

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/27/2024 and ending 04/25/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: QUIKTRIP CORPORATION RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 04/29/1995
2a Plan sponsor's name, mailing address, city, state, and ZIP: QUIKTRIP CORPORATION, 4705 SOUTH 129TH EAST AVENUE, TULSA, OK 74134
2b Employer Identification Number (EIN): 73-0675375
2c Plan Sponsor's telephone number: 918-615-7700
2d Business code (see instructions): 445120

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	16054
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	13369
	6a(2)	13644
	6b	937
	6c	2021
	6d	16602
	6e	3
	6f	16605
	6g(1)	14902
6g(2)	16513	
6h	1002	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2O 3I 2E 2H 2J 2K 2T 2S

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/27/2024** and ending **04/25/2025**

A Name of plan QUIKTRIP CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 QUIKTRIP CORPORATION	D Employer Identification Number (EIN) 73-0675375	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VANGUARD TARGET RTRMT INC TRUST **P.O.BOX 2600**
VALLEY FORCE, PA 19482

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

WESTERN ASSET CORE PLUS BOND CIT **P.O. BOX 9699**
PROVIDENCE, RI 02940-9699

95-2705767

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

VANGUARD TARGET RTRMT 2020 TRUST **P.O.BOX 2600**
VALLEY FORCE, PA 19482

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

VANGUARD MID CAP INDEX **P.O. BOX 2600**
VALLEY FORCE, PA 19482

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

VANGUARD TARGET RTRMT 2070 TRUST

P.O. BOX 2600
VALLEY FORGE, PA 19482

20-0147869

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

VANGUARD INSTITUTIONAL INDEX

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

AMERICAN FUNDS WASHINGTON MUTUAL

P.O. BOX 2280
NORFOLK, VA 23501

52-0793788

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

JP MORGAN SHORT DURATION CORE PLUS

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD MID-CAP INDEX

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD TARGET RTRMT 2065 TRUST

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD TARGET RTRMT 2060 TRUST

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

ABERDEEN EMERGING MKTS FUND

1735 MARKET STREET 32ND FLOOR
PHILADELPHIA, PA 19103

20-5833858

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

UNDISCOVERED MGRS. BEHAVIORAL VALUE P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD VALUE INDEX P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD GROWTH INDEX P.O. BOX 2600
VALLEY FORGE, PA 19482

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

T ROWE PRICE ITNL DISCOVERY P.O. BOX 17302
BALTIMORE, MD 21297

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

GUGGENHEIM MACRO OPPORTUNITIES P.O. BOX 2600
VALLEY FORGE, PA 19482

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

JP MORGAN CORE PLUS BOND P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD TARGET RTRMT 2030 TRUST P.O. BOX 2600
VALLEY FORGE, PA 19482

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

FIDELITY INTERNATIONAL INDEX FUND P.O. BOX 2600
VALLEY FORGE, PA 19482

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

MFS INTERNATIONAL DIVERSIFICATION P.O. BOX 2600
VALLEY FORGE, PA 19482

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

PRIMECAP ODYSSEY AGGRESS GWTH FUND P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD 500 INDEX P.O. BOX 2600
VALLEY FORGE, PA 19482

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

VANGUARD TARGET RTRMT 2025 TRUST P.O. BOX 2600
VALLEY FORGE, PA 19482

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

DFA US SMALL CAP VALUE P.O. BOX 2600
VALLEY FORGE, PA 19482

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

GQG PARTNERS EMERGING MKTS EQUITY P.O. BOX 2600
VALLEY FORGE, PA 19482

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

BAIRD CORE PLUS BOND P.O. BOX 2600
VALLEY FORGE, PA 19482

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

GREAT GRAY EUROPACIFIC GROWTH TRUST P.O. BOX 2600
VALLEY FORGE, PA 19482

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

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/27/2024 and ending 04/25/2025	
A Name of plan QUIKTRIP CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 QUIKTRIP CORPORATION	D Employer Identification Number (EIN) 73-0675375

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	39812	24080
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	120080876	126682332
(2) Participant contributions	1b(2)	1100887	970952
(3) Other	1b(3)	46692	59255
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4474105	5548762
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	30467342	34344140
(9) Value of interest in common/collective trusts	1c(9)	39749112	49093441
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	946941593	1075444784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	3069551900	3535256080
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4212452319	4827423826
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	710186	176520
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	710186	176520
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4211742133	4827247306

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	130103012	
(B) Participants.....	2a(1)(B)	62184622	
(C) Others (including rollovers).....	2a(1)(C)	1020824	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		193308458
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8339087	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2423772	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		10762859
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1438970	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1438970
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	842310945	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1047821232

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	431922390	
(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)		431922390
f Corrective distributions (see instructions)	2f		109000
g Certain deemed distributions of participant loans (see instructions)	2g		284669
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		432316059

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		615505173
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: **CONKLIN, GILPIN WERTZ, P.L.L.C.**

(2) EIN: **27-1439588**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c 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.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 04/27/2024 and ending 04/25/2025

A Name of plan <u>QUIKTRIP CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUIKTRIP CORPORATION</u>	D Employer Identification Number (EIN) <u>73-0675375</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 73-0675375 41-6257133

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

QUIKTRIP CORPORATION RETIREMENT PLAN

EIN: 73-0675375 PN: 003

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

APRIL 25, 2025 AND APRIL 26, 2024



CONKLIN • GILPIN • WERTZ PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

Employee Retirement Income Committee
QuikTrip Corporation Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of QuikTrip Corporation Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 25, 2025 and April 26, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as April 25, 2025 and April 26, 2024, and for the year ended April 25, 2025, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held At End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Conklin, Gilpin & Wertz, P.L.L.C.

CONKLIN, GILPIN & WERTZ, P.L.L.C.

Certified Public Accountants

Tulsa, Oklahoma

November 21, 2025

Federal Employer Identification Number: 27-1439588

QUIKTRIP CORPORATION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
April 25, 2025 and April 26, 2024

	<u>April 25, 2025</u>	<u>April 26, 2024</u>
Assets:		
Investments (at fair value):		
Cash	\$ 24,080	\$ 39,812
Money market funds	5,548,762	4,474,105
Mutual funds	1,075,444,784	946,941,593
Common collective trust	49,093,441	39,749,112
QuikTrip Corporation Class E common stock	<u>3,535,256,080</u>	<u>3,069,551,900</u>
Total investments	<u>4,665,367,147</u>	<u>4,060,756,522</u>
Receivables:		
Employer discretionary contributions	108,482,110	102,250,928
Employer matching contributions	18,200,222	17,829,948
Employee contributions	970,952	1,100,887
Other receivables	59,255	46,692
Notes receivable from participants	<u>34,344,140</u>	<u>30,467,342</u>
Total receivables	<u>162,056,679</u>	<u>151,695,797</u>
Total assets	<u>4,827,423,826</u>	<u>4,212,452,319</u>
Liabilities:		
Other liabilities	<u>176,520</u>	<u>710,186</u>
Total liabilities	<u>176,520</u>	<u>710,186</u>
Net assets available for benefits	<u>\$ 4,827,247,306</u>	<u>\$ 4,211,742,133</u>

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

QUIKTRIP CORPORATION RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended April 25, 2025

Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 842,310,945
Interest and dividends	9,778,057
Total investment income	<u>852,089,002</u>
Interest income on notes receivable from participants	<u>2,423,772</u>
Contributions:	
Employer	130,103,012
Employee	62,184,622
Rollovers	1,020,824
Total contributions	<u>193,308,458</u>
Total additions	<u>1,047,821,232</u>
Deductions:	
Benefits paid to participants	<u>432,316,059</u>
Total deductions	<u>432,316,059</u>
Net increase in net assets available for benefits	615,505,173
Net assets available for benefits:	
Beginning of year	<u>4,211,742,133</u>
End of year	<u>\$ 4,827,247,306</u>

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

QUIKTRIP CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

April 25, 2025 and April 26, 2024

A. DESCRIPTION OF THE PLAN

QuikTrip Corporation (QuikTrip, the Company or Employer) sponsors the QuikTrip Corporation Retirement Plan (the Plan) for the benefit of its employees. The Plan holds assets in two separate trusts, the Employee Stock Ownership Plan (ESOP) Trust and the Profit Sharing Trust. The Plan allows employees to indirectly acquire equity in the Company and is structured as a “cash out plan,” meaning that departing participants, for all intents and purposes, may only receive distributions in the form of cash and not stock.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

Profit Sharing Trust

The Profit Sharing Trust captures the trust activity associated with this portion of the Plan and has salary deferral features. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Profit Sharing Trust holds non-QuikTrip mutual fund investments and collective trusts. The Profit Sharing Trust is administered by INTRUST Bank, N.A. (the Profit Sharing Trustee) and directed by the Company’s Board of Directors.

ESOP Trust

The ESOP Trust captures the trust activity associated with this portion of the Plan and has salary deferral features. It is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the Code) and is subject to the applicable provisions of ERISA. The ESOP Trust is administered by GreatBanc Trust Company (the ESOP Trustee) and directed by the Company’s Board of Directors.

The ownership of QuikTrip Class E Common Stock is restricted to the ESOP Trustee. The ESOP Trust purchases QuikTrip Class E Common Stock and Class A Common Stock (which immediately converts to QuikTrip Class E Common Stock when acquired by the ESOP Trust) using the funds received via direct Company contributions to the Plan, employee 401(k) deferrals, and dividends. The ESOP Trust purchases the stock from Class A shareholders of the Company. The ESOP Trust also holds an interest-bearing cash account.

The QuikTrip Class E Common Stock is not readily tradable on an established market. The Plan document includes a put option for participants withdrawing from the ESOP Trust. The put option is a right to demand that the Company buy any QuikTrip Class E Common Stock for which there is no market. The put price is representative of the fair value of the stock based on the most recently appraised stock price. The Company can pay for the purchase with interest over a period of five years.

Eligibility

Employees who have completed one year of continuous service in which they worked 1,000 hours and attained the age of 21 are eligible to participate in the Plan. Eligible employees are automatically enrolled in the Plan four times each year, unless they have elected to be excluded from automatic enrollment. Entry dates include the first day of the Plan year, and the first Friday following weeks 13, 26, and 39 after the first day of the Plan year. Employees must continue to work 1,000 hours in each Plan year to be eligible for contributions.

QUIKTRIP CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 25, 2025 and April 26, 2024

A. DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility (continued)

Effective April 27, 2024, long-term part-time employees meeting certain eligibility conditions may participate in the Plan by making contributions to the profit sharing trust only. Long-term part-time employees may not purchase QuikTrip Class E Common Stock, make rollover contributions, or receive employer contributions until becoming a regular participant.

Contributions

Each year, participants may contribute, in whole percentages, a minimum of 2% of pre-tax annual compensation, as defined in the Plan document, up to IRS maximum limits, to the Profit Sharing Trust. Participants may elect to invest contributions in excess of 4% of compensation into QuikTrip Class E Shares, as permitted by the ESOP Trust. The Company may, on a discretionary basis, contribute an Employer matching contribution, which will be used to purchase QuikTrip Class E Common Stock, unless a participant elects otherwise. The Employer's matching contribution is based on a percentage of each participant's contributions for the year. For fiscal year 2025, the matching contribution was 50% of the first 6% of the participant's contributions.

The Plan also allows for a discretionary profit sharing contribution allocated to the Profit Sharing Trust and to the ESOP Trust. The allocation of the discretionary contributions to the participant is based on individual participants' annual eligible compensation paid compared to total Plan compensation paid to all eligible participants during the Plan year.

The Plan allows for anniversary awards and discretionary special Long-Term Incentive (LTI) contributions to the ESOP accounts of non-highly compensated employees, as defined by the Plan document. The contribution can be made in cash or QuikTrip Class E Common Stock. For fiscal year 2025, the combined total of the LTI and anniversary contributions was \$3,311,516.

Participant Accounts

Separate accounts are maintained for each participant for elective contributions, Company matching contributions, Company profit sharing contributions, and transfers from other qualified plans and individual retirement accounts, as defined by the Plan document. Each participant's account is credited with the applicable contributions when submitted to the Plan and a daily allocation of Plan earnings or losses based on investment balances. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

QUIKTRIP CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 25, 2025 and April 26, 2024

A. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Employees vest in Employer contributions at the rate of 20% per year after completing two years of credited service, becoming fully vested in Employer match and discretionary contributions after six years as noted below.

	<u>Year of Credited Service</u>	<u>Percentage of Employer Contributions Accounts Vested</u>
Less than:	2	0%
At least:	2	20%
	3	40%
	4	60%
	5	80%
	6	100%

Participants who reach normal retirement age, which is age 65, retire due to disability, or die are 100% vested in Employer match and discretionary contributions.

Participants are 100% vested at all times in their contributions and dividends on QuikTrip Class E Common Stock.

Notes Receivable from Participants

Employees are eligible to borrow up to 50% of the employee's nonforfeitable portion of their Profit Sharing Trust contribution account with a minimum loan of \$1,000, not to exceed \$50,000. The loan must be repaid within five years (15 years for residential loans) with an interest rate determined by the Prime rate as published in the Wall Street Journal at the time of the loan. The loans are secured by the vested balance in the participant's account. Principal and interest is paid ratably through weekly payroll deductions. The principal and interest payments are allocated back to the participant's account based upon the participant's current investment elections. A participant shall not have more than two loans outstanding at a time.

Payment of Benefits

Participants are eligible to receive benefits upon death, disability, at normal retirement date, or termination of employment. Participants may receive benefits in a lump-sum payment; in monthly, quarterly, or annual installments over a period not to exceed the life expectancy of the participant; or in a limited distribution period, as defined in the Plan document. Any in-kind distribution of Company stock must be immediately offered for sale by the participant to the Company. Although the normal retirement age is 65, a participant may, in accordance with the policies of the Company, defer their actual retirement to any later date. In such event, the participant shall retain their status under the Plan and continue to participate until their deferred retirement date. All allocations to the participant's account after their normal retirement date are nonforfeitable.

QUIKTRIP CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
 April 25, 2025 and April 26, 2024

A. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits (Continued)

The Plan allows a one-time in-service withdrawal to all participants upon attaining age 59 ½.

The Plan requires distribution limitations in compliance with Section 401(a)(31)(B) of the Code. Upon participant termination, mandatory distributions are required for balances of less than \$1,000.

Forfeitures

A participant forfeits the non-vested portion of their account upon the earlier of distribution of their vested interest or five consecutive one-year breaks in credited service. The forfeited amounts related to the non-vested Employer matching contributions are used to reduce the current year Employer matching contributions and/or LTI contributions. Forfeitures of non-vested Employer profit sharing contributions are reallocated to participants based upon the ratio of each individual's compensation to total compensation of all participants.

The following table presents the forfeitures activity for each respective trust during the year ended April 25, 2025.

	ESOP Contributions	Profit Sharing Contributions
Available forfeitures, April 26, 2024	\$ -	\$ -
Additions	1,909,979	2,695,144
Transfers	56,040	(56,040)
Forfeitures allocated	(1,515,065)	(2,463,111)
Forfeitures used to reduce Employer matching contributions	(450,954)	(175,993)
Available forfeitures, April 25, 2025	<u>\$ -</u>	<u>\$ -</u>

Plan Investments

Participants direct trustees to invest their account balances in various investment fund options. Employer discretionary profit sharing contributions are also allocated according to participant elections.

Participants may change the amount of their contributions and choices of investment options daily.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

QUIKTRIP CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

April 25, 2025 and April 26, 2024

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash

At times, cash held at financial institutions may exceed federally insured limits. The Plan has not experienced losses in such accounts.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates. These estimates include the valuation of the Class E Common Stock, which is valued at fair value based on independent appraisals.

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 D for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Participants may choose that dividends received by the Plan for Class E Common Stock either be added to their participant balance or distributed to them in accordance with the Plan. Dividends received by the Plan for mutual funds are added to the participant balances in accordance with the Plan. Interest income on notes receivable from participants is recorded separately in the statement of changes in net assets available for benefits.

Payment of Benefits

Distributions to participants are recorded when paid.

Administrative Expenses

The Plan's administrative expenses, including investment management and trustee fees, are paid by the Company and are excluded from these financial statements. Fees totaled approximately \$1,399,000 for fiscal year 2025. The Company does not expect reimbursement for these expenses.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan. No allowance for credit losses has been recorded as of April 25, 2025 or April 26, 2024.

QUIKTRIP CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

April 25, 2025 and April 26, 2024

C. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEES

The Plan's administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Profit Sharing Trustee and ESOP Trustee have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value and notes receivable from participants, excluding the value of QuikTrip Class E Common Stock, as shown in the statements of net assets available for benefits, as of April 25, 2025 and April 26, 2024.
- Investment income and interest income on notes receivable from participants, excluding the net appreciation in fair value of QuikTrip Class E Common Stock, as shown in the statement of changes in net assets available for benefits for the year ended April 25, 2025.
- The schedule of assets (held at end of year), excluding the current value of QuikTrip Class E Common Stock as of April 25, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

D. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Quoted prices in active markets for identical, unrestricted assets or liabilities.

Level 2 - Quoted prices for similar assets or liabilities in active markets or inputs other than quoted prices that are observable.

Level 3 - Significant unobservable prices or inputs.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at April 25, 2025 and April 26, 2024.

QuikTrip Class E Common Stock: Valued at fair value based on independent appraisals performed as of the date of the statements of net assets available for benefits. The appraisal was based upon a combination of the market and income valuation techniques consistent with prior years and considers inputs such as historical growth rates, discount rates, present value of discrete cash flows and the terminal value.

Cash: Valued at cost, which approximates fair value.

Mutual funds and money market accounts: Valued at quoted prices.

QUIKTRIP CORPORATION RETIREMENT PLAN**NOTES TO FINANCIAL STATEMENTS**

April 25, 2025 and April 26, 2024

D. FAIR VALUE MEASUREMENTS (CONTINUED)

Collective trust: Invests in a diversified portfolio of stable value contracts issued by insurance companies, banks and other financial institutions. Valued at net asset value (NAV) of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 25, 2025 and April 26, 2024:

<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
April 25, 2025:				
Cash	\$ 24,080	\$ 24,080	\$ -	\$ -
Money market funds	5,548,762	5,548,762	-	-
Mutual funds	1,075,444,784	1,075,444,784	-	-
QuikTrip Class E Common Stock	3,535,256,080	-	-	3,535,256,080
Total assets at fair value	<u>\$ 4,616,273,706</u>	<u>\$1,081,017,626</u>	<u>\$ -</u>	<u>\$ 3,535,256,080</u>
Investments measured at NAV	49,093,441			
Total investments	<u>\$ 4,665,367,147</u>			
April 26, 2024:				
Cash	\$ 39,812	\$ 39,812	\$ -	\$ -
Money market funds	4,474,105	4,474,105	-	-
Mutual funds	946,941,593	946,941,593	-	-
QuikTrip Class E Common Stock	3,069,551,900	-	-	3,069,551,900
Total Investments	<u>\$ 4,021,007,410</u>	<u>\$ 951,455,510</u>	<u>\$ -</u>	<u>\$ 3,069,551,900</u>
Investments measured at NAV	39,749,112			
Total investments	<u>\$ 4,060,756,522</u>			

QUIKTRIP CORPORATION RETIREMENT PLAN**NOTES TO FINANCIAL STATEMENTS**

April 25, 2025 and April 26, 2024

D. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of April 25, 2025 and April 26, 2024:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
April 25, 2025:				
Collective trust	\$ 49,093,441	None	Daily	None
April 26, 2024:				
Collective trust	\$ 39,749,112	None	Daily	None

The Plan's collective trust interest is in the T. Rowe Price Stable Value Fund. The fund seeks to provide income while preventing price fluctuations. The fund invests in a diversified portfolio of bonds and enters into agreements with financial companies to guarantee against fluctuations in their share prices.

The following table sets forth a summary change in the fair value of the Plan's Level 3 assets for the year ended April 25, 2025:

	QuikTrip Class E <u>Common Stock</u>
Balance, end of year, April 26, 2024	\$ 3,069,551,900
Unrealized gains	765,996,780
Purchases	96,965,480
Sales and conversions	<u>(397,258,080)</u>
Balance, end of year, April 25, 2025	<u>\$ 3,535,256,080</u>

E. TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST

The Company is the Employer, and is considered to be a party-in-interest. Certain administrative functions are performed by officers or employees of the Company. No officer or employee receives compensation from the Plan for these services.

At April 25, 2025 and April 26, 2024, the Plan held the following common stock of the Company:

	<u>April 25, 2025</u>	<u>April 26, 2024</u>
Class E:		
Shares	152,909	167,005
Fair market value	\$ 3,535,256,080	\$ 3,069,551,900
Dividends paid	\$ 1,438,970	\$ 1,540,006

Certain investments and participant loans are managed by the trustees. Transactions with such funds qualify as exempt party-in-interest transactions.

QUIKTRIP CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

April 25, 2025 and April 26, 2024

F. TAX STATUS

The Plan received a determination letter from the Internal Revenue Service dated June 13, 2017, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trusts are exempt from taxation. The Plan has been amended since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trusts are tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan's administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 25, 2025 and April 26, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax years in progress.

G. TERMINATION OF THE PLAN

The Plan may be terminated at any time. In the event of termination of the Plan, an appraisal of the value of the Plan as of the termination date will be made by the trustees, with deductions from value relating to estimated expenses to be incurred during the termination period of the Plan. The amounts credited to participants' accounts after adjustments and recomputations shall become 100% vested and not subject to forfeiture in accordance with the Plan document.

H. RISKS AND UNCERTAINTIES

The Plan invests in a collective trust, various mutual funds, money market accounts and the Company's Class E Common Stock. Investment securities 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The QuikTrip Class E Common Stock is valued by an independent appraiser based on certain assumptions pertaining to the Company's operations, market data, and interest rates, all of which are subject to change. Due to uncertainties inherent in the valuations and assumptions, it is at least reasonably possible that changes in these valuations and assumptions in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Rising inflation, interest rates, and international military conflicts have resulted in substantial volatility in financial markets. Due to this volatility, 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 participants' account balances and the amounts reported in the statements of net assets available for benefits. The duration of these events is unknown and management has not yet determined the full financial impact.

QUIKTRIP CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 25, 2025 and April 26, 2024

I. NONPARTICIPANT-DIRECTED INVESTMENTS

The information concerning the net assets available for benefits and significant components of the changes in the net assets available for benefits related to the Plan's nonparticipant-directed investments in the ESOP Trust is summarized as follows:

	<u>April 25, 2025</u>	<u>April 26, 2024</u>
Assets		
QuikTrip Class E shares	152,909	167,005
QuikTrip Class E common stock, at fair value	<u>\$ 3,535,256,080</u>	<u>\$ 3,069,551,900</u>
Money market fund	2,883,085	2,386,142
Receivables:		
Employer contributions	72,441,277	68,955,412
Employee contributions	379,804	445,622
Other receivables	<u>10,115</u>	<u>8,142</u>
Net assets available for benefits	<u>\$ 3,610,970,361</u>	<u>\$ 3,141,347,218</u>
	<u>Year Ended</u> <u>April 25, 2025</u>	
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 765,996,780	
Interest and dividends	<u>1,572,317</u>	
Total investment income	<u>767,569,097</u>	
Contributions:		
Employer	75,900,189	
Employee	<u>23,816,324</u>	
Total contributions	<u>99,716,513</u>	
Deductions		
Benefits paid to participants	<u>397,662,467</u>	
Total deductions	<u>397,662,467</u>	
Net increase	469,623,143	
Net assets available for benefits, beginning of year	<u>3,141,347,218</u>	
Net assets available for benefits, end of year	<u>\$ 3,610,970,361</u>	

SUPPLEMENTAL SCHEDULE

QUIKTRIP CORPORATION RETIREMENT PLAN
EIN: 73-0675375
Plan Number: 003
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
April 25, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, interest rate, collateral, par or maturity value	(d) Cost**	(e) Current Value
ESOP Trust				
*	QuikTrip Corporation	Class E Common Stock	\$ 690,441,852	\$ 3,535,256,080
	Goldman Sachs Financial Square Treasury Obligation Fund	Money Market Fund	2,883,085	2,883,085
Profit Sharing Trust				
	Vanguard Institutional Index Fund Institutional Plus Shares	Mutual Fund	-	145,742,649
	Vanguard Institutional Target Retirement Fund 2045	Mutual Fund	-	121,204,361
	American Washington Mut Invest Fund - R6	Mutual Fund	-	112,855,268
	Vanguard Institutional Target Retirement Fund 2060	Mutual Fund	-	112,786,888
	Vanguard Mid-Cap Index Institutional Plus Shares	Mutual Fund	-	112,488,172
	Vanguard Institutional Target Retirement Fund 2065	Mutual Fund	-	88,092,056
	Vanguard Institutional Target Retirement Fund 2055	Mutual Fund	-	81,135,914
	Vanguard Institutional Target Retirement Fund 2035	Mutual Fund	-	73,185,590
	T Rowe Price Stable Value Common Trust Fund Class A	Collective Trust	-	49,093,441
	Vanguard Institutional Target Retirement Fund 2025	Mutual Fund	-	44,038,777
	Vanguard Institutional Target Retirement Fund 2050	Mutual Fund	-	39,102,303
	Baird Core Plus Bond Fund Class Institutional	Mutual Fund	-	30,721,511
	Great Gray EuroPacific Growth Trust Class R1	Mutual Fund	-	28,080,250
	Vanguard Institutional Target Retirement Income Fund	Mutual Fund	-	22,648,737
	Vanguard Institutional Target Retirement Fund 2040	Mutual Fund	-	17,851,784
	Vanguard Institutional Target Retirement Fund 2030	Mutual Fund	-	14,944,160
	Vanguard Institutional Target Retirement Fund 2070	Mutual Fund	-	12,577,939
	DFA US Small Cap Value Portfolio Institutional Class	Mutual Fund	-	5,522,182
	Vanguard Institutional Target Retirement Fund 2020	Mutual Fund	-	3,066,653
	Federated Hermes Government Obligation Fund	Money Market Fund	-	2,665,677
	JP Morgan Core Plus Bond Fund R6	Mutual Fund	-	2,333,425
	Guggenheim Macro Opportunities Fund Institutional Class	Mutual Fund	-	1,541,197
	Vanguard Total Bond Market Index Fund ADM	Mutual Fund	-	1,246,131
	JP Morgan Short Duration Core Plus Fund Class R6	Mutual Fund	-	1,092,739
	Vanguard 500 Index Fund ADM	Mutual Fund	-	707,882
	Vanguard Value Index Fund - ADM	Mutual Fund	-	593,384
	Fidelity International Index Fund	Mutual Fund	-	411,545
	MFS International Diversification Fund - R6	Mutual Fund	-	404,110
	Vanguard Growth Index Fund ADM	Mutual Fund	-	274,077
	T Rowe Price International Discovery Fund Class I	Mutual Fund	-	201,261
	GQG Partners Emerging Markets Equity Fund R6	Mutual Fund	-	166,778
	Vanguard Mid-Cap Index Fund ADM	Mutual Fund	-	156,987
	JP Morgan Undiscovered Managers Behavioral Value Fund - R6	Mutual Fund	-	150,509
	Primecap Odyssey Aggressive Growth Fund	Mutual Fund	-	119,565
	Cash	Cash	-	24,080
*	Notes Receivable from Participants	Various rates from 3.25% to 8.50%	-	34,344,140
		Total assets held	-	<u>\$ 4,699,711,287</u>

* Denotes party-in-interest

** Cost information for participant-directed investments is omitted