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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SPEEDWAY RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/30/2007</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>007</u>                                                       | <b>1c</b> Effective date of plan<br><u>06/30/2007</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                           | <u>007</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/30/2007</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MARATHON PETROLEUM COMPANY LP</u><br><br><u>539 SOUTH MAIN STREET, ROOM M09012</u><br><u>FINDLAY, OH 45840</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1537655</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>419-422-2121</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>447100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1537655</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>419-422-2121</u> | <b>2d</b> Business code (see instructions)<br><u>447100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1537655</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>419-422-2121</u>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>447100</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<br>HERE | Filed with authorized/valid electronic signature. | 10/13/2021 | JONATHAN M. OSBORNE                                          |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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.

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------|-------|--------------|-------|-----------|-----|-----------|------|-----------|-------|-----------|-----|-----------|-------|-----------|--|-----------|------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>JONATHAN M. OSBORNE<br><br>539 SOUTH MAIN STREET<br>FINDLAY, OH 45840-3295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br>38-4126815<br><br><b>3c</b> Administrator's telephone number<br>419-422-2121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>4</b> 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><b>a</b> Sponsor's name SPEEDWAY LLC<br><b>c</b> Plan Name SPEEDWAY RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br>31-1551430<br><br><b>4d</b> PN<br>007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 14747                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;"><b>6a(1)</b></td><td style="text-align: right;">11938</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">11362</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">327</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">2714</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">14403</td></tr> <tr><td><b>6e</b></td><td style="text-align: right;">120</td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">14523</td></tr> <tr><td><b>6g</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;">1123</td></tr> </table> |  |  | <b>6a(1)</b> | 11938 | <b>6a(2)</b> | 11362 | <b>6b</b> | 327 | <b>6c</b> | 2714 | <b>6d</b> | 14403 | <b>6e</b> | 120 | <b>6f</b> | 14523 | <b>6g</b> |  | <b>6h</b> | 1123 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11938                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 327                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2714                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14523                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1C 1I 3F 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |       |              |       |           |     |           |      |           |       |           |     |           |       |           |  |           |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                         |                                                                                                                                                  |
| ▶ 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<br>SPEEDWAY RETIREMENT PLAN                                                                                         | B Three-digit plan number (PN) ▶ 007                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MARATHON PETROLEUM COMPANY LP                                 | D Employer Identification Number (EIN)<br>31-1537655                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                       |                            |                           |                          |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                     |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                               |                            |                           |                          |
| a      | Market value .....                                                                                                                                                                                    | 2a                         | 207572490                 |                          |
| b      | Actuarial value .....                                                                                                                                                                                 | 2b                         | 195239242                 |                          |
| 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.....                                                                                                                                     | 370                        | 20010795                  | 20010795                 |
| b      | For terminated vested participants.....                                                                                                                                                               | 2439                       | 37602356                  | 37602356                 |
| c      | For active participants .....                                                                                                                                                                         | 11938                      | 109408815                 | 119388673                |
| d      | Total.....                                                                                                                                                                                            | 14747                      | 167021966                 | 177001824                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.61 %                    |                          |
| 6      | Target normal cost.....                                                                                                                                                                               | 6                          | 15988311                  |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10/05/2021                             |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                   |
| AON CONSULTING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20-05389                               |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Most recent enrollment number          |
| 4 OVERLOOK POINT<br>LINCOLNSHIRE, IL 60069                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 847-295-5000                           |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone number (including area code) |

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 23798821               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 16162278               |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 7636543                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.59</u> % .....                                                                                | 0                     | 1037806                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.23</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 8674349                |

| Part III Funding Percentages                                                                                                                                               |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 105.40 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 107.24 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 93.82 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/14/2021                                                                               | 2000000                           | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 2000000                           | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |           |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |           |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b>                                                          | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b>                                                          | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b>                                                          | 1890082   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |           |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>c</b> 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:  
4.75 %2nd segment:  
5.50 %3rd segment:  
6.27 %☐ 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** 15988311**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 9563069**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**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** 6425242

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 6425242            | 6425242       |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 1890082**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 1890082**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 1890082**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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                |                                                             |     |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020     |                                                             |     |
| <b>A</b> Name of plan<br>SPEEDWAY RETIREMENT PLAN                                              | <b>B</b> Three-digit plan number (PN) ▶                     | 007 |
|                                                                                                |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MARATHON PETROLEUM COMPANY LP | <b>D</b> Employer Identification Number (EIN)<br>31-1537655 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| MASSACHUSETTS FIN. SER. CO (MFS)                                                                                  |
| 04-2747644                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| DIMENSIONAL FUND ADVISORS LP (DFA)                                                                                |
| 30-0447847                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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**(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)

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 373324                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER

61-0736136

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 27 50               | NONE                                                                                              | 22813                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AON INVESTMENT CONSULTING LLC

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 20790                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 25 50               | TRUSTEE                                                                                           | 18700                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BLACKROCK

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28 50 51         | NONE                                                                                              | 9943                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HAMILTON LAN ADVISORS, LLC

23-2962336

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 9516                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2020</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning <span style="color: blue;">01/01/2020</span> and ending <span style="color: blue;">12/31/2020</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">SPEEDWAY RETIREMENT PLAN</span>                                                                            | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">007</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">MARATHON PETROLEUM COMPANY LP</span>                        | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">31-1537655</span> |                                       |

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

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MARATHON PETROL. MASTER RET. TRUST</span> |
|---------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MARATHON PETROLEUM COMPANY LP</span> |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                  |                                                          |                                                                                                                                                 |
|------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <span style="color: blue;">46-6645355-101</span> | <b>d</b> Entity code <span style="color: blue;">M</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">218469332</span> |
|------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MARATHON PETROLEUM GROUP TRUST</span> |
|-----------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MARATHON PETROLEUM COMPANY LP</span> |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                  |                                                          |                                                                                                                                               |
|------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <span style="color: blue;">27-6011802-102</span> | <b>d</b> Entity code <span style="color: blue;">M</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">6104266</span> |
|------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

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

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

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

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

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

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

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

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>SPEEDWAY RETIREMENT PLAN</u>                                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>007</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MARATHON PETROLEUM COMPANY LP</u>                                                                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br><u>31-1537655</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       | 2000000         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 11892401              |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 195680090             | 224573598       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 207572491             | 226573598       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 207572491 | 226573598 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 2000000    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 2000000   |
| <b>b</b> Earnings on investments:                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 80614      |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> | 488333     |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> | 4538341    |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> | 10176      |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 5117464   |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> | 14918      |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 14918     |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> | 137174707  |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> | 123786602  |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            | 13388105  |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> | 14798353   |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....         | <b>2b(5)(C)</b> |            | 14798353  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 2753701   |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            | 276142    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 38348683  |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 17608861 |          |
| (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) |          | 17608861 |
| 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) | 108188   |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 392902   |          |
| (4) Other.....                                                                      | 2i(4) | 1237625  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 1738715  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 19347576 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 19001107 |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MCCONNELL AND JONES

(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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                 | No                 | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</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.) .....                                                                                                   |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>c</b> 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.) .....                                                                                                                                                                                                                               |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>d</b> 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.) .....                                                                                                                                                                                                                    |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                           | X                   |                    | 45000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>g</b> 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? .....                                                                                                                                                                                                                                         |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>h</b> 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? .....                                                                                                                                                                                                                               |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                     | X                   |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                          | X                   |                    |          |
| <b>j</b> 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.) .....                                                                                                                                                                                       |                     |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                |                     |                    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                 |                     |                    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                       |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>n</b> 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. ....                                                                                                                                                                                                                           |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                                       |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                       | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4307036 _____. |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                     |                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>SPEEDWAY RETIREMENT PLAN</div>                                              | <div>B Three-digit plan number (PN) ▶<br/>007</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>MARATHON PETROLEUM COMPANY LP</div> | <div>D Employer Identification Number (EIN)<br/>31-1537655</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                                                                                        |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                              | <div>1</div>      |
| <div>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):<br/><br/>EIN(s): _____<br/><br/>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |                   |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                   | <div>3 1244</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                                                                                             |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                               |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>            |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>            |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>            |

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

Schedule R (Form 5500) 2020  
v. 200204

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

|            |  |
|------------|--|
| <b>14a</b> |  |
| <b>14b</b> |  |
| <b>14c</b> |  |

- 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.....

|            |  |
|------------|--|
| <b>15a</b> |  |
| <b>15b</b> |  |

- 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.....

|            |  |
|------------|--|
| <b>16a</b> |  |
| <b>16b</b> |  |

- 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: 8 % Investment-Grade Debt: 87 % High-Yield Debt: 5 % Real Estate: 0 % Other: 0 %

**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 \_\_\_\_\_



# McConnell Jones

## Independent Auditor's Report

To the Participants and Plan Administrator of  
Speedway Retirement Plan

### ***Report on the Financial Statements***

We have audited the accompanying financial statements of Speedway Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

### ***Plan's Management 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.

### ***Auditors' Responsibility***

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

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

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Houston, TX 77081  
Phone: 713.968.1600  
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# McConnell Jones

## *Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended, and its financial status as of December 31, 2019 and changes therein for the year then ended, in accordance with US GAAP.

*McConnell & Jones LLP*

Houston, Texas  
October 15, 2021

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Speedway Retirement Plan  
EIN: 31-1551430 PN: 007

Schedule SB, line 24—Change in Actuarial Assumptions

The valuation reflects the following assumption changes:

- A change in the withdrawal rates to better reflect anticipated future experience.
- A change in the retirement rates to better reflect anticipated future experience.
- A change in the percent married assumption from 70% for males and 35% for females to 50% for males and 15% for females to better reflect anticipated future experience.
- A change in the assumed spousal age difference from male participants assumed to be three years older than spouses and female participants assumed to be three years younger than spouses to male participants assumed to be two years older than spouses and female participants assumed to be three years younger than spouses to better reflect anticipated future experience.
- A change in the salary increase assumption to better reflect anticipated future experience.
- A change in the optional payment form election percentage from 96% elect the lump sum and 4% elect the single life annuity to 90% elect the lump sum and 10% elect the single life annuity.
- A change in the retirement age assumption for terminated vested participants from age 60 to age 63 to better reflect anticipated future experience.
- The expected return on assets changed from 5.00% to 4.50%.

The nonprescribed assumption changes did not result in a decrease in the funding shortfall of the plan in excess of \$50,000,000 or both 5% of the funding target of the plan and \$5,000,000; as such, approval of the commissioner is not required.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► **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.

|                                                                                                                                           |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>SPEEDWAY RETIREMENT PLAN                                                                                         | <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 007 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>MARATHON PETROLEUM COMPANY LP                             | <b>D</b> Employer Identification Number (EIN)<br><br>31-1551430                                                                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 207,572,490               |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 195,239,242               |                          |
| <b>3</b> 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 .....                                                                                                                                     | 370                        | 20,010,795                | 20,010,795               |
| b For terminated vested participants .....                                                                                                                                                               | 2,439                      | 37,602,356                | 37,602,356               |
| c For active participants .....                                                                                                                                                                          | 11,938                     | 109,408,815               | 119,388,673              |
| d Total .....                                                                                                                                                                                            | 14,747                     | 167,021,966               | 177,001,824              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.61%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 15,988,311                |                          |

**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.

|                                                                                            |                                                                                |                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                           | MARY SUSAN WELCH<br><div style="text-align: center; margin-top: 10px;"> </div> | <div style="text-align: right; margin-top: 10px;">         10/08/2021<br/>         Date<br/>         2005389<br/>         Most recent enrollment number<br/>         847-295-5000<br/>         Telephone number (including area code)       </div> |
| MARY SUSAN WELCH<br>Type or print name of actuary<br><br>AON CONSULTING, INC.<br>Firm name |                                                                                |                                                                                                                                                                                                                                                    |

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 ☐

## Part II Beginning of Year Carryover and Prefunding Balances

|           |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                     | 23,798,821             |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 16,162,278             |
| <b>9</b>  | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                     | 7,636,543              |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>13.59</u> % .....                                                                                          | 0                     | 1,037,806              |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|           | <b>b(1)</b> 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>5.23</u> % ..... |                       | 0                      |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|           | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                     | 8,674,349              |

| Part III | Funding Percentages |
|----------|---------------------|
|----------|---------------------|

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 105.40% |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 107.24% |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 93.82%  |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

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

| Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |         |
|--------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---------|
| (a) Date<br>(MM-DD-YYYY)                                                       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |         |
| 01/14/2021                                                                     | 2,000,000                         | 0                               |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 |                          |                                   |                                 |         |
|                                                                                |                                   |                                 | Totals ►                 | 18(b)                             | 2,000,000                       | 18(c) 0 |

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

|                                                                                                                        |            |             |
|------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0           |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0           |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 1, 890, 082 |

## 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       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.50 % | 3rd segment:<br>6.27 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 15,988,311         |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 9,563,069          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 6,425,242          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 6,425,242          | 6,425,242     |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 1,890,082          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 1,890,082          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 1,890,082          |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2020

| <b>Date</b>        | <b>Amount</b>       | <b>Days to<br/>Discount to<br/>1/1/2020 at<br/>5.61%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------------|----------------------------------------------------------|-----------------------------------------------|
| January 14, 2021   | <u>\$ 2,000,000</u> | 379                                                      | <u>\$ 1,890,082</u>                           |
| Total Contribution | \$ 2,000,000        |                                                          | \$ 1,890,082                                  |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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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)<br>Age | (b)<br>Retirement<br>Probability | (c)<br>Expected<br>Retirements | (d)<br>Product<br>(a) × (c) |
|------------|----------------------------------|--------------------------------|-----------------------------|
| 50         | 2.62%                            | 51.31                          | 2565.69                     |
| 51         | 2.68%                            | 57.11                          | 2912.70                     |
| 52         | 2.77%                            | 61.94                          | 3220.74                     |
| 53         | 3.51%                            | 81.51                          | 4320.24                     |
| 54         | 3.63%                            | 87.26                          | 4712.00                     |
| 55         | 6.33%                            | 156.76                         | 8621.81                     |
| 56         | 6.42%                            | 162.26                         | 9086.78                     |
| 57         | 6.48%                            | 166.13                         | 9469.63                     |
| 58         | 6.71%                            | 172.03                         | 9977.51                     |
| 59         | 8.20%                            | 209.78                         | 12376.84                    |
| 60         | 8.59%                            | 212.12                         | 12727.43                    |
| 61         | 9.28%                            | 219.58                         | 13394.35                    |
| 62         | 13.86%                           | 312.80                         | 19393.62                    |
| 63         | 16.23%                           | 323.29                         | 20367.17                    |
| 64         | 16.74%                           | 286.84                         | 18358.03                    |
| 65         | 29.30%                           | 421.59                         | 27403.38                    |
| 66         | 29.33%                           | 316.45                         | 20885.86                    |
| 67         | 29.40%                           | 238.29                         | 15965.55                    |
| 68         | 29.41%                           | 175.26                         | 11917.98                    |
| 69         | 29.41%                           | 129.76                         | 8953.37                     |
| 70+        | 100.00%                          | 393.62                         | 27868.34                    |
|            | Total                            | 4235.71                        | 264499.02                   |
|            | Weighted Average                 |                                | 62.45                       |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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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 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA                                                                                       |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                                                                                                      |
| 2nd Segment Rate                            | 5.50%                                                                                                                                                                                                                                                                      |
| 3rd Segment Rate                            | 6.27%                                                                                                                                                                                                                                                                      |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization                                                                                                                                                    |
| 1st Segment Rate                            | 2.79%                                                                                                                                                                                                                                                                      |
| 2nd Segment Rate                            | 3.92%                                                                                                                                                                                                                                                                      |
| 3rd Segment Rate                            | 4.38%                                                                                                                                                                                                                                                                      |
| Salary Increases                            |                                                                                                                                                                                                                                                                            |
| Minimum Funding Target Normal Cost          | See Table 1-2                                                                                                                                                                                                                                                              |
| Maximum Tax Expected Benefit Increase       | See Table 1-2                                                                                                                                                                                                                                                              |
| Cash Balance Interest Crediting Rate        | Interest rate phase-in with an ultimate rate of 3.00%. Rate based on 24-month average of 30-year Treasury rates, using the same lookback period as the Funding Target segment rates, with minimum rate of 3.00%.                                                           |
| Lump Sum Conversion Basis                   |                                                                                                                                                                                                                                                                            |
| 417(e) Minimum Basis                        | The mortality table required under 417(e) for 2020 and the underlying liability interest rates.                                                                                                                                                                            |
| Plan Basis                                  | The mortality table specified in Revenue Ruling 2001-62 and an interest rate phase-in with an ultimate rate of 2.94% (PEP) and 2.91% (PMRP). Rate based on 24-month average of 30-year Treasury rates, using the same lookback period as the Funding Target segment rates. |
| Social Security Wage Base Increases         | Future wage indices are based on a national wage increase of 4.00% per year.                                                                                                                                                                                               |
| Retirement Age                              |                                                                                                                                                                                                                                                                            |
| Active Participants                         |                                                                                                                                                                                                                                                                            |
| SRP                                         | See Table 3                                                                                                                                                                                                                                                                |
| Andeavor                                    | See Table 4                                                                                                                                                                                                                                                                |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Commencement Age—Terminated Participants

|          |        |
|----------|--------|
| SRP      | Age 61 |
| Andeavor | Age 63 |

Lump Sum Elections

Retirement Eligible

|          |     |
|----------|-----|
| SRP      | 90% |
| Andeavor | 80% |

Not Retirement Eligible

|          |                                                                                                          |
|----------|----------------------------------------------------------------------------------------------------------|
| SRP      | 100% if commence immediately                                                                             |
| Andeavor | 80% for 10% of participants deferring commencement<br>85% for 45% of participants deferring commencement |

Mortality Rates

Healthy and Disabled

2020 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-26.

Withdrawal Rates

|          |             |
|----------|-------------|
| SRP      | See Table 5 |
| Andeavor | See Table 6 |

Disability Rates

See Table 7-8

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit

It is assumed that 50% of males and 15% of females have an eligible spouse. Male participants are assumed to be two years older than female spouses and female participants are assumed to be three years younger than male spouses.

Valuation Compensation

2019 pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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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

|                |       |
|----------------|-------|
| 2018 Plan Year | 5.00% |
| 2019 Plan Year | 5.00% |
| 2020 Plan Year | 4.50% |

Trust Expenses Included in Target Normal Cost

Administrative expenses paid during the prior year (\$1,418,698 for 2020).

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2020

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Table 1—Page 1 of 2

**Salary Merit Increase Rates—SRP**

| <b>Age</b> | <b>2020–2023</b> | <b>2024+</b> |
|------------|------------------|--------------|
| 21         | 7.00%            | 7.80%        |
| 22         | 7.00%            | 7.80%        |
| 23         | 7.00%            | 7.80%        |
| 24         | 7.00%            | 7.80%        |
| 25         | 7.00%            | 7.80%        |
| 26         | 6.00%            | 6.80%        |
| 27         | 6.00%            | 6.80%        |
| 28         | 6.00%            | 6.80%        |
| 29         | 6.00%            | 6.80%        |
| 30         | 6.00%            | 6.80%        |
| 31         | 5.00%            | 5.80%        |
| 32         | 5.00%            | 5.80%        |
| 33         | 5.00%            | 5.80%        |
| 34         | 5.00%            | 5.80%        |
| 35         | 5.00%            | 5.80%        |
| 36         | 4.50%            | 5.30%        |
| 37         | 4.50%            | 5.30%        |
| 38         | 4.50%            | 5.30%        |
| 39         | 4.50%            | 5.30%        |
| 40         | 4.50%            | 5.30%        |
| 41         | 4.00%            | 4.80%        |
| 42         | 4.00%            | 4.80%        |
| 43         | 4.00%            | 4.80%        |
| 44         | 4.00%            | 4.80%        |
| 45         | 4.00%            | 4.80%        |
| 46         | 3.50%            | 4.30%        |
| 47         | 3.50%            | 4.30%        |
| 48         | 3.50%            | 4.30%        |
| 49         | 3.50%            | 4.30%        |
| 50         | 3.50%            | 4.30%        |

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Table 1—Page 2 of 2

**Salary Merit Increase Rates—SRP**

| <b>Age</b> | <b>2020–2023</b> | <b>2024+</b> |
|------------|------------------|--------------|
| 51         | 3.00%            | 3.80%        |
| 52         | 3.00%            | 3.80%        |
| 53         | 3.00%            | 3.80%        |
| 54         | 3.00%            | 3.80%        |
| 55         | 3.00%            | 3.80%        |
| 56         | 2.50%            | 3.30%        |
| 57         | 2.50%            | 3.30%        |
| 58         | 2.50%            | 3.30%        |
| 59         | 2.50%            | 3.30%        |
| 60         | 2.50%            | 3.30%        |
| 61         | 2.50%            | 3.30%        |
| 62         | 2.50%            | 3.30%        |
| 63         | 2.50%            | 3.30%        |
| 64         | 2.50%            | 3.30%        |
| 65+        | 2.50%            | 3.30%        |

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**Salary Merit Increase Rates—Andeavor**

| <b>Age</b> | <b>2020–2023</b> | <b>2024+</b> |
|------------|------------------|--------------|
| 15         | 9.00%            | 9.80%        |
| 16         | 9.00%            | 9.80%        |
| 17         | 9.00%            | 9.80%        |
| 18         | 9.00%            | 9.80%        |
| 19         | 9.00%            | 9.80%        |
| 20         | 9.00%            | 9.80%        |
| 21         | 9.00%            | 9.80%        |
| 22         | 9.00%            | 9.80%        |
| 23         | 9.00%            | 9.80%        |
| 24         | 9.00%            | 9.80%        |
| 25         | 9.00%            | 9.80%        |
| 26         | 8.00%            | 8.80%        |
| 27         | 8.00%            | 8.80%        |
| 28         | 8.00%            | 8.80%        |
| 29         | 8.00%            | 8.80%        |
| 30         | 8.00%            | 8.80%        |
| 31         | 7.00%            | 7.80%        |
| 32         | 7.00%            | 7.80%        |
| 33         | 7.00%            | 7.80%        |
| 34         | 7.00%            | 7.80%        |
| 35         | 7.00%            | 7.80%        |
| 36         | 6.50%            | 7.30%        |
| 37         | 6.50%            | 7.30%        |
| 38         | 6.50%            | 7.30%        |
| 39         | 6.50%            | 7.30%        |
| 40         | 6.50%            | 7.30%        |
| 41         | 6.00%            | 6.80%        |
| 42         | 6.00%            | 6.80%        |
| 43         | 6.00%            | 6.80%        |
| 44         | 6.00%            | 6.80%        |
| 45         | 6.00%            | 6.80%        |
| 46         | 5.50%            | 6.30%        |
| 47         | 5.50%            | 6.30%        |
| 48         | 5.50%            | 6.30%        |
| 49         | 5.50%            | 6.30%        |
| 50         | 5.50%            | 6.30%        |

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Table 2—Page 2 of 2  
Salary Merit Increase Rates—Andeavor

| Age | 2020–2023 | 2024+ |
|-----|-----------|-------|
| 51  | 5.00%     | 5.80% |
| 52  | 5.00%     | 5.80% |
| 53  | 5.00%     | 5.80% |
| 54  | 5.00%     | 5.80% |
| 55  | 5.00%     | 5.80% |
| 56  | 4.50%     | 5.30% |
| 57  | 4.50%     | 5.30% |
| 58  | 4.50%     | 5.30% |
| 59  | 4.50%     | 5.30% |
| 60  | 4.50%     | 5.30% |
| 61  | 4.00%     | 4.80% |
| 62  | 4.00%     | 4.80% |
| 63  | 4.00%     | 4.80% |
| 64  | 4.00%     | 4.80% |
| 65+ | 4.00%     | 4.80% |

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Table 3

**Retirement Rates—SRP**

Select and Ultimate retirement rates, linearly grading towards later retirement in future years.

| <b>Age</b> | <b>Select<br/>Year 2019</b> | <b>Ultimate<br/>Year 2028+</b> |
|------------|-----------------------------|--------------------------------|
| 50         | 5.00%                       | 4.00%                          |
| 51         | 5.00%                       | 4.00%                          |
| 52         | 5.00%                       | 4.00%                          |
| 53         | 6.00%                       | 5.00%                          |
| 54         | 6.00%                       | 5.00%                          |
| 55         | 10.00%                      | 8.00%                          |
| 56         | 10.00%                      | 8.00%                          |
| 57         | 10.00%                      | 8.00%                          |
| 58         | 10.00%                      | 8.00%                          |
| 59         | 12.00%                      | 10.00%                         |
| 60         | 12.00%                      | 10.00%                         |
| 61         | 15.00%                      | 10.00%                         |
| 62         | 20.00%                      | 15.00%                         |
| 63         | 20.00%                      | 20.00%                         |
| 64         | 20.00%                      | 20.00%                         |
| 65         | 30.00%                      | 30.00%                         |
| 66         | 30.00%                      | 30.00%                         |
| 67         | 30.00%                      | 30.00%                         |
| 68         | 30.00%                      | 30.00%                         |
| 69         | 30.00%                      | 30.00%                         |
| 70+        | 100.00%                     | 100.00%                        |

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**Retirement Rates—Andeavor (Age 50 and 80+ Points)**

Select and Ultimate retirement rates, linearly grading towards later retirement in future years.

| Age | Select<br>Year 2019 | Ultimate<br>Year 2028+ |
|-----|---------------------|------------------------|
| 50  | 3.00%               | 3.00%                  |
| 51  | 3.00%               | 3.00%                  |
| 52  | 3.00%               | 3.00%                  |
| 53  | 4.00%               | 4.00%                  |
| 54  | 6.00%               | 5.00%                  |
| 55  | 10.00%              | 5.00%                  |
| 56  | 10.00%              | 7.00%                  |
| 57  | 10.00%              | 7.00%                  |
| 58  | 12.50%              | 10.00%                 |
| 59  | 15.00%              | 10.00%                 |
| 60  | 20.00%              | 15.00%                 |
| 61  | 20.00%              | 15.00%                 |
| 62  | 25.00%              | 25.00%                 |
| 63  | 20.00%              | 15.00%                 |
| 64  | 20.00%              | 20.00%                 |
| 65  | 30.00%              | 25.00%                 |
| 66  | 30.00%              | 25.00%                 |
| 67  | 30.00%              | 25.00%                 |
| 68  | 30.00%              | 25.00%                 |
| 69  | 30.00%              | 25.00%                 |
| 70+ | 100.00%             | 100.00%                |

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**Retirement Rates—Andeavor (Age 55 and Under 80 Points)**

Select and Ultimate retirement rates, linearly grading towards later retirement in future years.

| Age | Select<br>Year 2019 | Ultimate<br>Year 2028+ |
|-----|---------------------|------------------------|
| 55  | 6.00%               | 6.00%                  |
| 56  | 6.00%               | 6.00%                  |
| 57  | 6.00%               | 6.00%                  |
| 58  | 6.00%               | 6.00%                  |
| 59  | 8.00%               | 6.00%                  |
| 60  | 8.00%               | 6.00%                  |
| 61  | 8.00%               | 6.00%                  |
| 62  | 15.00%              | 12.00%                 |
| 63  | 15.00%              | 12.00%                 |
| 64  | 20.00%              | 15.00%                 |
| 65  | 20.00%              | 20.00%                 |
| 66  | 20.00%              | 20.00%                 |
| 67  | 30.00%              | 20.00%                 |
| 68  | 30.00%              | 20.00%                 |
| 69  | 30.00%              | 20.00%                 |
| 70+ | 100.00%             | 100.00%                |

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Table 5

**Withdrawal Rates—SRP Male**

| Age     | Service |        |        |        |        |        |
|---------|---------|--------|--------|--------|--------|--------|
|         | 0       | 1      | 2      | 3      | 4      | 5+     |
| 20 - 24 | 50.00%  | 40.00% | 30.00% | 25.00% | 25.00% | 30.00% |
| 25 - 29 | 50.00%  | 40.00% | 30.00% | 25.00% | 25.00% | 25.00% |
| 30 - 34 | 50.00%  | 40.00% | 30.00% | 25.00% | 25.00% | 15.00% |
| 35 - 39 | 50.00%  | 35.00% | 25.00% | 20.00% | 20.00% | 12.00% |
| 40 - 44 | 50.00%  | 35.00% | 25.00% | 20.00% | 20.00% | 12.00% |
| 45 - 49 | 50.00%  | 35.00% | 25.00% | 20.00% | 20.00% | 12.00% |
| 50 - 54 | 50.00%  | 30.00% | 20.00% | 15.00% | 15.00% | 12.00% |
| 54 - 59 | 50.00%  | 30.00% | 20.00% | 15.00% | 15.00% | 12.00% |
| 60 - 64 | 50.00%  | 30.00% | 20.00% | 15.00% | 15.00% | 12.00% |
| 65+     | 0.00%   | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

**Withdrawal Rates—SRP Female**

| Age     | Service |        |        |        |        |        |
|---------|---------|--------|--------|--------|--------|--------|
|         | 0       | 1      | 2      | 3      | 4      | 5+     |
| 20 - 24 | 50.00%  | 35.00% | 35.00% | 30.00% | 25.00% | 25.00% |
| 25 - 29 | 50.00%  | 35.00% | 35.00% | 30.00% | 25.00% | 20.00% |
| 30 - 34 | 50.00%  | 35.00% | 30.00% | 30.00% | 25.00% | 20.00% |
| 35 - 39 | 50.00%  | 30.00% | 25.00% | 25.00% | 20.00% | 15.00% |
| 40 - 44 | 50.00%  | 30.00% | 25.00% | 25.00% | 20.00% | 12.00% |
| 45 - 49 | 50.00%  | 30.00% | 25.00% | 25.00% | 20.00% | 12.00% |
| 50 - 54 | 50.00%  | 30.00% | 20.00% | 20.00% | 15.00% | 12.00% |
| 54 - 59 | 50.00%  | 30.00% | 20.00% | 20.00% | 15.00% | 12.00% |
| 60 - 64 | 50.00%  | 30.00% | 20.00% | 20.00% | 15.00% | 12.00% |
| 65+     | 0.00%   | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

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Table 6

**Withdrawal Rates—Andeavor Male**

| Age   | Service |       |       |       |       |       |
|-------|---------|-------|-------|-------|-------|-------|
|       | 0       | 1     | 2     | 3     | 4     | 5+    |
| 15–19 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 4.50% |
| 20–24 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 4.50% |
| 25–29 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 4.50% |
| 30–34 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 3.00% |
| 35–39 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 3.00% |
| 40–44 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 3.00% |
| 45–49 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 50–54 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 54–59 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 60–64 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 65+   | 0.00%   | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Withdrawal Rates—Andeavor Female**

| Age   | Service |       |       |       |       |       |
|-------|---------|-------|-------|-------|-------|-------|
|       | 0       | 1     | 2     | 3     | 4     | 5+    |
| 15–19 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| 20–24 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| 25–29 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| 30–34 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 5.00% |
| 35–39 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 4.00% |
| 40–44 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 45–49 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 50–54 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 54–59 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 60–64 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 65+   | 0.00%   | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

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Table 7

**Disability Rates—SRP**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0356%     | 0.0356%       | 40         | 0.0950%     | 0.1544%       |
| 16         | 0.0356%     | 0.0356%       | 41         | 0.1069%     | 0.1781%       |
| 17         | 0.0356%     | 0.0356%       | 42         | 0.1188%     | 0.2019%       |
| 18         | 0.0356%     | 0.0356%       | 43         | 0.1425%     | 0.2256%       |
| 19         | 0.0356%     | 0.0356%       | 44         | 0.1663%     | 0.2613%       |
| 20         | 0.0356%     | 0.0356%       | 45         | 0.1900%     | 0.2850%       |
| 21         | 0.0356%     | 0.0356%       | 46         | 0.2138%     | 0.3206%       |
| 22         | 0.0356%     | 0.0356%       | 47         | 0.2494%     | 0.3563%       |
| 23         | 0.0356%     | 0.0356%       | 48         | 0.2969%     | 0.3919%       |
| 24         | 0.0356%     | 0.0356%       | 49         | 0.3325%     | 0.4275%       |
| 25         | 0.0356%     | 0.0356%       | 50         | 0.3919%     | 0.4750%       |
| 26         | 0.0356%     | 0.0356%       | 51         | 0.4631%     | 0.5225%       |
| 27         | 0.0356%     | 0.0356%       | 52         | 0.5463%     | 0.5819%       |
| 28         | 0.0356%     | 0.0475%       | 53         | 0.6294%     | 0.6413%       |
| 29         | 0.0356%     | 0.0475%       | 54         | 0.7244%     | 0.7006%       |
| 30         | 0.0356%     | 0.0475%       | 55         | 0.8194%     | 0.7600%       |
| 31         | 0.0356%     | 0.0594%       | 56         | 0.9144%     | 0.8194%       |
| 32         | 0.0356%     | 0.0594%       | 57         | 1.0213%     | 0.8788%       |
| 33         | 0.0356%     | 0.0712%       | 58         | 1.1281%     | 0.9500%       |
| 34         | 0.0356%     | 0.0712%       | 59         | 1.2469%     | 1.0094%       |
| 35         | 0.0475%     | 0.0831%       | 60         | 1.3656%     | 1.0687%       |
| 36         | 0.0475%     | 0.0950%       | 61         | 1.4963%     | 1.1400%       |
| 37         | 0.0594%     | 0.1069%       | 62         | 1.6388%     | 1.1994%       |
| 38         | 0.0712%     | 0.1188%       | 63         | 1.7931%     | 1.2469%       |
| 39         | 0.0831%     | 0.1425%       | 64         | 1.9475%     | 1.2944%       |
|            |             |               | 65+        | 0.0000%     | 0.0000%       |

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Table 8

**Disability Rates—Andeavor**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0432%     | 0.0432%       | 45         | 0.2302%     | 0.3454%       |
| 16         | 0.0432%     | 0.0432%       | 46         | 0.2590%     | 0.3885%       |
| 17         | 0.0432%     | 0.0432%       | 47         | 0.3022%     | 0.4317%       |
| 18         | 0.0432%     | 0.0432%       | 48         | 0.3598%     | 0.4749%       |
| 19         | 0.0432%     | 0.0432%       | 49         | 0.4029%     | 0.5180%       |
| 20         | 0.0432%     | 0.0432%       | 50         | 0.4749%     | 0.5756%       |
| 21         | 0.0432%     | 0.0432%       | 51         | 0.5612%     | 0.6332%       |
| 22         | 0.0432%     | 0.0432%       | 52         | 0.6619%     | 0.7051%       |
| 23         | 0.0432%     | 0.0432%       | 53         | 0.7627%     | 0.7771%       |
| 24         | 0.0432%     | 0.0432%       | 54         | 0.8778%     | 0.8490%       |
| 25         | 0.0432%     | 0.0432%       | 55         | 0.9929%     | 0.9210%       |
| 26         | 0.0432%     | 0.0432%       | 56         | 1.1080%     | 0.9929%       |
| 27         | 0.0432%     | 0.0432%       | 57         | 1.2375%     | 1.0649%       |
| 28         | 0.0432%     | 0.0576%       | 58         | 1.3671%     | 1.1512%       |
| 29         | 0.0432%     | 0.0576%       | 59         | 1.5110%     | 1.2232%       |
| 30         | 0.0432%     | 0.0576%       | 60         | 1.6549%     | 1.2951%       |
| 31         | 0.0432%     | 0.0720%       | 61         | 1.8131%     | 1.3814%       |
| 32         | 0.0432%     | 0.0720%       | 62         | 1.9858%     | 1.4534%       |
| 33         | 0.0432%     | 0.0863%       | 63         | 2.1729%     | 1.5110%       |
| 34         | 0.0432%     | 0.0863%       | 64         | 2.3600%     | 1.5685%       |
| 35         | 0.0576%     | 0.1007%       | 65+        | 0.0000%     | 0.0000%       |
| 36         | 0.0576%     | 0.1151%       |            |             |               |
| 37         | 0.0720%     | 0.1295%       |            |             |               |
| 38         | 0.0863%     | 0.1439%       |            |             |               |
| 39         | 0.1007%     | 0.1727%       |            |             |               |
| 40         | 0.1151%     | 0.1871%       |            |             |               |
| 41         | 0.1295%     | 0.2159%       |            |             |               |
| 42         | 0.1439%     | 0.2446%       |            |             |               |
| 43         | 0.1727%     | 0.2734%       |            |             |               |
| 44         | 0.2015%     | 0.3166%       |            |             |               |

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Schedule SB, Part V—Summary of Plan Provisions

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date        | <p>The Marathon Petroleum Company LLC Retirement Plan was established in 1988. Effective January 1, 1999, the Petroleum Marketing Retirement Plan (the “PMRP”) and the Ashland Inc. and Affiliates Retirement Plan, applicable to Oil Chemical and Atomic Workers International Union Locals No. 3-214 Catlettsburg, Kentucky and 3-505 Catlettsburg, Kentucky (the “P.A.C.E.” Plan) were merged into the plan. Effective September 1, 1999, the Northwestern Refinery Pension Plan for Hourly Employees was merged into the plan. The plan is comprised of various sub-plans: Refining, Marketing, and Transportation (“RMT”) Sub-Plan; Retail Sub Plan; Catlettsburg Refining Sub-Plan; and Northwestern Refinery Sub-Plan.</p> <p>Effective June 30, 2007, the Retail Sub-Plan was spun off from the Marathon Petroleum Company LLC Retirement Plan, and the new Speedway SuperAmerica LLC Retirement Plan was established.</p> <p>Effective February 15, 2011, the plan name was changed to the Speedway Retirement Plan.</p> <p>Effective January 1, 2016, the plan was amended in connection with a retirement program redesign to offer a cash balance benefit to above the line (ATL) Speedway employees.</p> <p>Effective December 31, 2019, assets and liabilities from the Andeavor Pension Plan were merged into this plan for Andeavor participants that transferred to the Speedway business at acquisition.</p> |
| Plan Status           | <p>Open to new participants meeting eligibility requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Definitions           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Plan Year             | <p>January 1 to December 31.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial Equivalence | <p>Based on the mortality rates specified in Revenue Ruling 2001-62 and an interest rate equal to the average annual rate of interest on 30-year Treasury securities as published by the IRS for the months of August through October of the preceding calendar year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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Effective January 1, 2013, the year-over-year increase in the interest rate for PMRP benefits will be limited to a certain percentage that varies based on the rate for the current year, as follows:

| Rate for Current Year<br>Before Adjustment | Maximum Annual<br>Percentage Increase |
|--------------------------------------------|---------------------------------------|
| Below 5.00%                                | 0.25%                                 |
| 5.01%–7.00%                                | 0.50%                                 |
| 7.01% or Greater                           | 0.75%                                 |

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited and Vesting Service | Generally based on elapsed time. Any period of service with an employer commencing on employee's date of hire for vesting service and upon plan participation for credited service and ending on the date of termination.                                                                                                                                                                                                                   |
| Compensation                 | Total regular annual salary including overtime, bonuses, and commissions.                                                                                                                                                                                                                                                                                                                                                                   |
| Final Average Pay            | Average annual compensation during the final 36 months of employment. Final average pay was frozen for some highly compensated employees on December 31, 2009 and for all other participants on December 31, 2012.                                                                                                                                                                                                                          |
| Average Monthly Pay          | Average monthly compensation during the final 36 months of employment.                                                                                                                                                                                                                                                                                                                                                                      |
| Average Monthly Base Pay     | Average monthly base pay during the final 36 months of employment.                                                                                                                                                                                                                                                                                                                                                                          |
| Primary Insurance Amount     | Estimated Social Security benefit at age 65 assuming no future earnings after termination. The Social Security benefit was frozen as of December 31, 2012.                                                                                                                                                                                                                                                                                  |
| Frozen Service Benefit       | Annual benefit payable to a member upon normal retirement is equal to the sum of (1), (2), and (3):<br><br>(1) Pension Equity Benefit: For credited service on or after January 1, 1999, the actuarial equivalent of the participant's aggregated Pension Equity Benefit accruals. Accruals equal a percentage of final average pay based on age and service points as of the end of the calendar year according to the following schedule: |

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| Age Plus<br>Participation Service | Accrual<br>Percentage |
|-----------------------------------|-----------------------|
| 0–29                              | 2.50%                 |
| 30–39                             | 4.00%                 |
| 40–49                             | 5.25%                 |
| 50–59                             | 7.75%                 |
| 60–69                             | 10.50%                |
| 70–79                             | 13.00%                |
| 80+                               | 15.50%                |

- (2) Former PMRP participants only. For participants with 25 or more years of credited service prior to January 1, 1999, 50% of average monthly pay reduced by the lesser of (a) 50% of the primary insurance amount of (b) 25% of participant's average monthly base compensation. If less than 25 years of credited service, the formula as stated above shall be multiplied by the fraction of credited service prior to January 1, 1999 divided by 25.
- (3) Participants transferred from the SuperAmerica Division of Ashland Inc. only. An additional benefit equal to the excess of (a) minus (b), where (a) is the amount calculated based upon the Ashland formula, service as of December 31, 1998 and pay at termination and (b) is the amount calculated based upon the Ashland formula, service as of December 31, 1998 and pay as of December 31, 1998.

The Ashland formula is defined as 1.08% of average monthly base pay up to \$10,700 plus 1.5% of average monthly base pay in excess of \$10,700, all times credited service up to 35 years.

All credited service under the above formulas was frozen on December 31, 2009. Final average pay was frozen for certain highly compensated employees on December 31, 2009 and for all other participants on December 31, 2012.

Cash Balance Account

Hypothetical accounts of \$0 are established on January 1, 2016 for eligible participants. Accounts are credited with pay and interest credits for each year after 2015.

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|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pay Credits                   | Four percent of eligible compensation is credited to each participant's account for each year of participation after 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Interest Credits              | Interest on the opening balance is credited each year based on the greater of 3.0% and the average of the 30-year Treasury rate for August, September, and October of the prior plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Eligibility for Participation | <p>Effective January 1, 1999, the Petroleum Marketing Retirement Plan (the "PMRP") was merged into the Marathon Petroleum Company Retirement Plan as the Retail Sub-Plan. Effective January 1, 1999, the sub-plan was amended to include a pension equity benefit formula based on a vesting age points-based schedule. Any regular employee of Speedway SuperAmerica LLC, SuperAmerica Franchising LLC and Speedway Beverage LLC shall participate under the provisions of this sub-plan.</p> <p>The plan was closed to new entrants effective January 1, 2010.</p> <p>The plan is open to new entrants effective January 1, 2016, provided the employee is classified in Salary Grade 11 or below and as a General Manager, Co-Manager, Co-Manager Trainee, or non-store employee (collectively referred to as "above the line" employees).</p> |
| Normal Retirement Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Early Retirement Eligibility  | <p>Age 50 and 10 years of vesting service.</p> <p>Former PMRP and Ashland participants only:<br/>Age 50 and 10 years of vesting service for former PMRP participants. Earlier of age 55 or 80 points (age + service) for form Ashland participants.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Benefit                       | Benefit is the actuarial equivalent of (1) as defined above, (2) as defined above is reduced by 3% for each year benefits commence prior to age 65, and (3) as defined above is reduced by 3% per year prior to age 62, 4% per year prior to age 58, and 5% per year prior to age 56 plus cash balance account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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Vested Termination Benefits

Eligibility

Three years of vesting service or age 65.

Benefit

Frozen service benefit payable at age 65 (actuarially reduced for early commencement) plus cash balance account.

Preretirement Death Benefit

Eligibility

Death in active service after becoming eligible for normal retirement, early retirement or vesting.

Benefit

100% of the actuarial equivalent of the pension equity benefit defined in (1) above, plus 50% of the benefit defined in (2) and (3) above reduced for joint and survivor election.

100% of the cash balance account is payable to the beneficiary.

Death After Vested Termination

Eligibility

Death after vested termination but prior to commencement of benefit.

Benefits

100% of the actuarial equivalent of the pension equity benefit defined in (1) above, plus 50% of the benefit defined in (2) above reduced for joint and survivor election.

100% of the cash balance account is payable to the beneficiary.

Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Reduced joint and survivor annuity. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse.

Optional Forms of Annuity

Life annuity; 120 months or more certain and life annuity; joint and survivor annuity (50% or 100%); lump sum. All optional forms are adjusted to be actuarially equivalent to the life annuity.

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Legacy Andeavor Pension Plan

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. A portion of the legacy Andeavor Pension  
Plan merged into the Speedway Retirement Plan  
effective December 31, 2019.

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.

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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.

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.

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Final Average Pay Component of Benefit for Service Prior to 2011

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                                                                                                                                                                                                                   |
| Benefit Service                    | <p>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:</p> <p>Effective December 31, 2010, Benefit Service is frozen.</p>                                                                            |
| Normal Retirement Benefit          | <p>Sum of (i) and (ii)</p> <p>(i) 1.10% of participant's Final Average Monthly Compensation multiplied by the number of years of Benefit Service through December 31, 2010.</p> <p>(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, 2010 to a maximum of 35 years.</p> |

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Early Retirement Benefit

The benefit calculation as defined above based on Benefit Service (as frozen at December 31, 2010) and Pay (as frozen at December 31, 2018) as of early retirement date but reduced according to the schedule below:

| Age | Age + Svc > = 80<br>Percentage of NR<br>Benefit | Age + Svc < = 80<br>Percentage of NR<br>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                                             |

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.

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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, 2010), 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, 2010). 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, 2010.

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## Cash Balance Component of Benefit for Services After 2010

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<br>End of the<br>Quarter | Quarterly<br>Contribution<br>Percentage |
|-------------------------------------|-----------------------------------------|
| Less Than 30                        | 4.5%                                    |
| 30–39                               | 5.5%                                    |
| 40–49                               | 6.5%                                    |
| 50–59                               | 7.5%                                    |
| 60 and Above                        | 8.5%                                    |

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.

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.

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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 in lieu of additional Benefit Service under the Final Average Pay formula. Salary Credits are frozen as of December 31, 2018.

Plan Changes Since the Prior Year

The January 1, 2020 valuations reflect the following plan changes:

- An increase in the annual pay limit under IRC section 401(a)(17) from \$280,000 in 2019 to \$285,000 in 2020 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$225,000 in 2019 to \$230,000 in 2020.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- A portion of the legacy Andeavor Pension Plan merged into the Speedway Retirement Plan effective December 31, 2019.

Changes in Plan Provisions for the January 1, 2019 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from \$275,000 in 2018 to \$280,000 in 2019 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$220,000 in 2018 to \$225,000 in 2019.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Changes in Plan Provisions for the January 1, 2018 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from \$270,000 in 2017 to \$275,000 in 2018 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$215,000 in 2017 to \$220,000 in 2018.
- An update to the mortality and interest rates for determining minimum lump sum payments and IRS section 417(e)(3) to the applicable rates for the current plan year.

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Changes in Plan Provisions for the January 1, 2017 Valuation

The January 1, 2017 valuations reflect the following plan changes:

- An increase in the annual pay limit under IRC section 401(a)(17) from \$265,000 in 2016 to \$270,000 in 2017 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$210,000 in 2016 to \$215,000 in 2017.
- An update to the mortality and interest rates for determining minimum lump sum payments and IRS section 417(e)(3) to the applicable rates for the current plan year.

Changes in Plan Provisions for the January 1, 2016 Valuation

The January 1, 2016 valuations reflect the following plan changes:

- An update to the mortality and interest rates for determining minimum lump sum payments and IRS section 417(e)(3) to the applicable rates for the current plan year.
- In connection with a retirement program redesign, the plan was amended to offer a cash balance benefit to above the line (ATL) Speedway employees.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. Speedway LLC elected to apply the ARPA interest rates for minimum funding purposes in 2020 and deferred the ARPA interest rates until 2021 for benefit restriction purposes.

Line 35 of the 2020 SB indicates that \$6,425,342 of Prefunding Balance was elected to offset funding requirements for the 2020 plan year. Initially, \$8,674,349 of Prefunding Balance was elected to be utilized. Funding balance revocations are allowed under ARPA since the amounts originally applied were greater than the final minimum required contribution (MRC) after reflecting the ARPA interest rates. Plan sponsors are eligible to revoke the funding balance applied in excess of the MRC.

| <b>Date</b>                                             | <b>Prefunding<br/>Balance</b> |
|---------------------------------------------------------|-------------------------------|
| April 15, 2020                                          | \$ 3,999,337                  |
| July 15, 2020                                           | 1,960,356                     |
| October 15, 2020                                        | 1,862,914                     |
| January 15, 2021                                        | <u>851,742</u>                |
| Subtotal                                                | \$ 8,674,349                  |
| <b>Funding Balances Revoked as Permitted Under ARPA</b> |                               |
| September 14, 2021                                      | \$ (2,249,107)                |
| <b>Net Funding Balance Applied</b>                      | <b>\$ 6,425,342</b>           |

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Schedule SB, line 24—Change in Actuarial Assumptions

The valuation reflects the following assumption changes:

- A change in the withdrawal rates to better reflect anticipated future experience.
- A change in the retirement rates to better reflect anticipated future experience.
- A change in the percent married assumption from 70% for males and 35% for females to 50% for males and 15% for females to better reflect anticipated future experience.
- A change in the assumed spousal age difference from male participants assumed to be three years older than spouses and female participants assumed to be three years younger than spouses to male participants assumed to be two years older than spouses and female participants assumed to be three years younger than spouses to better reflect anticipated future experience.
- A change in the salary increase assumption to better reflect anticipated future experience.
- A change in the optional payment form election percentage from 96% elect the lump sum and 4% elect the single life annuity to 90% elect the lump sum and 10% elect the single life annuity.
- A change in the retirement age assumption for terminated vested participants from age 60 to age 63 to better reflect anticipated future experience.
- The expected return on assets changed from 5.00% to 4.50%.

The nonprescribed assumption changes did not result in a decrease in the funding shortfall of the plan in excess of \$50,000,000 or both 5% of the funding target of the plan and \$5,000,000; as such, approval of the commissioner is not required.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

| Attained Age | Number of Participants and Average Frozen PEP Account |       |       |         |          |          |          |          |          |          |
|--------------|-------------------------------------------------------|-------|-------|---------|----------|----------|----------|----------|----------|----------|
|              | Years of Credited Service                             |       |       |         |          |          |          |          |          |          |
|              | <1                                                    | 1-4   | 5-9   | 10-14   | 15-19    | 20-24    | 25-29    | 30-34    | 35-39    | 40+      |
| <25          | 101                                                   | 688   | 80    |         |          |          |          |          |          |          |
| 25-29        | 116                                                   | 850   | 457   | 49      |          |          |          |          |          |          |
| 30-34        | 115                                                   | 774   | 416   | 236     | 29       |          |          |          |          |          |
|              |                                                       |       | \$2   | \$268   | \$2,061  |          |          |          |          |          |
| 35-39        | 87                                                    | 618   | 346   | 234     | 160      | 22       | 2        |          |          |          |
|              |                                                       | \$11  | \$15  | \$1,055 | \$4,701  | \$12,057 |          |          |          |          |
| 40-44        | 71                                                    | 502   | 333   | 193     | 129      | 106      | 12       |          | 1        |          |
|              |                                                       | \$5   | \$50  | \$1,430 | \$7,562  | \$12,284 |          |          |          |          |
| 45-49        | 69                                                    | 453   | 267   | 181     | 97       | 82       | 70       | 21       | 3        | 2        |
|              |                                                       |       | \$14  | \$1,355 | \$6,266  | \$22,581 | \$28,663 | \$29,189 |          |          |
| 50-54        | 58                                                    | 409   | 256   | 165     | 108      | 96       | 85       | 87       | 7        | 5        |
|              |                                                       | \$173 | \$141 | \$1,248 | \$7,044  | \$17,749 | \$32,291 | \$49,233 |          |          |
| 55-59        | 47                                                    | 387   | 230   | 214     | 124      | 108      | 68       | 88       | 59       | 11       |
|              | \$16                                                  | \$6   | \$301 | \$2,148 | \$9,407  | \$23,800 | \$36,408 | \$46,197 | \$71,327 |          |
| 60-64        | 18                                                    | 159   | 135   | 148     | 102      | 66       | 35       | 35       | 42       | 24       |
|              |                                                       | \$37  | \$228 | \$1,808 | \$11,206 | \$23,369 | \$33,976 | \$49,695 | \$78,520 | \$79,504 |
| 65-69        | 5                                                     | 32    | 31    | 43      | 41       | 26       | 15       | 5        | 6        | 5        |
|              |                                                       |       | \$965 | \$2,075 | \$10,394 | \$25,556 |          |          |          |          |
| 70+          | 5                                                     | 11    | 5     | 19      | 13       | 11       | 7        | 1        | 1        | 1        |

N-11,631

Prior to January 1, 2016, the plan was hard frozen with no participants earning additional pay or service accruals. The frozen accrued benefit was the combination of a traditional formula design and a hybrid Pension Equity Plan formula design. The frozen Pension Equity Plan balance is shown in the grid above for all active participants.

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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          | 101                       | 691      | 80       |          |          |          |          |           |           |          |
|              | \$29,762                  | \$33,270 | \$40,321 |          |          |          |          |           |           |          |
|              | \$1,503                   | \$1,490  | \$3,467  |          |          |          |          |           |           |          |
| 25-29        | 116                       | 862      | 464      | 51       |          |          |          |           |           |          |
|              | \$33,630                  | \$39,884 | \$47,009 | \$48,210 |          |          |          |           |           |          |
|              | \$1,717                   | \$2,326  | \$5,467  | \$6,748  |          |          |          |           |           |          |
| 30-34        | 115                       | 782      | 431      | 245      | 30       |          |          |           |           |          |
|              | \$36,600                  | \$40,657 | \$49,685 | \$51,224 | \$50,216 |          |          |           |           |          |
|              | \$1,601                   | \$2,369  | \$6,180  | \$6,710  | \$6,883  |          |          |           |           |          |
| 35-39        | 87                        | 627      | 357      | 240      | 164      | 22       | 2        | 1         |           |          |
|              | \$38,348                  | \$41,217 | \$52,166 | \$57,055 | \$66,709 | \$65,708 |          |           |           |          |
|              | \$1,740                   | \$2,412  | \$6,533  | \$7,217  | \$7,791  | \$8,655  |          |           |           |          |
| 40-44        | 71                        | 511      | 339      | 204      | 136      | 106      | 13       | 1         | 1         |          |
|              | \$42,100                  | \$43,745 | \$49,727 | \$56,789 | \$75,862 | \$65,774 |          |           |           |          |
|              | \$1,934                   | \$2,760  | \$6,567  | \$8,493  | \$8,418  | \$7,329  |          |           |           |          |
| 45-49        | 69                        | 466      | 281      | 191      | 100      | 84       | 70       | 23        | 3         | 2        |
|              | \$40,020                  | \$46,009 | \$53,750 | \$52,369 | \$50,332 | \$78,451 | \$86,601 | \$67,921  |           |          |
|              | \$1,545                   | \$2,980  | \$7,386  | \$7,479  | \$6,121  | \$10,866 | \$8,780  | \$8,488   |           |          |
| 50-54        | 58                        | 427      | 272      | 171      | 117      | 100      | 90       | 88        | 8         | 6        |
|              | \$42,956                  | \$46,597 | \$51,731 | \$51,038 | \$61,521 | \$65,607 | \$88,836 | \$104,273 |           |          |
|              | \$1,380                   | \$3,024  | \$6,866  | \$6,803  | \$12,214 | \$8,356  | \$8,359  | \$8,093   |           |          |
| 55-59        | 47                        | 398      | 237      | 225      | 132      | 111      | 70       | 92        | 59        | 12       |
|              | \$40,521                  | \$46,070 | \$50,883 | \$50,078 | \$53,278 | \$63,567 | \$75,479 | \$80,154  | \$104,092 |          |
|              | \$1,769                   | \$3,229  | \$6,847  | \$6,752  | \$6,930  | \$8,843  | \$7,211  | \$8,524   | \$10,049  |          |
| 60-64        | 18                        | 168      | 143      | 149      | 111      | 70       | 36       | 37        | 44        | 25       |
|              |                           | \$48,541 | \$48,379 | \$40,864 | \$50,010 | \$52,192 | \$63,794 | \$73,438  | \$90,574  | \$79,181 |
|              |                           | \$3,748  | \$6,640  | \$4,766  | \$8,296  | \$6,429  | \$6,946  | \$8,995   | \$8,351   | \$9,120  |
| 65-69        | 5                         | 32       | 35       | 44       | 41       | 27       | 15       | 5         | 6         | 5        |
|              |                           | \$46,786 | \$44,282 | \$34,267 | \$36,136 | \$37,077 |          |           |           |          |
|              |                           | \$2,624  | \$6,742  | \$3,249  | \$3,529  | \$3,052  |          |           |           |          |
| 70+          | 5                         | 11       | 5        | 19       | 15       | 12       | 7        | 2         | 1         | 1        |

N-11,938

Effective January 1, 2016, the plan was amended to a hybrid Cash Balance formula design for prospective pay and service accruals for a select group of eligible participants. In the above grid, average cash balance amounts as of January 1, 2020 have been shown for all eligible active participants.

The above grid reflects members of the Legacy Andeavor Pension Plan that entered the plan on January 1, 2020.

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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 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA                                                                                       |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                                                                                                      |
| 2nd Segment Rate                            | 5.50%                                                                                                                                                                                                                                                                      |
| 3rd Segment Rate                            | 6.27%                                                                                                                                                                                                                                                                      |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization                                                                                                                                                    |
| 1st Segment Rate                            | 2.79%                                                                                                                                                                                                                                                                      |
| 2nd Segment Rate                            | 3.92%                                                                                                                                                                                                                                                                      |
| 3rd Segment Rate                            | 4.38%                                                                                                                                                                                                                                                                      |
| Salary Increases                            |                                                                                                                                                                                                                                                                            |
| Minimum Funding Target Normal Cost          | See Table 1-2                                                                                                                                                                                                                                                              |
| Maximum Tax Expected Benefit Increase       | See Table 1-2                                                                                                                                                                                                                                                              |
| Cash Balance Interest Crediting Rate        | Interest rate phase-in with an ultimate rate of 3.00%. Rate based on 24-month average of 30-year Treasury rates, using the same lookback period as the Funding Target segment rates, with minimum rate of 3.00%.                                                           |
| Lump Sum Conversion Basis                   |                                                                                                                                                                                                                                                                            |
| 417(e) Minimum Basis                        | The mortality table required under 417(e) for 2020 and the underlying liability interest rates.                                                                                                                                                                            |
| Plan Basis                                  | The mortality table specified in Revenue Ruling 2001-62 and an interest rate phase-in with an ultimate rate of 2.94% (PEP) and 2.91% (PMRP). Rate based on 24-month average of 30-year Treasury rates, using the same lookback period as the Funding Target segment rates. |
| Social Security Wage Base Increases         | Future wage indices are based on a national wage increase of 4.00% per year.                                                                                                                                                                                               |
| Retirement Age                              |                                                                                                                                                                                                                                                                            |
| Active Participants                         |                                                                                                                                                                                                                                                                            |
| SRP                                         | See Table 3                                                                                                                                                                                                                                                                |
| Andeavor                                    | See Table 4                                                                                                                                                                                                                                                                |

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Commencement Age—Terminated Participants

|          |        |
|----------|--------|
| SRP      | Age 61 |
| Andeavor | Age 63 |

Lump Sum Elections

Retirement Eligible

|          |     |
|----------|-----|
| SRP      | 90% |
| Andeavor | 80% |

Not Retirement Eligible

|          |                                                                                    |
|----------|------------------------------------------------------------------------------------|
| SRP      | 100% if commence immediately<br>80% for 10% of participants deferring commencement |
| Andeavor | 85% for 45% of participants deferring commencement                                 |

Mortality Rates

Healthy and Disabled

2020 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-26.

Withdrawal Rates

|          |             |
|----------|-------------|
| SRP      | See Table 5 |
| Andeavor | See Table 6 |

Disability Rates

See Table 7-8

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit

It is assumed that 50% of males and 15% of females have an eligible spouse. Male participants are assumed to be two years older than female spouses and female participants are assumed to be three years younger than male spouses.

Valuation Compensation

2019 pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.

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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

|                |       |
|----------------|-------|
| 2018 Plan Year | 5.00% |
| 2019 Plan Year | 5.00% |
| 2020 Plan Year | 4.50% |

Trust Expenses Included in Target Normal Cost

Administrative expenses paid during the prior year (\$1,418,698 for 2020).

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Table 1—Page 1 of 2

**Salary Merit Increase Rates—SRP**

| <b>Age</b> | <b>2020–2023</b> | <b>2024+</b> |
|------------|------------------|--------------|
| 21         | 7.00%            | 7.80%        |
| 22         | 7.00%            | 7.80%        |
| 23         | 7.00%            | 7.80%        |
| 24         | 7.00%            | 7.80%        |
| 25         | 7.00%            | 7.80%        |
| 26         | 6.00%            | 6.80%        |
| 27         | 6.00%            | 6.80%        |
| 28         | 6.00%            | 6.80%        |
| 29         | 6.00%            | 6.80%        |
| 30         | 6.00%            | 6.80%        |
| 31         | 5.00%            | 5.80%        |
| 32         | 5.00%            | 5.80%        |
| 33         | 5.00%            | 5.80%        |
| 34         | 5.00%            | 5.80%        |
| 35         | 5.00%            | 5.80%        |
| 36         | 4.50%            | 5.30%        |
| 37         | 4.50%            | 5.30%        |
| 38         | 4.50%            | 5.30%        |
| 39         | 4.50%            | 5.30%        |
| 40         | 4.50%            | 5.30%        |
| 41         | 4.00%            | 4.80%        |
| 42         | 4.00%            | 4.80%        |
| 43         | 4.00%            | 4.80%        |
| 44         | 4.00%            | 4.80%        |
| 45         | 4.00%            | 4.80%        |
| 46         | 3.50%            | 4.30%        |
| 47         | 3.50%            | 4.30%        |
| 48         | 3.50%            | 4.30%        |
| 49         | 3.50%            | 4.30%        |
| 50         | 3.50%            | 4.30%        |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Table 1—Page 2 of 2

**Salary Merit Increase Rates—SRP**

| <b>Age</b> | <b>2020–2023</b> | <b>2024+</b> |
|------------|------------------|--------------|
| 51         | 3.00%            | 3.80%        |
| 52         | 3.00%            | 3.80%        |
| 53         | 3.00%            | 3.80%        |
| 54         | 3.00%            | 3.80%        |
| 55         | 3.00%            | 3.80%        |
| 56         | 2.50%            | 3.30%        |
| 57         | 2.50%            | 3.30%        |
| 58         | 2.50%            | 3.30%        |
| 59         | 2.50%            | 3.30%        |
| 60         | 2.50%            | 3.30%        |
| 61         | 2.50%            | 3.30%        |
| 62         | 2.50%            | 3.30%        |
| 63         | 2.50%            | 3.30%        |
| 64         | 2.50%            | 3.30%        |
| 65+        | 2.50%            | 3.30%        |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Table 2—Page 1 of 2

**Salary Merit Increase Rates—Andeavor**

| <b>Age</b> | <b>2020–2023</b> | <b>2024+</b> |
|------------|------------------|--------------|
| 15         | 9.00%            | 9.80%        |
| 16         | 9.00%            | 9.80%        |
| 17         | 9.00%            | 9.80%        |
| 18         | 9.00%            | 9.80%        |
| 19         | 9.00%            | 9.80%        |
| 20         | 9.00%            | 9.80%        |
| 21         | 9.00%            | 9.80%        |
| 22         | 9.00%            | 9.80%        |
| 23         | 9.00%            | 9.80%        |
| 24         | 9.00%            | 9.80%        |
| 25         | 9.00%            | 9.80%        |
| 26         | 8.00%            | 8.80%        |
| 27         | 8.00%            | 8.80%        |
| 28         | 8.00%            | 8.80%        |
| 29         | 8.00%            | 8.80%        |
| 30         | 8.00%            | 8.80%        |
| 31         | 7.00%            | 7.80%        |
| 32         | 7.00%            | 7.80%        |
| 33         | 7.00%            | 7.80%        |
| 34         | 7.00%            | 7.80%        |
| 35         | 7.00%            | 7.80%        |
| 36         | 6.50%            | 7.30%        |
| 37         | 6.50%            | 7.30%        |
| 38         | 6.50%            | 7.30%        |
| 39         | 6.50%            | 7.30%        |
| 40         | 6.50%            | 7.30%        |
| 41         | 6.00%            | 6.80%        |
| 42         | 6.00%            | 6.80%        |
| 43         | 6.00%            | 6.80%        |
| 44         | 6.00%            | 6.80%        |
| 45         | 6.00%            | 6.80%        |
| 46         | 5.50%            | 6.30%        |
| 47         | 5.50%            | 6.30%        |
| 48         | 5.50%            | 6.30%        |
| 49         | 5.50%            | 6.30%        |
| 50         | 5.50%            | 6.30%        |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Speedway Retirement Plan  
EIN: 31-1551430 PN: 007

Table 2—Page 2 of 2  
Salary Merit Increase Rates—Andeavor

| Age | 2020–2023 | 2024+ |
|-----|-----------|-------|
| 51  | 5.00%     | 5.80% |
| 52  | 5.00%     | 5.80% |
| 53  | 5.00%     | 5.80% |
| 54  | 5.00%     | 5.80% |
| 55  | 5.00%     | 5.80% |
| 56  | 4.50%     | 5.30% |
| 57  | 4.50%     | 5.30% |
| 58  | 4.50%     | 5.30% |
| 59  | 4.50%     | 5.30% |
| 60  | 4.50%     | 5.30% |
| 61  | 4.00%     | 4.80% |
| 62  | 4.00%     | 4.80% |
| 63  | 4.00%     | 4.80% |
| 64  | 4.00%     | 4.80% |
| 65+ | 4.00%     | 4.80% |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Speedway Retirement Plan  
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Table 3

**Retirement Rates—SRP**

Select and Ultimate retirement rates, linearly grading towards later retirement in future years.

| <b>Age</b> | <b>Select<br/>Year 2019</b> | <b>Ultimate<br/>Year 2028+</b> |
|------------|-----------------------------|--------------------------------|
| 50         | 5.00%                       | 4.00%                          |
| 51         | 5.00%                       | 4.00%                          |
| 52         | 5.00%                       | 4.00%                          |
| 53         | 6.00%                       | 5.00%                          |
| 54         | 6.00%                       | 5.00%                          |
| 55         | 10.00%                      | 8.00%                          |
| 56         | 10.00%                      | 8.00%                          |
| 57         | 10.00%                      | 8.00%                          |
| 58         | 10.00%                      | 8.00%                          |
| 59         | 12.00%                      | 10.00%                         |
| 60         | 12.00%                      | 10.00%                         |
| 61         | 15.00%                      | 10.00%                         |
| 62         | 20.00%                      | 15.00%                         |
| 63         | 20.00%                      | 20.00%                         |
| 64         | 20.00%                      | 20.00%                         |
| 65         | 30.00%                      | 30.00%                         |
| 66         | 30.00%                      | 30.00%                         |
| 67         | 30.00%                      | 30.00%                         |
| 68         | 30.00%                      | 30.00%                         |
| 69         | 30.00%                      | 30.00%                         |
| 70+        | 100.00%                     | 100.00%                        |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Speedway Retirement Plan  
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Table 4—Page 1 of 2

**Retirement Rates—Andeavor (Age 50 and 80+ Points)**

Select and Ultimate retirement rates, linearly grading towards later retirement in future years.

| Age | Select<br>Year 2019 | Ultimate<br>Year 2028+ |
|-----|---------------------|------------------------|
| 50  | 3.00%               | 3.00%                  |
| 51  | 3.00%               | 3.00%                  |
| 52  | 3.00%               | 3.00%                  |
| 53  | 4.00%               | 4.00%                  |
| 54  | 6.00%               | 5.00%                  |
| 55  | 10.00%              | 5.00%                  |
| 56  | 10.00%              | 7.00%                  |
| 57  | 10.00%              | 7.00%                  |
| 58  | 12.50%              | 10.00%                 |
| 59  | 15.00%              | 10.00%                 |
| 60  | 20.00%              | 15.00%                 |
| 61  | 20.00%              | 15.00%                 |
| 62  | 25.00%              | 25.00%                 |
| 63  | 20.00%              | 15.00%                 |
| 64  | 20.00%              | 20.00%                 |
| 65  | 30.00%              | 25.00%                 |
| 66  | 30.00%              | 25.00%                 |
| 67  | 30.00%              | 25.00%                 |
| 68  | 30.00%              | 25.00%                 |
| 69  | 30.00%              | 25.00%                 |
| 70+ | 100.00%             | 100.00%                |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Speedway Retirement Plan  
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Table 4—Page 2 of 2

**Retirement Rates—Andeavor (Age 55 and Under 80 Points)**

Select and Ultimate retirement rates, linearly grading towards later retirement in future years.

| Age | Select<br>Year 2019 | Ultimate<br>Year 2028+ |
|-----|---------------------|------------------------|
| 55  | 6.00%               | 6.00%                  |
| 56  | 6.00%               | 6.00%                  |
| 57  | 6.00%               | 6.00%                  |
| 58  | 6.00%               | 6.00%                  |
| 59  | 8.00%               | 6.00%                  |
| 60  | 8.00%               | 6.00%                  |
| 61  | 8.00%               | 6.00%                  |
| 62  | 15.00%              | 12.00%                 |
| 63  | 15.00%              | 12.00%                 |
| 64  | 20.00%              | 15.00%                 |
| 65  | 20.00%              | 20.00%                 |
| 66  | 20.00%              | 20.00%                 |
| 67  | 30.00%              | 20.00%                 |
| 68  | 30.00%              | 20.00%                 |
| 69  | 30.00%              | 20.00%                 |
| 70+ | 100.00%             | 100.00%                |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Table 5

**Withdrawal Rates—SRP Male**

| Age     | Service |        |        |        |        |        |
|---------|---------|--------|--------|--------|--------|--------|
|         | 0       | 1      | 2      | 3      | 4      | 5+     |
| 20 - 24 | 50.00%  | 40.00% | 30.00% | 25.00% | 25.00% | 30.00% |
| 25 - 29 | 50.00%  | 40.00% | 30.00% | 25.00% | 25.00% | 25.00% |
| 30 - 34 | 50.00%  | 40.00% | 30.00% | 25.00% | 25.00% | 15.00% |
| 35 - 39 | 50.00%  | 35.00% | 25.00% | 20.00% | 20.00% | 12.00% |
| 40 - 44 | 50.00%  | 35.00% | 25.00% | 20.00% | 20.00% | 12.00% |
| 45 - 49 | 50.00%  | 35.00% | 25.00% | 20.00% | 20.00% | 12.00% |
| 50 - 54 | 50.00%  | 30.00% | 20.00% | 15.00% | 15.00% | 12.00% |
| 54 - 59 | 50.00%  | 30.00% | 20.00% | 15.00% | 15.00% | 12.00% |
| 60 - 64 | 50.00%  | 30.00% | 20.00% | 15.00% | 15.00% | 12.00% |
| 65+     | 0.00%   | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

**Withdrawal Rates—SRP Female**

| Age     | Service |        |        |        |        |        |
|---------|---------|--------|--------|--------|--------|--------|
|         | 0       | 1      | 2      | 3      | 4      | 5+     |
| 20 - 24 | 50.00%  | 35.00% | 35.00% | 30.00% | 25.00% | 25.00% |
| 25 - 29 | 50.00%  | 35.00% | 35.00% | 30.00% | 25.00% | 20.00% |
| 30 - 34 | 50.00%  | 35.00% | 30.00% | 30.00% | 25.00% | 20.00% |
| 35 - 39 | 50.00%  | 30.00% | 25.00% | 25.00% | 20.00% | 15.00% |
| 40 - 44 | 50.00%  | 30.00% | 25.00% | 25.00% | 20.00% | 12.00% |
| 45 - 49 | 50.00%  | 30.00% | 25.00% | 25.00% | 20.00% | 12.00% |
| 50 - 54 | 50.00%  | 30.00% | 20.00% | 20.00% | 15.00% | 12.00% |
| 54 - 59 | 50.00%  | 30.00% | 20.00% | 20.00% | 15.00% | 12.00% |
| 60 - 64 | 50.00%  | 30.00% | 20.00% | 20.00% | 15.00% | 12.00% |
| 65+     | 0.00%   | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Speedway Retirement Plan  
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Table 6

**Withdrawal Rates—Andeavor Male**

| Age   | Service |       |       |       |       |       |
|-------|---------|-------|-------|-------|-------|-------|
|       | 0       | 1     | 2     | 3     | 4     | 5+    |
| 15–19 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 4.50% |
| 20–24 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 4.50% |
| 25–29 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 4.50% |
| 30–34 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 3.00% |
| 35–39 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 3.00% |
| 40–44 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 3.00% |
| 45–49 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 50–54 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 54–59 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 60–64 | 10.00%  | 6.00% | 5.00% | 5.00% | 5.00% | 2.50% |
| 65+   | 0.00%   | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Withdrawal Rates—Andeavor Female**

| Age   | Service |       |       |       |       |       |
|-------|---------|-------|-------|-------|-------|-------|
|       | 0       | 1     | 2     | 3     | 4     | 5+    |
| 15–19 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| 20–24 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| 25–29 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| 30–34 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 5.00% |
| 35–39 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 4.00% |
| 40–44 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 45–49 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 50–54 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 54–59 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 60–64 | 15.00%  | 8.00% | 7.00% | 7.00% | 7.00% | 3.00% |
| 65+   | 0.00%   | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Table 7

**Disability Rates—SRP**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0356%     | 0.0356%       | 40         | 0.0950%     | 0.1544%       |
| 16         | 0.0356%     | 0.0356%       | 41         | 0.1069%     | 0.1781%       |
| 17         | 0.0356%     | 0.0356%       | 42         | 0.1188%     | 0.2019%       |
| 18         | 0.0356%     | 0.0356%       | 43         | 0.1425%     | 0.2256%       |
| 19         | 0.0356%     | 0.0356%       | 44         | 0.1663%     | 0.2613%       |
| 20         | 0.0356%     | 0.0356%       | 45         | 0.1900%     | 0.2850%       |
| 21         | 0.0356%     | 0.0356%       | 46         | 0.2138%     | 0.3206%       |
| 22         | 0.0356%     | 0.0356%       | 47         | 0.2494%     | 0.3563%       |
| 23         | 0.0356%     | 0.0356%       | 48         | 0.2969%     | 0.3919%       |
| 24         | 0.0356%     | 0.0356%       | 49         | 0.3325%     | 0.4275%       |
| 25         | 0.0356%     | 0.0356%       | 50         | 0.3919%     | 0.4750%       |
| 26         | 0.0356%     | 0.0356%       | 51         | 0.4631%     | 0.5225%       |
| 27         | 0.0356%     | 0.0356%       | 52         | 0.5463%     | 0.5819%       |
| 28         | 0.0356%     | 0.0475%       | 53         | 0.6294%     | 0.6413%       |
| 29         | 0.0356%     | 0.0475%       | 54         | 0.7244%     | 0.7006%       |
| 30         | 0.0356%     | 0.0475%       | 55         | 0.8194%     | 0.7600%       |
| 31         | 0.0356%     | 0.0594%       | 56         | 0.9144%     | 0.8194%       |
| 32         | 0.0356%     | 0.0594%       | 57         | 1.0213%     | 0.8788%       |
| 33         | 0.0356%     | 0.0712%       | 58         | 1.1281%     | 0.9500%       |
| 34         | 0.0356%     | 0.0712%       | 59         | 1.2469%     | 1.0094%       |
| 35         | 0.0475%     | 0.0831%       | 60         | 1.3656%     | 1.0687%       |
| 36         | 0.0475%     | 0.0950%       | 61         | 1.4963%     | 1.1400%       |
| 37         | 0.0594%     | 0.1069%       | 62         | 1.6388%     | 1.1994%       |
| 38         | 0.0712%     | 0.1188%       | 63         | 1.7931%     | 1.2469%       |
| 39         | 0.0831%     | 0.1425%       | 64         | 1.9475%     | 1.2944%       |
|            |             |               | 65+        | 0.0000%     | 0.0000%       |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Speedway Retirement Plan  
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Table 8

**Disability Rates—Andeavor**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0432%     | 0.0432%       | 45         | 0.2302%     | 0.3454%       |
| 16         | 0.0432%     | 0.0432%       | 46         | 0.2590%     | 0.3885%       |
| 17         | 0.0432%     | 0.0432%       | 47         | 0.3022%     | 0.4317%       |
| 18         | 0.0432%     | 0.0432%       | 48         | 0.3598%     | 0.4749%       |
| 19         | 0.0432%     | 0.0432%       | 49         | 0.4029%     | 0.5180%       |
| 20         | 0.0432%     | 0.0432%       | 50         | 0.4749%     | 0.5756%       |
| 21         | 0.0432%     | 0.0432%       | 51         | 0.5612%     | 0.6332%       |
| 22         | 0.0432%     | 0.0432%       | 52         | 0.6619%     | 0.7051%       |
| 23         | 0.0432%     | 0.0432%       | 53         | 0.7627%     | 0.7771%       |
| 24         | 0.0432%     | 0.0432%       | 54         | 0.8778%     | 0.8490%       |
| 25         | 0.0432%     | 0.0432%       | 55         | 0.9929%     | 0.9210%       |
| 26         | 0.0432%     | 0.0432%       | 56         | 1.1080%     | 0.9929%       |
| 27         | 0.0432%     | 0.0432%       | 57         | 1.2375%     | 1.0649%       |
| 28         | 0.0432%     | 0.0576%       | 58         | 1.3671%     | 1.1512%       |
| 29         | 0.0432%     | 0.0576%       | 59         | 1.5110%     | 1.2232%       |
| 30         | 0.0432%     | 0.0576%       | 60         | 1.6549%     | 1.2951%       |
| 31         | 0.0432%     | 0.0720%       | 61         | 1.8131%     | 1.3814%       |
| 32         | 0.0432%     | 0.0720%       | 62         | 1.9858%     | 1.4534%       |
| 33         | 0.0432%     | 0.0863%       | 63         | 2.1729%     | 1.5110%       |
| 34         | 0.0432%     | 0.0863%       | 64         | 2.3600%     | 1.5685%       |
| 35         | 0.0576%     | 0.1007%       | 65+        | 0.0000%     | 0.0000%       |
| 36         | 0.0576%     | 0.1151%       |            |             |               |
| 37         | 0.0720%     | 0.1295%       |            |             |               |
| 38         | 0.0863%     | 0.1439%       |            |             |               |
| 39         | 0.1007%     | 0.1727%       |            |             |               |
| 40         | 0.1151%     | 0.1871%       |            |             |               |
| 41         | 0.1295%     | 0.2159%       |            |             |               |
| 42         | 0.1439%     | 0.2446%       |            |             |               |
| 43         | 0.1727%     | 0.2734%       |            |             |               |
| 44         | 0.2015%     | 0.3166%       |            |             |               |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2020

| <b>Date</b>        | <b>Amount</b>       | <b>Days to<br/>Discount to<br/>1/1/2020 at<br/>5.61%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------------|----------------------------------------------------------|-----------------------------------------------|
| January 14, 2021   | <u>\$ 2,000,000</u> | 379                                                      | <u>\$ 1,890,082</u>                           |
| Total Contribution | \$ 2,000,000        |                                                          | \$ 1,890,082                                  |

**Attachment to Schedule R, Line 18****Funded Percentage of Plans Contributing to the Liabilities of Plan Participants**

| <b>Plan Name</b>                | <b>EIN</b> | <b>PN</b> | <b>2019 AFTAP</b> |
|---------------------------------|------------|-----------|-------------------|
| <u>Speedway</u> Retirement Plan | 31-1551430 | 007       | 93.82%            |
| Andeavor Pension Plan           | 38-4084986 | 001       | 94.53%            |

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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)<br>Age | (b)<br>Retirement<br>Probability | (c)<br>Expected<br>Retirements | (d)<br>Product<br>(a) × (c) |
|------------|----------------------------------|--------------------------------|-----------------------------|
| 50         | 2.62%                            | 51.31                          | 2565.69                     |
| 51         | 2.68%                            | 57.11                          | 2912.70                     |
| 52         | 2.77%                            | 61.94                          | 3220.74                     |
| 53         | 3.51%                            | 81.51                          | 4320.24                     |
| 54         | 3.63%                            | 87.26                          | 4712.00                     |
| 55         | 6.33%                            | 156.76                         | 8621.81                     |
| 56         | 6.42%                            | 162.26                         | 9086.78                     |
| 57         | 6.48%                            | 166.13                         | 9469.63                     |
| 58         | 6.71%                            | 172.03                         | 9977.51                     |
| 59         | 8.20%                            | 209.78                         | 12376.84                    |
| 60         | 8.59%                            | 212.12                         | 12727.43                    |
| 61         | 9.28%                            | 219.58                         | 13394.35                    |
| 62         | 13.86%                           | 312.80                         | 19393.62                    |
| 63         | 16.23%                           | 323.29                         | 20367.17                    |
| 64         | 16.74%                           | 286.84                         | 18358.03                    |
| 65         | 29.30%                           | 421.59                         | 27403.38                    |
| 66         | 29.33%                           | 316.45                         | 20885.86                    |
| 67         | 29.40%                           | 238.29                         | 15965.55                    |
| 68         | 29.41%                           | 175.26                         | 11917.98                    |
| 69         | 29.41%                           | 129.76                         | 8953.37                     |
| 70+        | 100.00%                          | 393.62                         | 27868.34                    |
|            | Total                            | 4235.71                        | 264499.02                   |
|            | Weighted Average                 |                                | 62.45                       |

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Schedule SB, Part V—Summary of Plan Provisions

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date        | <p>The Marathon Petroleum Company LLC Retirement Plan was established in 1988. Effective January 1, 1999, the Petroleum Marketing Retirement Plan (the “PMRP”) and the Ashland Inc. and Affiliates Retirement Plan, applicable to Oil Chemical and Atomic Workers International Union Locals No. 3-214 Catlettsburg, Kentucky and 3-505 Catlettsburg, Kentucky (the “P.A.C.E.” Plan) were merged into the plan. Effective September 1, 1999, the Northwestern Refinery Pension Plan for Hourly Employees was merged into the plan. The plan is comprised of various sub-plans: Refining, Marketing, and Transportation (“RMT”) Sub-Plan; Retail Sub Plan; Catlettsburg Refining Sub-Plan; and Northwestern Refinery Sub-Plan.</p> <p>Effective June 30, 2007, the Retail Sub-Plan was spun off from the Marathon Petroleum Company LLC Retirement Plan, and the new Speedway SuperAmerica LLC Retirement Plan was established.</p> <p>Effective February 15, 2011, the plan name was changed to the Speedway Retirement Plan.</p> <p>Effective January 1, 2016, the plan was amended in connection with a retirement program redesign to offer a cash balance benefit to above the line (ATL) Speedway employees.</p> <p>Effective December 31, 2019, assets and liabilities from the Andeavor Pension Plan were merged into this plan for Andeavor participants that transferred to the Speedway business at acquisition.</p> |
| Plan Status           | <p>Open to new participants meeting eligibility requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Definitions           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Plan Year             | <p>January 1 to December 31.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial Equivalence | <p>Based on the mortality rates specified in Revenue Ruling 2001-62 and an interest rate equal to the average annual rate of interest on 30-year Treasury securities as published by the IRS for the months of August through October of the preceding calendar year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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Effective January 1, 2013, the year-over-year increase in the interest rate for PMRP benefits will be limited to a certain percentage that varies based on the rate for the current year, as follows:

| Rate for Current Year<br>Before Adjustment | Maximum Annual<br>Percentage Increase |
|--------------------------------------------|---------------------------------------|
| Below 5.00%                                | 0.25%                                 |
| 5.01%–7.00%                                | 0.50%                                 |
| 7.01% or Greater                           | 0.75%                                 |

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited and Vesting Service | Generally based on elapsed time. Any period of service with an employer commencing on employee's date of hire for vesting service and upon plan participation for credited service and ending on the date of termination.                                                                                                                                                                                                                   |
| Compensation                 | Total regular annual salary including overtime, bonuses, and commissions.                                                                                                                                                                                                                                                                                                                                                                   |
| Final Average Pay            | Average annual compensation during the final 36 months of employment. Final average pay was frozen for some highly compensated employees on December 31, 2009 and for all other participants on December 31, 2012.                                                                                                                                                                                                                          |
| Average Monthly Pay          | Average monthly compensation during the final 36 months of employment.                                                                                                                                                                                                                                                                                                                                                                      |
| Average Monthly Base Pay     | Average monthly base pay during the final 36 months of employment.                                                                                                                                                                                                                                                                                                                                                                          |
| Primary Insurance Amount     | Estimated Social Security benefit at age 65 assuming no future earnings after termination. The Social Security benefit was frozen as of December 31, 2012.                                                                                                                                                                                                                                                                                  |
| Frozen Service Benefit       | Annual benefit payable to a member upon normal retirement is equal to the sum of (1), (2), and (3):<br><br>(1) Pension Equity Benefit: For credited service on or after January 1, 1999, the actuarial equivalent of the participant's aggregated Pension Equity Benefit accruals. Accruals equal a percentage of final average pay based on age and service points as of the end of the calendar year according to the following schedule: |

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| Age Plus<br>Participation Service | Accrual<br>Percentage |
|-----------------------------------|-----------------------|
| 0–29                              | 2.50%                 |
| 30–39                             | 4.00%                 |
| 40–49                             | 5.25%                 |
| 50–59                             | 7.75%                 |
| 60–69                             | 10.50%                |
| 70–79                             | 13.00%                |
| 80+                               | 15.50%                |

- (2) Former PMRP participants only. For participants with 25 or more years of credited service prior to January 1, 1999, 50% of average monthly pay reduced by the lesser of (a) 50% of the primary insurance amount of (b) 25% of participant's average monthly base compensation. If less than 25 years of credited service, the formula as stated above shall be multiplied by the fraction of credited service prior to January 1, 1999 divided by 25.
- (3) Participants transferred from the SuperAmerica Division of Ashland Inc. only. An additional benefit equal to the excess of (a) minus (b), where (a) is the amount calculated based upon the Ashland formula, service as of December 31, 1998 and pay at termination and (b) is the amount calculated based upon the Ashland formula, service as of December 31, 1998 and pay as of December 31, 1998.

The Ashland formula is defined as 1.08% of average monthly base pay up to \$10,700 plus 1.5% of average monthly base pay in excess of \$10,700, all times credited service up to 35 years.

All credited service under the above formulas was frozen on December 31, 2009. Final average pay was frozen for certain highly compensated employees on December 31, 2009 and for all other participants on December 31, 2012.

Cash Balance Account

Hypothetical accounts of \$0 are established on January 1, 2016 for eligible participants. Accounts are credited with pay and interest credits for each year after 2015.

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|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pay Credits                   | Four percent of eligible compensation is credited to each participant's account for each year of participation after 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Interest Credits              | Interest on the opening balance is credited each year based on the greater of 3.0% and the average of the 30-year Treasury rate for August, September, and October of the prior plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Eligibility for Participation | <p>Effective January 1, 1999, the Petroleum Marketing Retirement Plan (the "PMRP") was merged into the Marathon Petroleum Company Retirement Plan as the Retail Sub-Plan. Effective January 1, 1999, the sub-plan was amended to include a pension equity benefit formula based on a vesting age points-based schedule. Any regular employee of Speedway SuperAmerica LLC, SuperAmerica Franchising LLC and Speedway Beverage LLC shall participate under the provisions of this sub-plan.</p> <p>The plan was closed to new entrants effective January 1, 2010.</p> <p>The plan is open to new entrants effective January 1, 2016, provided the employee is classified in Salary Grade 11 or below and as a General Manager, Co-Manager, Co-Manager Trainee, or non-store employee (collectively referred to as "above the line" employees).</p> |
| Normal Retirement Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Early Retirement Eligibility  | <p>Age 50 and 10 years of vesting service.</p> <p>Former PMRP and Ashland participants only:<br/>Age 50 and 10 years of vesting service for former PMRP participants. Earlier of age 55 or 80 points (age + service) for form Ashland participants.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Benefit                       | Benefit is the actuarial equivalent of (1) as defined above, (2) as defined above is reduced by 3% for each year benefits commence prior to age 65, and (3) as defined above is reduced by 3% per year prior to age 62, 4% per year prior to age 58, and 5% per year prior to age 56 plus cash balance account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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Vested Termination Benefits

Eligibility

Three years of vesting service or age 65.

Benefit

Frozen service benefit payable at age 65 (actuarially reduced for early commencement) plus cash balance account.

Preretirement Death Benefit

Eligibility

Death in active service after becoming eligible for normal retirement, early retirement or vesting.

Benefit

100% of the actuarial equivalent of the pension equity benefit defined in (1) above, plus 50% of the benefit defined in (2) and (3) above reduced for joint and survivor election.

100% of the cash balance account is payable to the beneficiary.

Death After Vested Termination

Eligibility

Death after vested termination but prior to commencement of benefit.

Benefits

100% of the actuarial equivalent of the pension equity benefit defined in (1) above, plus 50% of the benefit defined in (2) above reduced for joint and survivor election.

100% of the cash balance account is payable to the beneficiary.

Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Reduced joint and survivor annuity. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse.

Optional Forms of Annuity

Life annuity; 120 months or more certain and life annuity; joint and survivor annuity (50% or 100%); lump sum. All optional forms are adjusted to be actuarially equivalent to the life annuity.

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Legacy Andeavor Pension Plan

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. A portion of the legacy Andeavor Pension Plan merged into the Speedway Retirement Plan effective December 31, 2019.

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.

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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.

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.

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Final Average Pay Component of Benefit for Service Prior to 2011

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                                                                                                                                                                                                                   |
| Benefit Service                    | <p>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:</p> <p>Effective December 31, 2010, Benefit Service is frozen.</p>                                                                            |
| Normal Retirement Benefit          | <p>Sum of (i) and (ii)</p> <p>(i) 1.10% of participant's Final Average Monthly Compensation multiplied by the number of years of Benefit Service through December 31, 2010.</p> <p>(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, 2010 to a maximum of 35 years.</p> |

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Early Retirement Benefit

The benefit calculation as defined above based on Benefit Service (as frozen at December 31, 2010) and Pay (as frozen at December 31, 2018) as of early retirement date but reduced according to the schedule below:

| <b>Age</b> | <b>Age + Svc &gt; = 80<br/>Percentage of NR<br/>Benefit</b> | <b>Age + Svc &lt; = 80<br/>Percentage of NR<br/>Benefit</b> |
|------------|-------------------------------------------------------------|-------------------------------------------------------------|
| 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                                                         |

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.

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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, 2010), 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, 2010). 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, 2010.

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## Cash Balance Component of Benefit for Services After 2010

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<br>End of the<br>Quarter | Quarterly<br>Contribution<br>Percentage |
|-------------------------------------|-----------------------------------------|
| Less Than 30                        | 4.5%                                    |
| 30–39                               | 5.5%                                    |
| 40–49                               | 6.5%                                    |
| 50–59                               | 7.5%                                    |
| 60 and Above                        | 8.5%                                    |

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.

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.

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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 in lieu of additional Benefit Service under the Final Average Pay formula. Salary Credits are frozen as of December 31, 2018.

Plan Changes Since the Prior Year

The January 1, 2020 valuations reflect the following plan changes:

- An increase in the annual pay limit under IRC section 401(a)(17) from \$280,000 in 2019 to \$285,000 in 2020 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$225,000 in 2019 to \$230,000 in 2020.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- A portion of the legacy Andeavor Pension Plan merged into the Speedway Retirement Plan effective December 31, 2019.

Changes in Plan Provisions for the January 1, 2019 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from \$275,000 in 2018 to \$280,000 in 2019 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$220,000 in 2018 to \$225,000 in 2019.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Changes in Plan Provisions for the January 1, 2018 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from \$270,000 in 2017 to \$275,000 in 2018 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$215,000 in 2017 to \$220,000 in 2018.
- An update to the mortality and interest rates for determining minimum lump sum payments and IRS section 417(e)(3) to the applicable rates for the current plan year.

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Changes in Plan Provisions for the January 1, 2017 Valuation

The January 1, 2017 valuations reflect the following plan changes:

- An increase in the annual pay limit under IRC section 401(a)(17) from \$265,000 in 2016 to \$270,000 in 2017 and an increase in the IRC section 415 dollar limit for defined benefit plans from \$210,000 in 2016 to \$215,000 in 2017.
- An update to the mortality and interest rates for determining minimum lump sum payments and IRS section 417(e)(3) to the applicable rates for the current plan year.

Changes in Plan Provisions for the January 1, 2016 Valuation

The January 1, 2016 valuations reflect the following plan changes:

- An update to the mortality and interest rates for determining minimum lump sum payments and IRS section 417(e)(3) to the applicable rates for the current plan year.
- In connection with a retirement program redesign, the plan was amended to offer a cash balance benefit to above the line (ATL) Speedway employees.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. Speedway LLC elected to apply the ARPA interest rates for minimum funding purposes in 2020 and deferred the ARPA interest rates until 2021 for benefit restriction purposes.

Line 35 of the 2020 SB indicates that \$6,425,342 of Prefunding Balance was elected to offset funding requirements for the 2020 plan year. Initially, \$8,674,349 of Prefunding Balance was elected to be utilized. Funding balance revocations are allowed under ARPA since the amounts originally applied were greater than the final minimum required contribution (MRC) after reflecting the ARPA interest rates. Plan sponsors are eligible to revoke the funding balance applied in excess of the MRC.

| <b>Date</b>                                             | <b>Prefunding<br/>Balance</b> |
|---------------------------------------------------------|-------------------------------|
| April 15, 2020                                          | \$ 3,999,337                  |
| July 15, 2020                                           | 1,960,356                     |
| October 15, 2020                                        | 1,862,914                     |
| January 15, 2021                                        | <u>851,742</u>                |
| Subtotal                                                | \$ 8,674,349                  |
| <b>Funding Balances Revoked as Permitted Under ARPA</b> |                               |
| September 14, 2021                                      | \$ (2,249,107)                |
| <b>Net Funding Balance Applied</b>                      | <b>\$ 6,425,342</b>           |

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

| Attained Age | Number of Participants and Average Frozen PEP Account |       |       |         |          |          |          |          |          |          |
|--------------|-------------------------------------------------------|-------|-------|---------|----------|----------|----------|----------|----------|----------|
|              | Years of Credited Service                             |       |       |         |          |          |          |          |          |          |
|              | <1                                                    | 1-4   | 5-9   | 10-14   | 15-19    | 20-24    | 25-29    | 30-34    | 35-39    | 40+      |
| <25          | 101                                                   | 688   | 80    |         |          |          |          |          |          |          |
| 25-29        | 116                                                   | 850   | 457   | 49      |          |          |          |          |          |          |
| 30-34        | 115                                                   | 774   | 416   | 236     | 29       |          |          |          |          |          |
|              |                                                       |       | \$2   | \$268   | \$2,061  |          |          |          |          |          |
| 35-39        | 87                                                    | 618   | 346   | 234     | 160      | 22       | 2        |          |          |          |
|              |                                                       | \$11  | \$15  | \$1,055 | \$4,701  | \$12,057 |          |          |          |          |
| 40-44        | 71                                                    | 502   | 333   | 193     | 129      | 106      | 12       |          | 1        |          |
|              |                                                       | \$5   | \$50  | \$1,430 | \$7,562  | \$12,284 |          |          |          |          |
| 45-49        | 69                                                    | 453   | 267   | 181     | 97       | 82       | 70       | 21       | 3        | 2        |
|              |                                                       |       | \$14  | \$1,355 | \$6,266  | \$22,581 | \$28,663 | \$29,189 |          |          |
| 50-54        | 58                                                    | 409   | 256   | 165     | 108      | 96       | 85       | 87       | 7        | 5        |
|              |                                                       | \$173 | \$141 | \$1,248 | \$7,044  | \$17,749 | \$32,291 | \$49,233 |          |          |
| 55-59        | 47                                                    | 387   | 230   | 214     | 124      | 108      | 68       | 88       | 59       | 11       |
|              | \$16                                                  | \$6   | \$301 | \$2,148 | \$9,407  | \$23,800 | \$36,408 | \$46,197 | \$71,327 |          |
| 60-64        | 18                                                    | 159   | 135   | 148     | 102      | 66       | 35       | 35       | 42       | 24       |
|              |                                                       | \$37  | \$228 | \$1,808 | \$11,206 | \$23,369 | \$33,976 | \$49,695 | \$78,520 | \$79,504 |
| 65-69        | 5                                                     | 32    | 31    | 43      | 41       | 26       | 15       | 5        | 6        | 5        |
|              |                                                       |       | \$965 | \$2,075 | \$10,394 | \$25,556 |          |          |          |          |
| 70+          | 5                                                     | 11    | 5     | 19      | 13       | 11       | 7        | 1        | 1        | 1        |

N-11,631

Prior to January 1, 2016, the plan was hard frozen with no participants earning additional pay or service accruals. The frozen accrued benefit was the combination of a traditional formula design and a hybrid Pension Equity Plan formula design. The frozen Pension Equity Plan balance is shown in the grid above for all active participants.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
 Speedway Retirement Plan  
 EIN: 31-1551430 PN: 007

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          | 101                       | 691      | 80       |          |          |          |          |           |           |          |
|              | \$29,762                  | \$33,270 | \$40,321 |          |          |          |          |           |           |          |
|              | \$1,503                   | \$1,490  | \$3,467  |          |          |          |          |           |           |          |
| 25-29        | 116                       | 862      | 464      | 51       |          |          |          |           |           |          |
|              | \$33,630                  | \$39,884 | \$47,009 | \$48,210 |          |          |          |           |           |          |
|              | \$1,717                   | \$2,326  | \$5,467  | \$6,748  |          |          |          |           |           |          |
| 30-34        | 115                       | 782      | 431      | 245      | 30       |          |          |           |           |          |
|              | \$36,600                  | \$40,657 | \$49,685 | \$51,224 | \$50,216 |          |          |           |           |          |
|              | \$1,601                   | \$2,369  | \$6,180  | \$6,710  | \$6,883  |          |          |           |           |          |
| 35-39        | 87                        | 627      | 357      | 240      | 164      | 22       | 2        | 1         |           |          |
|              | \$38,348                  | \$41,217 | \$52,166 | \$57,055 | \$66,709 | \$65,708 |          |           |           |          |
|              | \$1,740                   | \$2,412  | \$6,533  | \$7,217  | \$7,791  | \$8,655  |          |           |           |          |
| 40-44        | 71                        | 511      | 339      | 204      | 136      | 106      | 13       | 1         | 1         |          |
|              | \$42,100                  | \$43,745 | \$49,727 | \$56,789 | \$75,862 | \$65,774 |          |           |           |          |
|              | \$1,934                   | \$2,760  | \$6,567  | \$8,493  | \$8,418  | \$7,329  |          |           |           |          |
| 45-49        | 69                        | 466      | 281      | 191      | 100      | 84       | 70       | 23        | 3         | 2        |
|              | \$40,020                  | \$46,009 | \$53,750 | \$52,369 | \$50,332 | \$78,451 | \$86,601 | \$67,921  |           |          |
|              | \$1,545                   | \$2,980  | \$7,386  | \$7,479  | \$6,121  | \$10,866 | \$8,780  | \$8,488   |           |          |
| 50-54        | 58                        | 427      | 272      | 171      | 117      | 100      | 90       | 88        | 8         | 6        |
|              | \$42,956                  | \$46,597 | \$51,731 | \$51,038 | \$61,521 | \$65,607 | \$88,836 | \$104,273 |           |          |
|              | \$1,380                   | \$3,024  | \$6,866  | \$6,803  | \$12,214 | \$8,356  | \$8,359  | \$8,093   |           |          |
| 55-59        | 47                        | 398      | 237      | 225      | 132      | 111      | 70       | 92        | 59        | 12       |
|              | \$40,521                  | \$46,070 | \$50,883 | \$50,078 | \$53,278 | \$63,567 | \$75,479 | \$80,154  | \$104,092 |          |
|              | \$1,769                   | \$3,229  | \$6,847  | \$6,752  | \$6,930  | \$8,843  | \$7,211  | \$8,524   | \$10,049  |          |
| 60-64        | 18                        | 168      | 143      | 149      | 111      | 70       | 36       | 37        | 44        | 25       |
|              |                           | \$48,541 | \$48,379 | \$40,864 | \$50,010 | \$52,192 | \$63,794 | \$73,438  | \$90,574  | \$79,181 |
|              |                           | \$3,748  | \$6,640  | \$4,766  | \$8,296  | \$6,429  | \$6,946  | \$8,995   | \$8,351   | \$9,120  |
| 65-69        | 5                         | 32       | 35       | 44       | 41       | 27       | 15       | 5         | 6         | 5        |
|              |                           | \$46,786 | \$44,282 | \$34,267 | \$36,136 | \$37,077 |          |           |           |          |
|              |                           | \$2,624  | \$6,742  | \$3,249  | \$3,529  | \$3,052  |          |           |           |          |
| 70+          | 5                         | 11       | 5        | 19       | 15       | 12       | 7        | 2         | 1         | 1        |

N-11,938

Effective January 1, 2016, the plan was amended to a hybrid Cash Balance formula design for prospective pay and service accruals for a select group of eligible participants. In the above grid, average cash balance amounts as of January 1, 2020 have been shown for all eligible active participants.

The above grid reflects members of the Legacy Andeavor Pension Plan that entered the plan on January 1, 2020.

**Speedway  
Retirement Plan  
Financial Statements and  
Independent Auditor's Report  
December 31, 2020 and 2019**

## **Speedway Retirement Plan**

|                                                                                                            | <b>Page</b> |
|------------------------------------------------------------------------------------------------------------|-------------|
| <b>Independent Auditor's Report</b>                                                                        | <b>1</b>    |
| <b>Financial Statements as of December 31, 2020 and 2019<br/>and for the Year Ended December 31, 2020:</b> |             |
| Statements of Net Assets Available for Benefits                                                            | <b>3</b>    |
| Statements of Changes in Net Assets Available for Benefits                                                 | <b>4</b>    |
| Notes to the Financial Statements                                                                          | <b>5</b>    |



# McConnell Jones

## Independent Auditor's Report

To the Participants and Plan Administrator of  
Speedway Retirement Plan

### ***Report on the Financial Statements***

We have audited the accompanying financial statements of Speedway Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

### ***Plan's Management 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.

### ***Auditors' Responsibility***

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

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

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# McConnell Jones

## *Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended, and its financial status as of December 31, 2019 and changes therein for the year then ended, in accordance with US GAAP.

*McConnell & Jones LLP*

Houston, Texas  
October 15, 2021



# McConnell Jones

## *Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended, and its financial status as of December 31, 2019 and changes therein for the year then ended, in accordance with US GAAP.

*McConnell & Jones LLP*

Houston, Texas  
October 15, 2021

**Speedway Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2020 and 2019**

|                                                                              | <b>December 31,</b>   |                       |
|------------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                              | <b>2020</b>           | <b>2019</b>           |
| <b>Assets</b>                                                                |                       |                       |
| <b>Investments</b>                                                           |                       |                       |
| Plan's Interest in Marathon Petroleum Master Retirement Trust, at fair value | \$ 218,469,332        | \$ 188,311,428        |
| Plan's Interest in Marathon Petroleum Group Trust, at fair value             | 6,104,266             | 7,368,662             |
| Total Investments                                                            | <u>224,573,598</u>    | <u>195,680,090</u>    |
| <b>Receivables</b>                                                           |                       |                       |
| Employer Contributions                                                       | 2,000,000             | —                     |
| Pending Transfer in - Andeavor Pension Plan                                  | —                     | 11,892,401            |
| Total Receivables                                                            | <u>2,000,000</u>      | <u>11,892,401</u>     |
| Total Assets                                                                 | <u>226,573,598</u>    | <u>207,572,491</u>    |
| Net Assets Available for Benefits                                            | <u>\$ 226,573,598</u> | <u>\$ 207,572,491</u> |

The accompanying notes are an integral part of these financial statements.

**Speedway Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**December 31, 2020 and 2019**

|                                                                                        | <b>2020</b>    | <b>2019</b>    |
|----------------------------------------------------------------------------------------|----------------|----------------|
| <b>Additions</b>                                                                       |                |                |
| <b>Investment Activity</b>                                                             |                |                |
| Net Investment gain from Plan's Interest in Marathon Petroleum Master Retirement Trust | \$ 36,416,327  | \$ 35,329,074  |
| Net investment (loss)/gain from Plan's Interest in Marathon Petroleum Group Trust      | (67,644)       | 406,257        |
| Net Investment Income                                                                  | 36,348,683     | 35,735,331     |
| <b>Contributions</b>                                                                   |                |                |
| Employer contributions                                                                 | 2,000,000      | —              |
| Total Additions                                                                        | 38,348,683     | 35,735,331     |
| <b>Deductions</b>                                                                      |                |                |
| Benefit payments                                                                       | 17,608,861     | 12,463,222     |
| Fees & Administrative expenses                                                         | 1,738,715      | 1,418,698      |
| Total Deductions                                                                       | 19,347,576     | 13,881,920     |
| <b>Net Increase Before Transfers</b>                                                   | 19,001,107     | 21,853,411     |
| Transfer in from Andeavor Pension Plan                                                 | —              | 11,892,401     |
| <b>Net Increase After Transfers</b>                                                    | 19,001,107     | 33,745,812     |
| <b>Net Assets Available for Benefits, Beginning of Year</b>                            | 207,572,491    | 173,826,679    |
| <b>Net Assets Available for Benefits, End of Year</b>                                  | \$ 226,573,598 | \$ 207,572,491 |

The accompanying note are an integral part of these financial statements.

## Speedway Retirement Plan

### Notes to Financial Statements

### December 31, 2020 and 2019

## Note 1 - Description of the Plan

The following description of the Speedway Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

### General

The Plan is a non-contributory employer defined benefit pension plan covering eligible employees of Speedway LLC (“Speedway”) and of a participating employer as defined by the Plan document. The Plan is sponsored by Speedway.

The Plan, originally named the Petroleum Marketing Retirement Plan (the “PMRP”), was established effective January 1, 1976. Effective January 1, 1999, the PMRP was merged into the Marathon Petroleum Company LLC Retirement Plan as the “Retail Sub-Plan.” Effective July 1, 2007, the Retail Sub-Plan was spun off from the Marathon Petroleum Company LLC Retirement Plan (now known as the Marathon Petroleum Retirement Plan) into a separate plan and named the Speedway SuperAmerica LLC Retirement Plan. Effective February 15, 2011, the Plan was renamed the Speedway Retirement Plan.

Only the assets and liabilities related to benefits accrued under the Retail Sub Plan as determined by the Plan’s actuary were spun off in the June 30, 2007 Plan change described above. Therefore, some participants will have accrued benefits in both the Plan and in the remaining Marathon Petroleum Retirement Plan. The Plan retained provisions identical to the provisions of the Retail Sub-Plan as they existed immediately prior to the spin-off.

Effective August 2, 2020, the Plan was closed as to new participants, including any re-hired employees. The Plan was additionally frozen as to the accrual of additional benefits, i.e., additional cash balance pay credits for all participants, effective May 14, 2021, which date was the effective date of Marathon Petroleum Corporation’s sale of Speedway LLC and certain of its affiliates.

The Northern Trust Company is the Plan’s trustee (“Trustee”). Fidelity Investments is the record keeper for the Plan.

### Plan Merger

The Andeavor Pension Plan was merged with and into the Marathon Petroleum Retirement Plan to form a single plan, effective at the close of December 31, 2019. As part of this merger, net assets of \$569,670,255 were transferred into the Marathon Petroleum Retirement Plan, with \$11,892,401 getting transferred into the Plan as part of the concurrent spin-off of a portion of the Andeavor Pension Plan to the Plan.

### Pension Benefits

Generally, employees of a participating employer are eligible to participate in the Plan if they are a United States citizen, a non-United States citizen hired in the United States to perform services in the United States, or within an employee group approved by the Plan Administrator. Employees are not eligible to participate in the Plan if they are covered by a collective bargaining agreement (unless such agreement expressly provides for their participation in the Plan) or if they are subject to any employment agreement or contract that waives or excludes their participation in the Plan.

Effective January 1, 2010, the Plan was closed to all new participation and was amended such that retirement benefits accrued through December 31, 2009 would continue application of compensation updates for all future years of employment. After December 31, 2009, participants stopped earning service credits and age growth updates. Prior to these changes, benefits for participants in the Plan were calculated using a pension equity formula (“PEP”). That formula was a participant-account-based formula defined as a percentage of average pay based on age and years of service. Grandfathered PMRP participants are entitled to a benefit accrued under the terms of the PMRP based on their average monthly base compensation at either (1) retirement or termination of employment or (2) December 31, 1998, depending upon a participant’s job category as of December 31, 1998. Participants who were transferred from the SuperAmerica division of Ashland, Inc. effective as of January 1, 1999 and who participated in the Ashland Inc. and Affiliates Pension Plan are entitled to a supplemental benefit based on the prior plan’s pension formula using final average compensation as of the participant’s termination or retirement date.

Effective January 1, 2013, all compensation updates after December 31, 2012 were eliminated for the PMRP, the PEP formula and the supplemental Ashland formula as defined in the Plan. In addition, future social security offset accruals were eliminated for the PMRP formula. Effectively, the amendment froze the single life annuity unreduced for age as of December 31, 2012.

## Notes to the Financial Statements

Commencing with the 2013 Plan Year, the GATT rate as determined by the current Plan provisions for purposes of calculating PMRP lump sums is limited to an annual increase as determined by the following table:

| Calculated Annual Plan Rate (Unadjusted) | Maximum Annual Plan Rate Increase |
|------------------------------------------|-----------------------------------|
| Up to 5.00                               | 0.25                              |
| $\geq 5.01 - 7.00$                       | 0.50                              |
| $\geq 7.01$                              | 0.75                              |

If, however, the Plan provisions for calculating the annual lump sum interest rates result in a rate lower than the previous year's Participant Rate, such lower rate will be used without regard to any cap on the size of the reduction.

Effective January 1, 2016, the Plan was amended to provide eligible employees with a cash balance type benefit. (The Plan remains frozen as to the eligibility for and further accrual of the non-cash balance type benefits described above.) Generally, only non-store employees in salary grades 11 or below, store employees in salary grades 4 or above, and employees classified as a Shift Leader II are eligible for a cash balance benefit. Beginning on January 1, 2019, employees who after December 31, 2018 became regularly classified as a salary grade 12 or above employee as a new hire, rehire, transferee or on account of receiving a promotion and who were not active participants in the Marathon Retirement Plan as at December 31, 2018, are also eligible for a cash balance benefit. Under the cash balance component of the Plan, eligible employees will receive an annual 4% cash balance pay credit; provided, however, that beginning on January 1, 2019, participants who are classified as salary grade 12 or above will receive annual 7%, 9% or 11% cash balance pay credits. As previously noted above, the Plan was frozen effective May 14, 2021, as to accrual of any additional benefits, i.e., additional cash balance pay credits.

A participant fully vests in his or her Plan benefit upon the earlier of the participant's attainment of normal retirement age of 65 or completion of three years of vesting service. A participant accrues benefits for a particular period of service under the Plan. As noted above, the Plan was amended effective January 1, 2010 to cease any additional accruals based on service after January 1, 2010 for the Plan's non-cash balance type benefits.

The Plan provides single life annuity, joint and survivor annuity, and other optional forms of benefit payment, including a lump sum payment option. Participants who have terminated employment are entitled to commence benefits before attaining normal retirement age. Participants who have PMRP or supplemental Ashland type benefits may be entitled to subsidized early retirement benefits upon retirement before age 65.

### Plan Amendments

Pursuant to an amendment adopted on February 2, 2021, the Plan was amended effective February 1, 2021 to: (i) immediately transfer the Plan's sponsorship to Marathon Petroleum Company LP; (ii) provide for the Plan Freeze contingent on the occurrence of the Transaction Closing Event and effective on the Closing Event Date; (iii) provide for the Service Accommodation; and (iv) provide for Pursuant to an amendment adopted on February 2, 2021, the Plan was amended effective February 1, 2021 to: (i) transfer the Plan's sponsorship from Speedway to Marathon Petroleum Company LP; (ii) provide for the Plan freeze, which as detailed above became effective on May 14, 2021; (iii) provide for a one-time service crediting accommodation for purposes of cash balance pay credit eligibility for participants' employment service during the period January 1, 2021 through May 13, 2021; and (iv) provide for the accelerated timing of the accrual of eligible participants' 2021 cash balance pay credits.the Pay Credit Timing Accommodation related to the Purchase and Sale Agreement set forth between Marathon Petroleum Corporation and 7-Eleven.

Pursuant to an amendment adopted on August 25, 2020, the Plan was amended and restated to (i) incorporate the amendments adopted subsequent to the Plan's prior January 1, 2016 amendment and restatement, (ii) update the Plan's provisions relating to the plan administrator, investment committee and (iii) update related administrative items and make minor revisions for clarification.

As described above, pursuant to an amendment adopted on August 3, 2020, the Plan was amended effective August 2, 2020, to close the Plan as to new participants, including any re-hired employees.

Pursuant to an amendment adopted and effective on February 24, 2020, the Plan was amendment to provide for full vesting for certain participants whose employment was terminated on account Speedway's divestiture of certain retail locations.

Pursuant to an amendment adopted on December 20, 2019, the Plan was amended effective as of the closed of December 31, 2019, to accommodate the spin-off into the Plan of a portion of the Andeavor Pension Plan and necessary provisions relating to the affected participants' and beneficiaries' accrued benefits relating to the spin-off.

Pursuant to an amendment adopted on October 17, 2019, the Plan was amended effective October 14, 2019, to appoint Jonathan M. Osborne as Plan Administrator.

Pursuant to an amendment adopted on October 14, 2019, the Plan was amended effective October 10, 2019, to appoint Stephen A. Nelson as Plan Administrator.

Pursuant to an amendment adopted on September 10, 2019, the Plan was amended effective July 9, 2019, to specify the service crediting methods to be used for the crediting of the prior employment service of acquired NOCO Incorporated employees for vesting and cash balance service purposes (but not for benefit accrual purposes) under the Plan.

Pursuant to an amendment adopted on August 27, 2019, the Plan was amended effective January 1, 2020, to (i) permit a participant to retire for purposes of the Plan's early retirement benefit on any day of a calendar month, and (ii) modify a Plan rule for the determination the applicable interest rate used to calculate the lump sum value of a participant's legacy benefit to accommodate a February 1 benefit commencement date in addition to a January 1 benefit commencement date.

Pursuant to an amendment adopted on January 28, 2019, the Plan was amended effective January 14, 2019, to appoint Jonathan M. Osborne as Plan Administrator.

## Note 2 - Significant Accounting Policies

### Basis of Accounting

The accompanying financial statements of the Plan were prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

### Use of Estimates

The preparation of financial statements in accordance with US GAAP requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the dates of the financial statements and the reported amounts of additions and deductions during the respective periods. Actual amounts could differ from those estimates and assumptions.

### 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 4 for a 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 includes gains and losses on investments bought and sold as well as held during the year.

### Contributions

Contributions to the Plan are recorded in the period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Expenses incurred in the administration of the Plan are paid out of Plan assets unless Speedway, in its discretion, pays such expenses.

### Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### Recently Issued Accounting Standard

In August 2018, FASB issued ASU No. 2018-13, "Fair Value Measurement (Topic 820) - Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement". The ASU No. 2018-19 modifies the disclosure requirements for the fair value measurements in Topic 820, including the elimination, modification to, and addition of certain disclosures. The ASU is effective January 1, 2020. The updated guidance has an immaterial impact on the Plan's financial statements. This has been adopted as of January 1, 2020.

## Note 3 - Investments

The Plan's assets are held in (a) the Marathon Petroleum Master Retirement Trust (the "Master Retirement Trust") and (b) the Marathon Petroleum Group Trust (the "Group Trust") and both are managed by the Trustee as a directed trustee.

The Master Retirement Trust assets are allocated between the Plan and the Marathon Petroleum Retirement Plan based on each plan's proportionate interest in the Master Retirement Trust as calculated on a monthly basis.

The Master Retirement Trust has the following plans and accounts with their respective proportionate interest as of December 31, 2020 and 2019:

|                                    | 2020 | 2019 |
|------------------------------------|------|------|
| Marathon Petroleum Retirement Plan | 91%  | 90%  |
| Speedway Retirement Plan           | 9%   | 10%  |
|                                    | 100% | 100% |

Investment income and administrative expenses relating to the Master Retirement Trust are allocated based on average monthly balances invested by each plan, other than items specific to one or the other plan.

The Group Trust has the following plans with their respective proportionate interest as of December 31, 2020 and 2019:

|                                    | 2020 | 2019 |
|------------------------------------|------|------|
| Marathon Petroleum Retirement Plan | 90%  | 90%  |
| Speedway Retirement Plan           | 10%  | 10%  |
|                                    | 100% | 100% |

Investment income and administrative expenses relating to the Group Trust are allocated based on average monthly balances invested by each plan, other than items specific to one or the other plan.

The following presents the Statements of Net Assets of the Master Retirement Trust as of December 31, 2020 and 2019:

|                                                   | Master Retirement Trust |                         | Plan's Interest in Master Retirement Trust |                       |
|---------------------------------------------------|-------------------------|-------------------------|--------------------------------------------|-----------------------|
|                                                   | 2020                    | 2019                    | 2020                                       | 2019                  |
| <b>Investments, at fair value</b>                 |                         |                         |                                            |                       |
| Cash equivalents                                  | \$ 25,208,630           | \$ 14,124,879           | \$ 2,152,994                               | \$ 1,411,249          |
| Equities                                          | 1,202,215,639           | 655,270,450             | 102,677,642                                | 65,469,560            |
| Fixed Income                                      | 1,365,885,797           | 1,296,940,188           | 116,656,221                                | 129,580,243           |
| Investments in securities lending<br>(See Note 7) | 78,656,079              | 77,552,668              | 6,717,780                                  | 7,748,463             |
| Derivative Options and Swaps                      | (1,282,816)             | (46,249,499)            | (109,561)                                  | (4,620,893)           |
| Total Investments                                 | <u>2,670,683,329</u>    | <u>1,997,638,686</u>    | <u>228,095,076</u>                         | <u>199,588,622</u>    |
| <b>Receivables</b>                                |                         |                         |                                            |                       |
| Receivables for Securities sold                   | 11,588,966              | 14,952,312              | 989,779                                    | 1,493,919             |
| Accrued Income                                    | <u>7,505,030</u>        | <u>9,876,714</u>        | <u>640,982</u>                             | <u>986,805</u>        |
| Total Receivables                                 | <u>19,093,996</u>       | <u>24,829,026</u>       | <u>1,630,761</u>                           | <u>2,480,724</u>      |
| Total Assets                                      | <u>2,689,777,325</u>    | <u>2,022,467,712</u>    | <u>229,725,837</u>                         | <u>202,069,346</u>    |
| <b>Liabilities</b>                                |                         |                         |                                            |                       |
| Payables for Purchased<br>Securities              | 53,142,294              | 60,147,316              | 4,538,725                                  | 6,009,455             |
| Securities lending collateral<br>(See Note 7)     | <u>78,656,079</u>       | <u>77,552,668</u>       | <u>6,717,780</u>                           | <u>7,748,463</u>      |
| Total Liabilities                                 | <u>131,798,373</u>      | <u>137,699,984</u>      | <u>11,256,505</u>                          | <u>13,757,918</u>     |
| <b>Net Assets</b>                                 | <u>\$ 2,557,978,952</u> | <u>\$ 1,884,767,728</u> | <u>\$ 218,469,332</u>                      | <u>\$ 188,311,428</u> |

## Notes to the Financial Statements

The following presents the Master Retirement Trust Statements of Changes in Net Assets for the years ended December 31, 2020 and 2019:

|                                                   | <u>2020</u>          | <u>2019</u>          |
|---------------------------------------------------|----------------------|----------------------|
| <b>Additions</b>                                  |                      |                      |
| Net appreciation in fair value of investments     | \$ 326,485,046       | \$ 311,939,427       |
| Interest                                          | 37,295,292           | 37,177,144           |
| Dividends                                         | 11,365,502           | 13,845,249           |
| Net change in accrued income                      | (2,378,955)          | (162,322)            |
| Other                                             | —                    | 591,319              |
|                                                   | <u>46,281,839</u>    | <u>51,451,390</u>    |
| Net investment Income                             | <u>46,281,839</u>    | <u>51,451,390</u>    |
| Total Additions                                   | <u>372,766,885</u>   | <u>363,390,817</u>   |
| <b>Net Increase Before Transfers</b>              | 372,766,885          | 363,390,817          |
| Transfers In                                      | 3,105,996,221        | 793,162,227          |
| Transfers Out                                     | (2,805,551,882)      | (784,301,534)        |
| Net Transfers                                     | <u>300,444,339</u>   | <u>8,860,693</u>     |
| <b>Net Increase After Transfers</b>               | 673,211,224          | 372,251,510          |
| <b>Net Assets, Beginning of Year</b>              | 1,884,767,728        | 1,512,516,218        |
| <b>Net Assets, End of Year</b>                    | <u>2,557,978,952</u> | <u>1,884,767,728</u> |
| <b>Plan's Interest in Net Assets, End of Year</b> | <u>\$ 36,416,327</u> | <u>\$ 35,329,074</u> |

The following presents the Statements of Net Assets of the Group Trust as of December 31, 2020 and 2019:

|                                   | Group Retirement Trust |                      | Plan's Interest in Group Retirement Trust |                     |
|-----------------------------------|------------------------|----------------------|-------------------------------------------|---------------------|
|                                   | 2020                   | 2019                 | 2020                                      | 2019                |
| <b>Investments, at fair value</b> |                        |                      |                                           |                     |
| Cash equivalents                  | \$ 942,886             | \$ 2,643,717         | \$ 91,554                                 | \$ 256,705          |
| Private Equities                  | 22,976,104             | 30,431,777           | 2,230,980                                 | 2,954,926           |
| Real Estate                       | 20,318,078             | 23,692,653           | 1,972,885                                 | 2,300,557           |
| Other                             | 18,628,626             | 19,117,399           | 1,808,840                                 | 1,856,299           |
| Total Investments                 | <u>62,865,694</u>      | <u>75,885,546</u>    | <u>6,104,259</u>                          | <u>7,368,487</u>    |
| <b>Receivables</b>                |                        |                      |                                           |                     |
| Accrued Income                    | <u>70</u>              | <u>1,805</u>         | <u>7</u>                                  | <u>175</u>          |
| Total Receivables                 | <u>70</u>              | <u>1,805</u>         | <u>7</u>                                  | <u>175</u>          |
| Total Assets                      | <u>62,865,764</u>      | <u>75,887,351</u>    | <u>6,104,266</u>                          | <u>7,368,662</u>    |
| <b>Net Assets</b>                 | <u>\$ 62,865,764</u>   | <u>\$ 75,887,351</u> | <u>\$ 6,104,266</u>                       | <u>\$ 7,368,662</u> |

## Notes to the Financial Statements

The following presents the Group Trust Statements of Changes in Net Assets for the years ended December 31, 2020 and 2019:

|                                                              | <u>2020</u>               | <u>2019</u>              |
|--------------------------------------------------------------|---------------------------|--------------------------|
| <b>Additions</b>                                             |                           |                          |
| Net (depreciation)/appreciation in fair value of investments | \$ (1,625,984)            | \$ 515,840               |
| Interest                                                     | 6,381                     | 34,915                   |
| Dividends                                                    | 924,594                   | 3,372,321                |
| Net change in accrued income                                 | <u>(1,633)</u>            | <u>(3,304)</u>           |
| Net investment Income                                        | <u>929,342</u>            | <u>3,403,932</u>         |
| Total Additions                                              | <u>(696,642)</u>          | <u>3,919,772</u>         |
| <b>Net Increase Before Transfers</b>                         | (696,642)                 | 3,919,772                |
| Transfers Out                                                | <u>(12,324,945)</u>       | <u>(22,135,616)</u>      |
| <b>Net Decrease After Transfers</b>                          | (13,021,587)              | (18,215,844)             |
| <b>Net Assets, Beginning of Year</b>                         | <u>75,887,351</u>         | <u>94,103,195</u>        |
| <b>Net Assets, End of Year</b>                               | <u><u>62,865,764</u></u>  | <u><u>75,887,351</u></u> |
| <b>Plan's Interest in Net Assets, End of Year</b>            | <u><u>\$ (67,644)</u></u> | <u><u>\$ 406,257</u></u> |

## Note 4 - Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. There are three approaches for measuring the fair value of assets and liabilities: the market approach, the income approach and the cost approach, each of which includes multiple valuation techniques. The fair value hierarchy consists of three broad levels:

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities. These inputs have the highest priority;
- Level 2 inputs consist of observable market-based inputs or unobservable inputs that are corroborated by market data, and are either directly or indirectly observable as of the measurements date;
- Level 3 inputs are unobservable inputs that are not corroborated by market data and may be used with internally developed methodologies that result in management's best estimate of fair value. These inputs have the lowest priority.

The Plan's investments in the Master Retirement Trust and the Group Trust are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following provides a description of the valuation techniques employed for each major plan asset category:

- **Cash and cash equivalents** – Cash and cash equivalents include a collective fund serving as the investment vehicle for the cash reserves and cash held by third-party investment managers. The collective fund is valued at net asset value ("NAV") on a scheduled basis using a cost approach, and is considered a Level 2 asset. Cash and cash equivalents held by third-party investment managers are valued using a cost approach and are considered Level 2 assets. The non-Master Retirement Trust cash and cash equivalents include cash on deposit and an investment in a money market mutual fund that invests mainly in short-term instruments and cash, both of which are valued using a market approach and are considered Level 1 assets. The money market mutual fund is valued at the NAV of shares held.
- **Equity** – Equity investments include common and preferred stock, mutual and pooled funds, public and non-public investment trusts, and S&P 500 exchange-traded funds. Common and preferred stock is valued using a market approach. These assets are priced daily in active markets and are considered Level 1 assets. Mutual and pooled equity funds are well diversified portfolios, representing a mix of strategies in domestic, international, and emerging markets. Mutual funds are publicly registered, valued at NAV on a daily basis using a market approach, and are considered Level 1 assets. Pooled funds are valued at NAV using a market approach, and are considered Level 2 assets. Investments in public trusts and S&P 500 exchange traded funds are valued using a market approach at the closing price reported in an active market and therefore are considered Level 1 assets. Non-public investment trusts are considered Level 2 assets and are valued using a market approach based on the underlying investments in the trust, which are publicly traded securities.
- **Fixed Income** – Fixed income investments include corporate bonds, U.S. dollar treasury bonds, and municipal bonds. These securities are priced on observable inputs using a combination of market, income, and cost approaches. These securities are considered Level 2 assets. Fixed income also includes a well-diversified bond portfolio structured as a pooled fund. This pooled fund is valued at NAV on a daily basis using a combination of market, income, and cost approaches. It is considered a Level 2 asset. U.S. dollar denominated bank loans are also a fixed income investment. Based on the price source of these instruments they are categorized as Level 3 assets.
- **Private Equity** – Private equity investments include interests in limited partnerships which are valued using information provided by external managers for each individual investment held in the fund. These holdings are considered Level 3 assets.
- **Real Estate** – Real estate investments consist of interests in limited partnerships. These holdings are either appraised or valued using investment manager's assessment of assets held. These holdings are considered Level 3 assets.
- **Other** – Other investments include two limited liability companies ("LLCs") with no public market. The LLCs were formed to acquire timberland in the northwest United States. These holdings are either appraised or valued using investment manager's assessment of assets held. These holdings are considered Level 3 assets.
- **Derivative Options and Swaps** – The Plan values derivative instruments using pricing models based on the prevailing forward exchange rate of the underlying currencies taking into account the counterparties' creditworthiness.

## Notes to the Financial Statements

The following table provides by level within the fair value hierarchy the Master Retirement Trust investments at fair value as of December 31, 2020 and 2019:

|                                                                                              | <u>2020</u>                    | <u>2019</u>                    |
|----------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|
| <b>Level 1</b>                                                                               |                                |                                |
| Equity Securities                                                                            |                                |                                |
| Common Stock                                                                                 | \$ 51,481,296                  | \$ 22,817,344                  |
| Mutual Funds                                                                                 | 352,580,100                    | 187,785,265                    |
| Preferred Stock                                                                              | 1,294,002                      | 1,045,204                      |
|                                                                                              | <u>405,355,398</u>             | <u>211,647,813</u>             |
| <b>Level 2</b>                                                                               |                                |                                |
| Cash Equivalents                                                                             | 25,208,630                     | 14,124,879                     |
| Equity Securities                                                                            |                                |                                |
| Common Stock                                                                                 | 2,743,819                      | 1,359,809                      |
| Pooled Funds                                                                                 | 794,116,422                    | 442,262,828                    |
| Fixed Income                                                                                 |                                |                                |
| Corporate                                                                                    | 739,316,728                    | 807,877,984                    |
| Government                                                                                   | 495,197,847                    | 259,680,984                    |
| Pooled Funds                                                                                 | 131,324,212                    | 229,329,660                    |
| Other – Derivative Options & Swaps                                                           | (1,282,816)                    | (46,249,499)                   |
|                                                                                              | <u>2,186,624,842</u>           | <u>1,708,386,645</u>           |
| <b>Level 3</b>                                                                               |                                |                                |
| Fixed Income                                                                                 |                                |                                |
| Bank Loans                                                                                   | 47,010                         | 51,560                         |
|                                                                                              | <u>47,010</u>                  | <u>51,560</u>                  |
| <b>Total Master Retirement Trust investments excluding securities lending, at fair value</b> | <u><u>\$ 2,592,027,250</u></u> | <u><u>\$ 1,920,086,018</u></u> |

The following table provides by level within the fair value hierarchy the Plan's investments in the Group Trust at fair value as of December 31, 2020 and 2019:

|                                                     | <u>2020</u>                 | <u>2019</u>                 |
|-----------------------------------------------------|-----------------------------|-----------------------------|
| <b>Level 2</b>                                      |                             |                             |
| Cash Equivalents                                    | \$ 942,886                  | \$ 2,643,717                |
|                                                     | <u>942,886</u>              | <u>2,643,717</u>            |
| <b>Level 3</b>                                      |                             |                             |
| Private Equity                                      | 22,976,104                  | 30,431,777                  |
| Real Estate                                         | 20,318,078                  | 23,692,653                  |
| Other                                               | 18,628,626                  | 19,117,399                  |
|                                                     | <u>61,922,808</u>           | <u>73,241,829</u>           |
| <b>Total Group Trust investments, at fair value</b> | <u><u>\$ 62,865,694</u></u> | <u><u>\$ 75,885,546</u></u> |

The following table provides a summary of changes in the fair value of the Plan's Level 3 investments in the Master Retirement Trust for the year ended December 31, 2020:

|                                                                              | <b>Bank Loans</b> |
|------------------------------------------------------------------------------|-------------------|
| Balance, beginning of year                                                   | \$ 51,560         |
| Unrealized (losses) relating to instruments still held at the reporting date | (4,550)           |
| Balance, end of year                                                         | <u>\$ 47,010</u>  |

The following table provides a summary of changes in the fair value of the Plan's Level 3 investments in the Master Retirement Trust for the year ended December 31, 2019:

|                                                                           | <b>Bank Loans</b> |
|---------------------------------------------------------------------------|-------------------|
| Balance, beginning of year                                                | \$ 110,690        |
| Unrealized gains relating to instruments still held at the reporting date | (59,130)          |
| Balance, end of year                                                      | <u>\$ 51,560</u>  |

The following provides valuation technique used in the fair value measurement of Level 3 assets in the Master Retirement Trust for the year ended December 31, 2020:

| <b>Instrument</b> | <b>Fair Value</b> | <b>Valuation Technique</b>    | <b>Unobservable Input</b> | <b>Range</b> |
|-------------------|-------------------|-------------------------------|---------------------------|--------------|
| Bank Loans        | \$47,010          | Bid Evaluation Mid Evaluation | N/A                       | N/A          |

The following provides valuation technique used in the fair value measurement of Level 3 assets in the Master Retirement Trust for the year ended December 31, 2019:

| <b>Instrument</b> | <b>Fair Value</b> | <b>Valuation Technique</b>    | <b>Unobservable Input</b> | <b>Range</b> |
|-------------------|-------------------|-------------------------------|---------------------------|--------------|
| Bank Loans        | \$51,560          | Bid Evaluation Mid Evaluation | N/A                       | N/A          |

The following table provides a summary of changes in the fair value of the Plan's Level 3 investments in the Group Trust for the year ended December 31, 2020:

|                                                                                     | <b>Private Equity</b> | <b>Real Estate</b>   | <b>Other</b>         |
|-------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|
| Balance, beginning of year                                                          | \$ 30,431,777         | \$ 23,692,653        | \$ 19,117,399        |
| Realized gains                                                                      | 5,888,893             | 640,802              | —                    |
| Unrealized gains/ (losses) relating to instruments still held at the reporting date | (12,663,175)          | (4,861,257)          | (488,773)            |
| Purchases                                                                           | 1,094,927             | 845,880              | —                    |
| Sales                                                                               | (1,776,318)           | —                    | —                    |
|                                                                                     | <u>\$ 22,976,104</u>  | <u>\$ 20,318,078</u> | <u>\$ 18,628,626</u> |

## Notes to the Financial Statements

The following table provides a summary of changes in the fair value of the Plan's Level 3 investments in the Group Trust for the year ended December 31, 2019:

|                                                                                     | Private Equity       | Real Estate          | Other                |
|-------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Balance, beginning of year                                                          | \$ 41,425,502        | \$ 28,540,738        | \$ 18,362,535        |
| Realized gains                                                                      | 118,197              | 1,349,108            | —                    |
| Unrealized (losses)/ gains relating to instruments still held at the reporting date | (13,248,688)         | (7,011,390)          | 754,864              |
| Purchases                                                                           | 3,079,382            | 814,197              | —                    |
| Sales                                                                               | (942,616)            | —                    | —                    |
|                                                                                     | <u>\$ 30,431,777</u> | <u>\$ 23,692,653</u> | <u>\$ 19,117,399</u> |

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

The following table provides valuation technique and significant unobservable inputs used in the fair value measurement of Level 3 assets in the Group Trust for the year ended December 31, 2020:

| Instrument                       | Fair Value   | Valuation Technique   | Unobservable Input                                         | Range    |
|----------------------------------|--------------|-----------------------|------------------------------------------------------------|----------|
| Private Equity <sup>(3)(4)</sup> | \$22,976,104 | NAV                   | N/A                                                        | N/A      |
| Real Estate <sup>(3)</sup>       | \$20,318,078 | NAV                   | N/A                                                        | N/A      |
| Other                            | \$18,628,626 | Discounted Cash Flows | Discount Rate <sup>(1)</sup> Revenue Growth <sup>(2)</sup> | 5.3-6.5% |

The following table provides valuation technique and significant unobservable inputs used in the fair value measurement of Level 3 assets in the Group Trust for the year ended December 31, 2019:

| Instrument                       | Fair Value   | Valuation Technique   | Unobservable Input                                         | Range    |
|----------------------------------|--------------|-----------------------|------------------------------------------------------------|----------|
| Private Equity <sup>(3)(4)</sup> | \$30,431,777 | NAV                   | N/A                                                        | N/A      |
| Real Estate <sup>(3)</sup>       | \$23,692,653 | NAV                   | N/A                                                        | N/A      |
| Other                            | \$19,117,399 | Discounted Cash Flows | Discount Rate <sup>(1)</sup> Revenue Growth <sup>(2)</sup> | 5.3-6.5% |

<sup>(1)</sup>As much as 0.5 percent of the discount rate is for exit premium.

<sup>(2)</sup>Revenue Growth is calculated using projections of future harvest volumes, physical measurement and statistical information of timber inventory, future timber prices and expenses.

<sup>(3)</sup>The remaining lives of such investments range from less than one year to up to twelve years.

<sup>(4)</sup>Investments are valued at NAV, unless it is determined that this does not represent fair value. In such instances, fair value is estimated in accordance with the Plan's valuation practices. Such adjustments decreased the fair value of private equity funds by an immaterial amount.

## Note 5 - Derivative Instruments

The Plan (through the master trust) may enter into foreign currency forward exchange contracts primarily to hedge against foreign currency exchange rate risks on its U.S. dollar denominated investment securities. When entering into a forward currency contract, the Plan agrees to receive or deliver a fixed quantity of foreign currency for an agreed-upon price on an agreed future date. The Plan's net equity therein, representing unrealized gain or loss on the contracts, as measured by the difference between the forward foreign exchanges rates at the dates of entry in the contracts and the forward rates at the reporting date is included in the master trust's statement of net assets. Realized and unrealized gains and losses are included in the master trust's statement of changes in net assets. These instruments involve market risk, credit risk, or both kinds of risks in excess of the amount recognized in the statement of net assets. Risks arise from the possible inability of counterparties to meet the terms of their contracts and movement in currency and securities values and interest rates. The year-end balance is indicative of the average volume during the year.

The following table provides the aggregate fair value of assets and liabilities of the Plan's derivatives not under hedge accounting included in derivative financial instruments and foreign exchange contracts receivable/payable as reported in the statements of net assets available for benefits at December 31, 2020 and 2019:

|                            | December 31, 2020 |           |                | December 31, 2019 |            |                |
|----------------------------|-------------------|-----------|----------------|-------------------|------------|----------------|
|                            | Asset             | Liability | Notational (a) | Asset             | Liability  | Notational (a) |
| Central Counterparty Swaps | 2,910,328         | 4,809,374 | —              | —                 | 1,517,103  | 212,988,979    |
| Options                    | —                 | 11,985    | (6,100,016)    | 134               | —          | (134)          |
| Swaps                      | 662,747           | 18,435    | —              | 669,750           | —          | 24,280,250     |
| Swaptions                  | 198,064           | 209,890   | (49,360,000)   | 5,115             | 45,407,395 | 107,174,102    |
| OTC Currency Options       | —                 | 4,271     | (1,198,800)    | —                 | —          | 6,546,201      |

(a) Represents fair value of foreign currency contracts and underlying principal value for all other derivatives.

At December 31, 2020 and 2019, there were no derivatives accounted for as cash flow or fair value hedges and no amounts recognized in accumulated other comprehensive income. Accordingly, for the year ended December 31, 2020, there were no gains or losses related to derivatives recognized in, or reclassified from, other comprehensive income.

Gains and losses on derivative financial instruments are recognized as fair values change. Generally, gains and losses on the derivative financial instruments held would be offset by similar fair value gains and losses on the related securities. The following table provides changes in fair value of the Plan's derivatives not under hedge accounting included in net appreciation in fair value of investments as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2020:

|                            | For the Year Ended December 31, 2020 |            |
|----------------------------|--------------------------------------|------------|
|                            | Gain/(Loss)                          |            |
| Central Counterparty Swaps | \$                                   | (381,944)  |
| Options                    | \$                                   | (12,119)   |
| Swaps                      | \$                                   | (25,438)   |
| Swaptions                  | \$                                   | 45,390,455 |
| OTC Currency Options       | \$                                   | (4,271)    |

## Note 6 - Accumulated Plan Benefits

A third party actuary determines the actuarial present value of accumulated plan benefits. The amount 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 for termination after becoming vested, death, disability, withdrawal, and retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining accumulated plan benefits as of January 1, 2020 are as follows:

|                        |                                                                                                                                   |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Interest Rate          | 4.5%                                                                                                                              |
| Mortality Rates        | Amounts-weighted aggregate rates from the<br>Pri-2012 mortality study, projected generationally<br>from 2012 using Scale MPC-2019 |
| Average Retirement Age | 62                                                                                                                                |

The interest rate assumption used to value accrued benefits was 4.50 and 5.00 percent in 2020 and 2019 respectively. The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefits information as of January 1, 2020 is as follows:

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated Plan benefits       |                       |
| Vested benefits                                            |                       |
| Participants currently receiving payments                  | \$ 21,896,447         |
| Other participants                                         | 163,109,491           |
| Total vested benefits                                      | 185,005,938           |
| Nonvested benefits                                         | 11,501,112            |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 196,507,050</u> |

The change in the actuarial present value of accumulated plan benefits from last actuary valuation, to current actuary valuation date, is attributed to the following:

|                                                                            |                       |
|----------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated Plan benefits as of January 1, 2019 | \$ 168,209,893        |
| (Decrease)/increase during the year attributable to                        |                       |
| Benefit payments                                                           | (12,463,222)          |
| Interest accumulation                                                      | 8,102,714             |
| Actuarial assumptions                                                      | 12,118,094            |
| Plan Amendments                                                            | 7,979,850             |
| Benefits accumulated, net of experience gain or loss or changes in data    | 12,559,721            |
| Net change                                                                 | 28,297,157            |
| Actuarial present value of accumulated Plan benefits as of January 1, 2020 | <u>\$ 196,507,050</u> |

The computations of actuarial present value of accumulated Plan benefits were made as of January 1, 2020. Had the valuations been performed as of December 31, 2019, there would be no material difference.

## Note 7 - Securities Lending Activities

The Plan participates in a securities lending program through the Trustee. Under this program, the Plan's investment securities are loaned to pre-approved investment brokers for a fee. Securities loaned are fully collateralized by cash, letters of credit, and acceptable securities. The initial collateral level is no less than 100% of the market value of securities lent for loans collateralized by assets that are denominated in United States dollars. However, if the collateral is for any loaned securities that are foreign securities that are principally cleared and settled outside the United States, or any other loaned securities, then the initial collateral is no less than 105% and 102% of the market value of the securities lent, respectively. Marking to market is performed every business day. All borrowers are required to provide additional collateral if the market value of securities lent falls below the required collateral level.

At December 31, 2020, securities with an aggregate market value of \$77,240,826, were on loan to brokers that provided cash collateral and \$13,735,965 were on loan to brokers that provided non-cash collateral. The loans were secured by cash collateral of \$78,656,079 and non-cash collateral of \$13,990,310 at December 31, 2020. For the year ended December 31, 2020 and 2019, the Plan earned \$233,065 and \$229,376, respectively, from securities lending.

## Note 8 - Funding Policy

The actuarial cost method used for funding of the Plan is the “projected unit credit” method of actuarial valuation. The funding policy provides that Speedway will contribute amounts necessary to maintain the Plan on a sound actuarial basis and in accordance with the minimum funding requirements of ERISA plus any additional amounts which may be approved from time to time. A payment of \$2 million was made on January 12, 2021 for the 2020 plan year. No payments were made for the 2019 plan year. Minimum required funding has been met for the 2020 and 2019 plan years.

## Note 9 - Risks and Uncertainties

The Plan invests in various investment securities which are exposed to various risks, such as interest rate, credit and overall market risks. Due to the level of risk associated with certain investment securities, it is at least 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## Note 10 - Party-In-Interest Transactions

Fees paid by the Plan to the Trustee, in its capacity as the Plan’s Trustee, for 2020 and 2019 were \$63,921 and \$88,375, respectively.

The Trustee has been identified as parties-in-interest and these transactions are exempt from the prohibited transaction rules.

## Note 11 - Plan Termination

Although it has not expressed any intent to do so, Speedway has retained the right to amend, terminate, or otherwise modify the Plan, including the right to discontinue the contributions thereto, at any time, solely at the discretion of Speedway. In the event of the termination of the Plan, the assets thereof shall be distributed in accordance with Section 4044 of ERISA. The Plan is a covered plan under the plan termination insurance provisions of ERISA, and the PBGC guarantees the payments of certain benefits thereunder. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets, while other benefits may not be provided for at all.

## Note 12 - Income Tax Status

The Internal Revenue Service (“IRS”) has determined, and informed Speedway by letter dated December 17, 2020, that the Plan is qualified under Section 401(a) of the Internal Revenue Code of 1986 (“Code”). Although the Plan has been amended subsequent to the amendments covered by the determination letter, the Plan Administrator and the Plan’s tax counsel believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States require plan 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. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 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; however, there are currently no audits for any tax periods in progress.

### Note 13 - Commitments

At December 31, 2020 and 2019, the Plan's allocation of additional funding commitments related to various real estate and limited partnership investments in the Group trust amounted to \$1.2 million and \$1.1 million, respectively.

### Note 14 - Subsequent Events

Subsequent events were evaluated through October 15, 2021 which is the date the financial statements were available to be issued.

**Form 5500**Department 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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

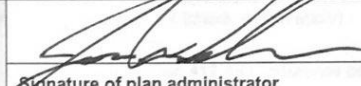
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first 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**

|                                                                                                                                                                                                                                                                                                |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>Speedway Retirement Plan                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ <u>007</u>                 |
|                                                                                                                                                                                                                                                                                                | <b>1c</b> Effective date of plan<br><u>06/30/2007</u>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Marathon Petroleum Company LP | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1537655</u> |
|                                                                                                                                                                                                                                                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>(419) 422-2121</u>  |
| <u>539 South Main Street, Room M09012</u><br><u>Findlay OH 45840</u>                                                                                                                                                                                                                           | <b>2d</b> Business code (see instructions)<br><u>447100</u>         |

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

|                                                                                                         |                   |                                                              |
|---------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b><br> | <u>10.13.2021</u> | Jonathan M. Osborne                                          |
| Signature of plan administrator                                                                         | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b><br><br>                                                                                |                   |                                                              |
| Signature of employer/plan sponsor                                                                      | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b><br><br>                                                                                |                   |                                                              |
| Signature of DFE                                                                                        | Date              | Enter name of individual signing as DFE                      |

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Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>Jonathan M. Osborne<br><br>539 South Main Street<br><br>Findlay OH 45840-3295                                                                                                                                                             | <b>3b</b> Administrator's EIN<br>38-4126815<br><b>3c</b> Administrator's telephone number<br>(419) 422-2121 |
| <b>4</b> 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><b>a</b> Sponsor's name <b>Speedway LLC</b><br><b>c</b> Plan Name <b>Speedway Retirement Plan</b> | <b>4b</b> EIN<br>31-1551430<br><b>4d</b> PN<br>007                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                    | <b>5</b> 14,747                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                           |                                                                                                             |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                     | <b>6a(1)</b> 11,938                                                                                         |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                          | <b>6a(2)</b> 11,362                                                                                         |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                         | <b>6b</b> 327                                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                         | <b>6c</b> 2,714                                                                                             |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                | <b>6d</b> 14,403                                                                                            |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                 | <b>6e</b> 120                                                                                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                    | <b>6f</b> 14,523                                                                                            |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                            | <b>6g</b>                                                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                 | <b>6h</b> 1,123                                                                                             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                       | <b>7</b>                                                                                                    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1C 1I 3F 3H                                                                                                                                                             |                                                                                                             |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                |                                                                                                             |

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

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning and ending

|                                                               |                                               |  |
|---------------------------------------------------------------|-----------------------------------------------|--|
| <b>A</b> Name of plan                                         | <b>B</b> Three-digit plan number (PN) ▶       |  |
|                                                               |                                               |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 | <b>D</b> Employer Identification Number (EIN) |  |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                  | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): _____ |          |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                       | <b>3</b> |  |

|                |                                                                                                                                                                               |
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| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
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| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2020  
v. 200204

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**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: 8 % Investment-Grade Debt: 87 % High-Yield Debt: 5 % Real Estate: 0 % Other: 0 %

**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 \_\_\_\_\_