
| | **(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) | 232978 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 232978 |
| | **(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) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1918424 |
| c Other income | 2c | | 150000 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2658191 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 129759 | |
| (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) | | 129759 |
| 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) | 9446 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 444 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 9890 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 139649 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2518542 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] 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 [X] No

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

**(1)** Name: FGMK, LLC **(2)** EIN: 36-2929601

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**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 _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (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
GRAHAM C-STORES CO. PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GRAHAM C-STORES COMPANY

**D** Employer Identification Number (EIN)
36-3830551

## 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): 36-3868376 36-3865716

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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_____

# Graham C-Stores, Co.
# Profit Sharing Plan

Financial Statements and
Independent Auditor's Report

December 31, 2019

**GRAHAM C-STORES, CO. PROFIT SHARING PLAN**

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**INDEPENDENT AUDITOR'S REPORT**

*Identifying opportunities.*
*Delivering solutions.*

To the Board of Trustees of
Graham C-Stores, Co. Profit Sharing Plan

***Report on the Financial Statements***
We have audited the accompanying financial statements of Graham C-Stores, Co. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

***Auditor's Responsibility***
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

***Opinion***
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Graham C-Stores, Co. Profit Sharing Plan as of December 31, 2019 and 2018, and the changes in its net assets available for benefits for the year ended December 31, 2019 in accordance with accounting principles generally accepted in the United States of America.

***Report of Supplementary Information***
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Assets Held at December 31, 2019, referred to as "supplementary information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

FGMK, LLC

Bannockburn, Illinois
August 19, 2020

**GRAHAM C-STORES, CO. PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2019 AND 2018**

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value | $ 10,563,955 | $ 8,071,450 |
| Notes receivable from participants | 31,769 | 33,375 |
| Contributions receivable: | | |
| Employer | 55,023 | 27,429 |
| | 10,650,747 | 8,132,254 |
| **LIABILITIES** | | |
| Other liabilities | - | 50 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 10,650,747 | $ 8,132,204 |

The accompanying notes are an integral part of these statements.

**GRAHAM C-STORES, CO. PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2019**

| | |
|---|---|
| **ADDITIONS** | |
| Investment income: | |
| Interest, dividends and other income | $ 382,978 |
| Net appreciation in fair value of investments | 1,918,424 |
| | 2,301,402 |
| Interest on notes receivable from participants | 1,766 |
| Employer contributions | 355,023 |
| | 2,658,191 |
| **DEDUCTIONS** | |
| Benefits paid to participants | 129,759 |
| Administrative fees | 9,889 |
| | 139,648 |
| **INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 2,518,543 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | |
| Beginning of year | 8,132,204 |
| End of year | $ 10,650,747 |

The accompanying notes are an integral part of this statement.

**GRAHAM C-STORES PROFIT SHARING PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

## NOTE 1 – DESCRIPTION OF PLAN

The following description of the Graham C-Stores, Co. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

***General.*** The Plan is a defined contribution plan covering all full-time employees of the Graham C-Stores, Co. (the "Company", "Employer" and "Plan Administrator") who are employees on the last date of the plan year, have 1,000 hours of service, and are age twenty and one-half years or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

***Contributions.*** The Employer contributions to the Plan are at the discretion of the Employer's Board of Directors. The Employer elected to make a gross contribution of 7.5% of eligible compensation totaling $415,499 for the year ended December 31, 2019. Participants may rollover eligible contributions from another qualified retirement plan. The Plan does not permit voluntary employee contributions.

***Participant Accounts.*** Each participant's account is credited with an allocation of (a) the Employer's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of Plan expenses. Allocations are based on participants' earnings or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting.*** Participants are immediately vested in their rollover contributions plus actual earnings thereon. Vesting in the Employer contributions portion of their accounts plus earnings thereon is based on years of service and is determined as follows. A participant becomes fully vested in the portion attributable to the Employer contribution if employment is terminated because of death, normal retirement age, or total and permanent disability.

| Completed Years of Service | Percentage of Account Balance Vested |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

***Notes Receivable from Participants.*** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balances, whichever is less. The loans are secured by the balance of the participant's account and bear interest at the rate defined in the Plan document. Principal and interest is paid ratably through payroll deductions.

***Forfeited Accounts.*** A terminated participant's non-vested account balance is forfeited on the earlier date of such a participant's fifth consecutive one-year break in service or the date the participant receives a distribution of the participant's vested interest. Forfeitures are used to restore any prior account balances pursuant to Section 5.4(b) of the Plan document. Any remaining forfeitures are used to supplement Employer contributions. Forfeitures of $60,476 were used to supplement Employer contributions for the year ended December 31, 2019.

(Continued)

**GRAHAM C-STORES PROFIT SHARING PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 1 – DESCRIPTION OF PLAN** (Concluded)

***Benefits.*** Benefits representing the vested portion of a participant's balance are payable upon termination, retirement, death or disability. Benefits to participants whose employment has terminated are payable after the end of the Plan year in the month following the issuance of the Annual Report.

Distributions may be made as an eligible rollover to an IRA, an eligible rollover to another plan, a lump sum payment or substantially equal installments, paid at least annually over the participants' life expectancy.

***Party-in-Interest Transactions.*** Administrative expenses of the Plan, consisting principally of accounting and trustee fees, are paid directly by the Employer. Various administrative, legal and accounting services are performed by the Employer personnel on behalf of the Plan for which no charges are made to the Plan, and the Employer's management has no plans to obtain reimbursement of these expenses from the Plan.

***Administration of the Plan.*** The Company is the Plan's sponsor and administrator. Correll Company is the Plan's third-party administrator. The Plan custodian is UBS Financial Services, Inc. (the "Custodian").

***Economic Conditions.*** In March 2020, government agencies announced warnings related to the Coronavirus ("COVID-19"). Any potential decline in economic activity in the U.S. and other regions of the world as a result of the virus may have an adverse impact on the Plan's Assets.

***Recent Legislation.*** The Coronavirus Aid Relief and Economic Security Act ("CARES Act") was signed into law on March 27, 2020. The CARES Act allows for Coronavirus-related distributions and loans to participants through the end of 2020 and has specific rules related to the qualification, distribution and repayment of such distributions and loans.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Concentration of Credit Risk.*** Substantially all of the Plan's investments are held by UBS Financial Services, Inc. and 98.2% of these investments are in common stock. However, no more than 7.8% of net assets is invested in any one stock at December 31, 2019 with the majority being less than 5.0%.

***Basis of Accounting.*** The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

***Estimates and Assumptions.*** The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates. Future events and their effects cannot be predicted with certainty; accordingly, accounting estimates require the exercise of judgment. Accounting estimates used in the preparation of these financial statements change as new events occur, as more experience is acquired, as additional information is obtained, and as the operating environment changes.

***Investment Valuation and Income Recognition.*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of 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 appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

**GRAHAM C-STORES PROFIT SHARING PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Concluded)

***Notes Receivable From Participants.*** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

***Payment of Benefits.*** Benefits are recorded when paid.

**NOTE 3 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

***Level 1.*** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

***Level 2.*** Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

***Level 3.*** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2019 and 2018:

***Common Stocks, Preferred Stock, and Partnership.*** Valued at the closing price reported on the active market on which the individual securities are traded.

***Government Money Market Fund.*** Valued at amortized cost. Fund's Board of Trustee periodically reviewed and monitored the valuation of the securities held by the Fund to ensure that amortized cost approximated fair value.

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

(Continued)

**GRAHAM C-STORES PROFIT SHARING PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 3 – FAIR VALUE MEASUREMENTS** (Concluded)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

| | Assets at Fair Value as of December 31, 2019 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Common stocks | $ 10,407,873 | $ - | $ - | $ 10,407,873 |
| Preferred stock | 41,830 | - | - | 41,830 |
| Partnership | 25,852 | - | - | 25,852 |
| Government money market fund | - | 88,400 | - | 88,400 |
| Total investment assets at fair value | $ 10,475,555 | $ 88,400 | $ - | $ 10,563,955 |

| | Assets at Fair Value as of December 31, 2018 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Common stocks | $ 7,791,537 | $ - | $ - | $ 7,791,537 |
| Preferred stock | 67,504 | - | - | 67,504 |
| Partnership | 26,618 | - | - | 26,618 |
| Government money market fund | - | 185,791 | - | 185,791 |
| Total investment assets at fair value | $ 7,885,659 | $ 185,791 | $ - | $ 8,071,450 |

**NOTE 4 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**NOTE 5 – TAX STATUS**

The prototype plan sponsor has obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the restated prototype plan document was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator timely adopted the restated prototype plan. The Plan Administrator believes that the Plan is currently being operated in accordance with the applicable requirements of the Internal Revenue Code.

**NOTE 6 – RISK AND UNCERTAINTIES**

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**GRAHAM C-STORES PROFIT SHARING PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

## NOTE 7 – SUBSEQUENT EVENTS

Management has evaluated all known subsequent events from December 31, 2019 through August 19, 2020, the date the accompanying financial statements were available to be issued, and is not aware of any material subsequent events occurring during this period that have not been disclosed in the notes to the financial statements.

**SUPPLEMENTARY INFORMATION**

**GRAHAM C-STORES, CO. PROFIT SHARING PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**

**DECEMBER 31, 2019**

**EMPLOYER IDENTIFICATION NUMBER: 36-3830551**

**PLAN NUMBER: 001**

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| **Common stock** | | | | |
| | UBS Financial Services | Merck & Co. | $ 318,375 | $ 832,465 |
| | UBS Financial Services | JPMorgan Chase & Co. | 164,605 | 697,000 |
| | UBS Financial Services | Microsoft Corp | 124,837 | 488,870 |
| | UBS Financial Services | Medtronic | 330,885 | 487,835 |
| | UBS Financial Services | Amgen | 129,266 | 482,140 |
| | UBS Financial Services | Raytheon | 60,256 | 439,480 |
| | UBS Financial Services | Walt Disney | 42,288 | 433,890 |
| | UBS Financial Services | Cisco | 45,363 | 431,640 |
| | UBS Financial Services | Adobe Inc (Delaware) | 242,432 | 329,810 |
| | UBS Financial Services | BP PLC Spon ADR | 298,935 | 294,372 |
| | UBS Financial Services | Unitedhealth Group, Inc. | 50,421 | 293,980 |
| | UBS Financial Services | Charter Communications Inc New ClA | 50,391 | 286,682 |
| | UBS Financial Services | Visa Inc CL A | 162,155 | 281,850 |
| | UBS Financial Services | Abbott Labs | 122,333 | 260,580 |
| | UBS Financial Services | Procter & Gamble Co. | 63,093 | 243,555 |
| | UBS Financial Services | Nextera Energy Inc. | 52,287 | 242,160 |
| | UBS Financial Services | Abbvie Inc Com | 89,136 | 239,058 |
| | UBS Financial Services | Home Depot Inc | 148,051 | 218,380 |
| | UBS Financial Services | Bristol Myers Squibb Co | 167,700 | 192,570 |
| | UBS Financial Services | Walmart Inc | 149,961 | 178,260 |
| | UBS Financial Services | Qualcomm Inc | 101,471 | 176,460 |
| | UBS Financial Services | AT&T Inc | 137,626 | 164,136 |
| | UBS Financial Services | Boein Company | 185,751 | 162,880 |
| | UBS Financial Services | Danaher Corp | 87,376 | 153,480 |
| | UBS Financial Services | Pioneer Nat Res Co. | 76,143 | 151,370 |
| | UBS Financial Services | Apple Inc | 133,961 | 146,825 |
| | UBS Financial Services | KKR & CO Inc CL A | 87,128 | 145,850 |
| | UBS Financial Services | Mondelez Intl Inc | 50,192 | 141,556 |
| | UBS Financial Services | EXXON Mobil Corp | 137,768 | 139,560 |
| | UBS Financial Services | UGI Corp New | 49,067 | 135,480 |
| | UBS Financial Services | Wyndham Hotels & Resorts | 41,600 | 131,901 |
| | UBS Financial Services | Lilly Eli & Co. | 81,312 | 131,430 |
| | UBS Financial Services | Walgreen | 72,204 | 117,920 |
| | UBS Financial Services | Wyndham Destinations Inc | 33,002 | 108,549 |
| | UBS Financial Services | Pfizer Inc. | 80,372 | 97,950 |
| | UBS Financial Services | Comcast Corp New Cl A | 75,255 | 89,940 |
| | UBS Financial Services | Coca Cola | 31,852 | 88,560 |
| | UBS Financial Services | Schlumberger Ltd. Netherland | 89,952 | 80,400 |
| | UBS Financial Services | CVS Health Corp | 80,340 | 74,290 |
| | UBS Financial Services | Philip Morris Intl Inc. | 24,396 | 70,199 |
| | UBS Financial Services | Colgate Palmolive Co | 43,128 | 68,840 |
| | UBS Financial Services | Dupont De Nemours Inc | 73,762 | 64,200 |
| | UBS Financial Services | WSTN Digital Corp | 65,569 | 63,470 |
| | UBS Financial Services | Takeda Pharmaceutical Co LTD | 47,886 | 49,660 |
| | UBS Financial Services | Halliburton Co. | 43,465 | 48,940 |
| | | Subtotal to page 10 | $ 4,743,348 | $ 10,158,423 |

**GRAHAM C-STORES, CO. PROFIT SHARING PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**FORM 5500, SCHEDULE H, PART IV, LINE 4i**

**DECEMBER 31, 2019**

**EMPLOYER IDENTIFICATION NUMBER: 36-3830551**

**PLAN NUMBER: 001**
(Concluded)

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | | Subtotal from page 9 | $ 4,743,348 | $ 10,158,423 |
| | UBS Financial Services | Chevron Corp | 37,567 | 42,179 |
| | UBS Financial Services | Altria Group, Inc. | 10,706 | 41,176 |
| | UBS Financial Services | Bausch Health Cos Inc CAD | 138,053 | 40,392 |
| | UBS Financial Services | Xerox Corp | 18,545 | 32,260 |
| | UBS Financial Services | Kraft Foods | 27,126 | 27,503 |
| | UBS Financial Services | Genl Electric Co. | 60,080 | 22,320 |
| | UBS Financial Services | Viacomcbs Inc Cl B | 40,849 | 18,761 |
| | UBS Financial Services | CIGNA Corp | 10,749 | 12,065 |
| | UBS Financial Services | Community Health Systems, Inc. | 49,551 | 4,350 |
| | UBS Financial Services | Conduent Inc | 7,386 | 4,340 |
| | UBS Financial Services | Mallinckrodt Pub Ltd Co | 100,754 | 2,967 |
| | UBS Financial Services | Wabtec Inc | 781 | 778 |
| | UBS Financial Services | Quorum Health Corp | 10,188 | 359 |
| | | | 5,255,683 | 10,407,873 |
| **Corporate stocks - preferred** | | | | |
| | UBS Financial Services | Chesapeake Energy Corp. Conv., Preferred Stock | 117,348 | 32,800 |
| | UBS Financial Services | Rights Bristol-Myers Squibb | 6,390 | 9,030 |
| | | | 123,738 | 41,830 |
| **Other equity investment - partnership** | | | | |
| | UBS Financial Services | Energy Transfer Partners LP | 63,830 | 25,852 |
| **Cash and cash equivalents** | | | | |
| * | UBS Financial Services | UBS Liquid Assets Gov't Fund | 88,400 | 88,400 |
| * | Participant Loans | Interest rate of 5.25% - 7.25% maturing 2019 through 2039 | 31,769 | 31,769 |
| | | | $ 5,563,420 | $ 10,595,724 |

* Represents a permitted party in interest.

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 36-3830551
Plan Number: 001

GRAHAM C-STORES CO. PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT DECEMBER 31, 2019

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | **Corporate stocks - common:** | | | |
| | UBS Financial Services, Inc.-Common Stock | Abbott Labs | $ 122,333 | $ 260,580 |
| | UBS Financial Services, Inc.-Common Stock | Abbvie Inc Com | 89,136 | 239,058 |
| | UBS Financial Services, Inc.-Common Stock | Adobe Inc (Delaware) | 242,432 | 329,810 |
| | UBS Financial Services, Inc.-Common Stock | Altria Group, Inc. | 10,706 | 41,176 |
| | UBS Financial Services, Inc.-Common Stock | Amgen | 129,266 | 482,140 |
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| | UBS Financial Services, Inc.-Common Stock | AT&T Inc | 137,626 | 164,136 |
| | UBS Financial Services, Inc.-Common Stock | Bausch Health Cos Inc CAD | 138,053 | 40,392 |
| | UBS Financial Services, Inc.-Common Stock | Boeing Company | 185,751 | 162,880 |
| | UBS Financial Services, Inc.-Common Stock | BP PLC Spon ADR | 298,935 | 294,372 |
| | UBS Financial Services, Inc.-Common Stock | Bristol Myers Squibb Co | 167,700 | 192,570 |
| | UBS Financial Services, Inc.-Common Stock | Charter Communications Inc New ClA | 50,391 | 286,682 |
| | UBS Financial Services, Inc.-Common Stock | Chevron Corp | 37,567 | 42,179 |
| | UBS Financial Services, Inc.-Common Stock | CIGNA Corp | 10,749 | 12,065 |
| | UBS Financial Services, Inc.-Common Stock | Cisco | 45,363 | 431,640 |
| | UBS Financial Services, Inc.-Common Stock | Coca Cola | 31,852 | 88,560 |
| | UBS Financial Services, Inc.-Common Stock | Colgate Palmolive Co | 43,128 | 68,840 |
| | UBS Financial Services, Inc.-Common Stock | Comcast Corp New Cl A | 75,255 | 89,940 |
| | UBS Financial Services, Inc.-Common Stock | Community Health Systems, Inc. | 49,551 | 4,350 |
| | UBS Financial Services, Inc.-Common Stock | Conduent Inc | 7,386 | 4,340 |
| | UBS Financial Services, Inc.-Common Stock | CVS Health Corp | 80,340 | 74,290 |
| | UBS Financial Services, Inc.-Common Stock | Danaher Corp | 87,376 | 153,480 |
| | UBS Financial Services, Inc.-Common Stock | Dupont De Nemours Inc | 73,762 | 64,200 |
| | UBS Financial Services, Inc.-Common Stock | EXXON Mobil Corp | 137,768 | 139,560 |
| | UBS Financial Services, Inc.-Common Stock | Genl Electric Co. | 60,080 | 22,320 |
| | UBS Financial Services, Inc.-Common Stock | Halliburton Co. | 43,465 | 48,940 |
| | UBS Financial Services, Inc.-Common Stock | Home Depot Inc | 148,051 | 218,380 |
| | UBS Financial Services, Inc.-Common Stock | JPMorgan Chase & Co. | 164,605 | 697,000 |
| | UBS Financial Services, Inc.-Common Stock | KKR & CO Inc CL A | 87,128 | 145,850 |
| | UBS Financial Services, Inc.-Common Stock | Kraft Foods | 27,126 | 27,503 |
| | UBS Financial Services, Inc.-Common Stock | Lilly Eli & Co. | 81,312 | 131,430 |
| | UBS Financial Services, Inc.-Common Stock | Mallinckrodt Pub Ltd Co | 100,754 | 2,967 |
| | UBS Financial Services, Inc.-Common Stock | Medtronic | 330,885 | 487,835 |
| | UBS Financial Services, Inc.-Common Stock | Merck & Co. | 318,375 | 832,465 |
| | UBS Financial Services, Inc.-Common Stock | Microsoft Corp | 124,837 | 488,870 |
| | UBS Financial Services, Inc.-Common Stock | Mondelez Intl Inc | 50,192 | 141,556 |
| | UBS Financial Services, Inc.-Common Stock | Nextera Energy Inc. | 52,287 | 242,160 |
| | UBS Financial Services, Inc.-Common Stock | Pfizer Inc. | 80,372 | 97,950 |
| | UBS Financial Services, Inc.-Common Stock | Philip Morris Intl Inc. | 24,396 | 70,199 |
| | UBS Financial Services, Inc.-Common Stock | Pioneer Nat Res Co. | 76,143 | 151,370 |
| | UBS Financial Services, Inc.-Common Stock | Procter & Gamble Co. | 63,093 | 243,555 |
| | UBS Financial Services, Inc.-Common Stock | Qualcomm Inc | 101,471 | 176,460 |
| | UBS Financial Services, Inc.-Common Stock | Quorum Health Corp | 10,188 | 359 |
| | UBS Financial Services, Inc.-Common Stock | Raytheon | 60,256 | 439,480 |
| | UBS Financial Services, Inc.-Common Stock | Schlumberger Ltd. Netherland | 89,952 | 80,400 |
| | UBS Financial Services, Inc.-Common Stock | Takeda Pharmaceutical Co LTD | 47,886 | 49,660 |
| | UBS Financial Services, Inc.-Common Stock | UGI Corp New | 49,067 | 135,480 |
| | UBS Financial Services, Inc.-Common Stock | Unitedhealth Group, Inc. | 50,421 | 293,980 |
| | UBS Financial Services, Inc.-Common Stock | Viacom | 40,849 | 18,761 |
| | UBS Financial Services, Inc.-Common Stock | Visa Inc CL A | 162,155 | 281,850 |
| | UBS Financial Services, Inc.-Common Stock | Wabtec Inc | 781 | 778 |
| | UBS Financial Services, Inc.-Common Stock | Walgreen | 72,204 | 117,920 |
| | UBS Financial Services, Inc.-Common Stock | Walmart Inc | 149,961 | 178,260 |
| | UBS Financial Services, Inc.-Common Stock | Walt Disney | 42,288 | 433,890 |
| | UBS Financial Services, Inc.-Common Stock | WSTN Digital Corp | 65,569 | 63,470 |
| | UBS Financial Services, Inc.-Common Stock | Wyndham Destinations Inc | 33,002 | 108,549 |

| | | | | | |
|---|---|---|---|---|---|
| UBS Financial Services, Inc.-Common Stock | Wyndham Hotels & Resorts | | 41,600 | | 131,901 |
| UBS Financial Services, Inc.-Common Stock | Xerox Corp | | 18,545 | | 32,260 |
| | | $ | 5,255,683 | $ | 10,407,873 |
| **Other Equity Investments - Partnership** | | | | | |
| UBS Financial Services, Inc.-Common Stock | Energy Transfer Partners LP | $ | 63,830 | $ | 25,852 |
| **Corporate stocks - preferred:** | | | | | |
| UBS Financial Services, Inc.-Common Stock | Chesapeake Energy Corp Conv | | 117,348 | | 32,800 |
| UBS Financial Services, Inc.-Common Stock | Bristol Myers Squibb Co | | 6,390 | | 9,030 |
| | | $ | 187,568 | $ | 67,682 |
| **Cash and cash equivalents:** | | | | | |
| UBS Financial Services, Inc.-Common Stock | UBS Liquid Assets Gov't Fund | $ | 88,400 | $ | 88,400 |
| Graham C-Stores Company | Participant Loans - Interest Rate 5.25% - 6.75% | $ | 31,769 | $ | 31,769 |
| | | $ | 5,563,420 | $ | 10,595,724 |