Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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
INTERSTATE BATTERIES EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1970

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTERSTATE BATTERIES, INC.

14221 DALLAS PKWY, SUITE 1000
DALLAS, TX 75254

2b Employer Identification Number (EIN) 46-2023063

2c Plan Sponsor's telephone number 972-715-6790

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	STEPHEN HANCOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	258
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	68
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	68
b	Retired or separated participants receiving benefits	**6b**	30
c	Other retired or separated participants entitled to future benefits	**6c**	145
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	243
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	248
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
INTERSTATE BATTERIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTERSTATE BATTERIES, INC.

D Employer Identification Number (EIN)
46-2023063

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	27152281
b Actuarial value	**2b**	27152281

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	34	3458256	3458256
b For terminated vested participants	157	6707131	6707131
c For active participants	68	11982155	11982155
d Total	259	22147542	22147542

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	815420
b Expected plan-related expenses	**6b**	140000
c Target normal cost	**6c**	955420

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

Signature of actuary — Date: 07/30/2026

JASON CONKEY, EA, MAAA
Type or print name of actuary

23-08458
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

512-682-7793
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.70 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	122.59 %
15	Adjusted funding target attainment percentage	15	122.59 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	955420
b Excess assets, if applicable, but not greater than line 31a	**31b**	955420

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERSTATE BATTERIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERSTATE BATTERIES, INC.

D Employer Identification Number (EIN)
46-2023063

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO., INC. & AFFIL

94-1737782

(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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50 64	NONE	54805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRIME CAPITAL ADVISORS

82-1364595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	40000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	24500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHARLES SCHWAB & CO INC

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 71 59	NONE	1	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO & AFFIL	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 94-3106735	SEE ATTACHMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERSTATE BATTERIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERSTATE BATTERIES, INC.

D Employer Identification Number (EIN)
46-2023063

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	278419	57136
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	313576	720646
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	26560286	26469926
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	27152281	27247708
Liabilities			
1g Benefit claims payable	1g	10000	0
1h Operating payables	1h	0	10000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	10000	10000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	27142281	27237708

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	37981	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		37981
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	727153	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		727153
(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)		
(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)		2600216
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3365350
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3122123	
(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)		3122123
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	54805	
(4) IQPA audit fees	2i(4)	24500	
(5) Investment advisory and investment management fees	2i(5)	40000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1147	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	27348	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		147800
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3269923
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		95427
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b 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) [X] 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: BDO USA, P.C. **(2)** EIN: 13-5381590

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579398.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
INTERSTATE BATTERIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERSTATE BATTERIES, INC.

D Employer Identification Number (EIN)
46-2023063

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): 82-3967259

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** 10

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: ☐ 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) 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704869A .

Interstate Batteries Employees Pension Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Interstate Batteries Employees Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Interstate Batteries Employees Pension Plan

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ERISA-Required Supplemental Schedules

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 19

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 20

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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600 North Pearl
Suite 1700
Dallas, TX 75201

Independent Auditor's Report

To the Plan Administrator
Interstate Batteries Employees Pension Plan
Dallas, Texas

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

We have performed audits of the financial statements of Interstate Batteries Employees Pension 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 audits. 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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 a 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 judgment 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 audits did not extend to the certified investment information, except for obtaining and reading the certification(s), 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 GAAP.

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 GAAP.

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.

Other Matter — Supplemental Schedules Required by ERISA

The ERISA-required Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

BDO USA, P.C.

Dallas, Texas
September 30, 2026

Interstate Batteries Employees Pension Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Cash	**$ 57,136**	$ 278,419
Investments, at fair value:		
Money market fund	**720,646**	313,576
Exchange traded funds (ETFs)	**20,783,970**	18,003,691
Mutual funds	**5,685,956**	8,556,595
Total Investments, at fair value	**27,190,572**	26,873,862
Total Assets	**27,247,708**	27,152,281
Liabilities		
Accounts payable	**10,000**	10,000
Total Liabilities	**10,000**	10,000
Net Assets Available for Benefits	**$ 27,237,708**	$ 27,142,281

See accompanying notes to financial statements.

Interstate Batteries Employees Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$	3,327,369
Interest income		37,981
Total Additions		3,365,350
Deductions		
Benefits paid to participants		3,122,123
Administrative expenses		147,800
Total Deductions		3,269,923
Net Increase in Net Assets Available for Benefits		95,427
Net Assets Available for Benefits, beginning of year		27,142,281
Net Assets Available for Benefits, end of year	$	27,237,708

See accompanying notes to financial statements.

1. Plan Description

The following description of the Interstate Batteries Employees Pension Plan (Plan), sponsored by Interstate Batteries, Inc. (Company), provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan, which was established January 1, 1970, is a noncontributory, defined benefit plan available to qualifying employees of the following companies: Interstate Batteries, Inc.; Interstate Batteries Recycling, LLC; Distributor Operations, Inc.; Interstate Battery System of Hawaii, Inc.; and Retail Acquisition & Development, Inc. (collectively, the Participating Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration

The Company is the Plan Administrator (Plan Administrator) and has appointed several employees, who receive no compensation from the Plan, as authorized administrators with the responsibility for the administration and operation of the Plan. Substantially all fees and costs related to the Plan are paid by the Plan. Charles Schwab Trust Bank (Trustee), a qualified institution is responsible for the custody and transaction processing of the Plan's assets. Schwab Retirement Plan Services, Inc. (Recordkeeper or Actuary) has been retained to provide recordkeeping and actuarial services for the Plan and has been authorized by the Plan Administrator to administer participant distributions.

Eligibility

Employees of Participating Employers that (a) were hired on or before March 15, 2004 and (b) were participants in this Plan or the Distributor Operations, Inc. Employees Pension Plan on April 1, 2004 are eligible to participate in this Plan. Employees not eligible to participate in the Plan include employees covered by collective bargaining agreements, leased employees, independent contractors, non-resident aliens with no U.S. earned income, and employees of affiliated companies that have not adopted the Plan. Active participation in the Plan ceases upon termination of the participant's employment.

Contributions

The Plan is funded exclusively by contributions from the Company. Participants are not permitted to make contributions to the Plan.

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Vesting

Participants generally vest in their monthly pension benefit according to the following table:

Years of Service	Vested Percentage
0	0%
1	0%
2	0%
3	30%
4	40%
5	60%
6	80%
7 or more	100%

If still employed by a Participating Employer, participants will generally become fully vested (a) at or after age 55 with at least five years of service, (b) at age 65, (c) upon death, or (d) upon total and permanent disability, as defined by the Plan.

Pension Benefits

The Plan provides monthly pension benefits to participants meeting certain age and service requirements. Monthly pension benefits are generally structured to equal 20% of a participant's average monthly compensation, as defined, plus 16% of the amount by which such average monthly compensation exceeds one-twelfth of covered compensation, as defined. Participants are generally entitled to begin receiving benefits upon attaining age 65.

Participants may elect to receive the benefits in the form of a life annuity providing for payment of 50% of the monthly pension benefits to a surviving spouse after the death of a participant receiving monthly benefit payments, certain other forms of payment over time, or in a lump sum, subject to certain restrictions.

Also subject to certain restrictions, participants who die, become totally and permanently disabled, or terminate service with a Participating Employer, or an affiliated employer, prior to attaining age 65 are eligible to elect, prior to their normal retirement date, to receive the same forms of benefits as previously described that have been reduced to their actuarial equivalent amount.

Lump-sum distributions may be paid to the participant or rolled over directly into another qualified plan or individual retirement account (IRA). Terminated participants and active 5% owners with vested lump-sum account balances greater than $7,000 may defer their benefits beyond age 65 but must commence their benefit distributions by April 1st of the year after attaining their required minimum distribution age as specified by federal law. Terminated participants with a lump-sum vested account balance of $7,000 or less are notified that they must either receive a lump-sum distribution or rollover their vested account balance to another qualified plan or IRA. Terminated participants with lump-sum vested account balances greater than $1,000, but not greater than $7,000, who fail to timely respond to such notifications, will be forced out and their vested account balance will be rolled over to a Charles Schwab IRA. Terminated participants with lump-sum vested account balances of $1,000 or less, who fail to timely respond to such notifications, will be forced out and paid their vested account balance less the applicable taxes.

Active participants working more than 40 hours a month, who have attained 65 years of age and are not 5% owners, must defer their benefit until their employment terminates.

Death Benefits

If a participant dies while employed by a Participating Employer prior to receiving their Plan benefits, the beneficiary shall be eligible to receive a monthly retirement income for life. Such monthly income shall equal the actuarial equivalent (as defined by the Plan) of 100 times the projected amount of the monthly normal retirement income (as defined by the Plan) for life for such participant as of the first day of the Plan year in which the death of the participant occurs. Alternatively, the beneficiary can elect to receive a lump-sum equivalent distribution.

If a participant, who is no longer employed by a Participating Employer and has completed at least three years of service, dies prior to receiving any Plan benefits, their beneficiary shall be entitled to a death benefit in an amount equal to the amount that would have been payable to a surviving spouse under the plan's qualified joint and survivor provisions previously described in Pension Benefits. Alternatively, the beneficiary may elect to receive a lump sum equivalent distribution.

Upon the death of a participant subsequent to the start of their receiving benefits, the participant's beneficiary shall be entitled to whatever death benefit may be available under the settlement arrangements pursuant to which the participant's benefit is made payable.

In all cases of a married participant, the spouse is the beneficiary unless the participant, with their spouse's consent, elected an alternate beneficiary.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting.

Management Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Employer Contributions and Employer Contribution Receivables

Employer contributions are recorded on the accrual method of accounting in the year the Plan becomes entitled to receive them. Employer contributions receivable are recorded at cost, which approximates their fair value. There were $0 of Employer contributions receivable as of December 31, 2025 and 2024, respectively.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of investments are recorded on a settlement date basis with interest income recorded on the accrual basis and dividends on the ex-dividend date.

Net Appreciation (Depreciation) in Fair Market Value of Investments

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in fair market value of investments, which consists of the net realized gains or losses and the unrealized appreciation and depreciation of investments.

Administrative Expenses

Expenses incurred in administering the Plan, other than the administrative fees deducted by the Trustee, are generally paid by the Plan and thus are a component of the statement of changes in net assets available for benefits. The Company paid plan administrative expenses of $61,370 in 2025, which are not a component of the statement of changes in net assets available for benefits and which are not required to be reimbursed by the Plan.

Payment of Benefits

Benefits are recorded when paid.

3. Funding Policy

Based on actuarial estimates, management intends for the Company to fund the minimum required contribution (i.e., the target normal cost plus interest on the unfunded liability), if any, and such other amounts, as necessary, to maintain the Plan on a sound actuarial basis by contributing such amounts annually before the due date of the Company's federal income tax return, including extensions. For the plan year ended December 31, 2025, minimum funding requirements, as prescribed by ERISA, have been met.

4. Fair Value Measurement

Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* establishes 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 of hierarchy under ASC 820 are as follows:

Level 1 - This level consists of quoted prices in active markets for identical assets or liabilities.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets and liabilities in active markets or inputs that are observable.

- Quoted prices for identical or similar assets and liabilities in markets that are not active.
- Valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3 - This level consists of inputs that are unobservable (for example cash flow modeling inputs based on assumptions).

The following is a description of the valuation methodologies used for assets measured at fair value:

Money Market Fund - Valued at the daily closing price as reported by the fund.

Exchange Traded Funds - Investments in shares of exchange traded funds (ETFs) are stated at fair value based upon quoted market prices.

Mutual Funds - Investments in shares of registered investment companies (mutual funds) are stated at fair value based upon quoted market prices reflecting the fund's net asset value (NAV), as determined by their respective trustee. NAV is determined by subtracting expenses, charges, or other liabilities incurred or accrued by the funds from the value of the assets and dividing the result by the number of outstanding shares.

The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments measured on a recurring basis:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Money market fund	$ 720,646	$ -	$ -	$ 720,646
Exchange traded funds	20,783,970	-	-	20,783,970
Mutual funds	5,685,956	-	-	5,685,956
Total Investments, at fair value	$ 27,190,572	$ -	$ -	$ 27,190,572

December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market fund	$ 313,576	$ -	$ -	$ 313,576
Exchange traded funds	18,003,691	-	-	18,003,691
Mutual funds	8,556,595	-	-	8,556,595
Total Investments, at fair value	$ 26,873,862	$ -	$ -	$ 26,873,862

5. Certified Investment Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest income for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

6. Actuarial Present Value of Accumulated Plan Benefits and Actuarial Assumptions

The actuarial present value of accumulated plan benefits was calculated by the Recordkeeper and Actuary. The unit credit cost method was used to compute the actuarial present value of accumulated plan benefits for December 31, 2025 and 2024.

Significant assumptions underlying the actuarial computations are as follows:

December 31,	**2025**	2024
Valuation date	January 1, 2026	January 1, 2025
Assumed rate of return on investments	7.0% per annum	7.0% per annum
Discount rate applicable to present value of accrued benefits	7.0% per annum	7.0% per annum
Mortality basis	Pri-2012 White Collar Mortality Tables, projected forward using MP-2021	Pri-2012 White Collar Mortality Tables, projected forward using MP-2021
Retirement:		
Terminated vested participants	Normal retirement at age 65	Normal retirement at age 65
Active participants	Varies by age from 55 to 70+	Varies by age from 55 to 70+
Valuation of assets	Market Value	Market Value
Termination	The select and ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study	The select and ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated plan benefits. The following actuarial information is based on reports prepared by the Actuary. The actuarial present value of accumulated plan benefits is the present value of the participants' accrued benefits as of the valuation date, assuming participants will earn no additional credited service and will receive no future salary.

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The following presents the actuarial present value of accumulated plan benefits of the Plan:

December 31,	**2025**	2024
Valuation date	January 1, 2026	January 1, 2025
Actuarial present value of accumulated plan benefits:		
Vested accumulated benefits:		
Participants currently receiving payments	**$ 3,076,330**	$ 3,170,890
Other vested participants	**14,462,866**	15,129,132
Total Vested Accumulated Benefits	**17,539,196**	18,300,022
Non-vested accumulated benefits	**-**	-
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 17,539,196**	$ 18,300,022

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, 2025 and 2024, there would be no material differences.

The change in the actuarial present value of accumulated plan benefits as of December 31, 2025 consists of the following:

December 31,	2025
Valuation date	January 1, 2026
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 18,300,022
Increase (decrease) during the year attributable to:	
Passage of time	1,171,727
Benefits paid	(3,122,123)
Changes in actuarial assumptions	63,106
Benefits accumulated and actuarial gains and losses	1,126,464
Net Increase (Decrease) During the Year	(760,826)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 17,539,196

7. Related Party and Party-in-Interest Transactions

The Trustee is a party in interest as defined by ERISA. The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan (i.e., parties-in-interest). Certain Plan investments were in funds and accounts that were managed by the Trustee. In addition, the Plan pays various fees including third-party administration, investment advisory services, actuarial services, and plan audits. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

8. Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right at any time under the terms of the Plan to terminate the Plan, cease accruing further benefits, and discontinue its contributions except as required by ERISA. If the Plan were terminated, the proportionate interest of the participants and their beneficiaries will be determined. If the assets of the Plan are not sufficient to fund the accrued benefits of all participants, the assets will be distributed in the following priority:

- Benefits to participants or beneficiaries who began receiving benefits at least three years before the termination date of the Plan (including those benefits which would have been received for at least three years if the participant had retired) based on Plan provisions in effect during the five years prior to termination which produce the least benefits.
- Other benefits insured by the Pension Benefit Guaranty Corporation (PBGC).
- All other benefits under the Plan.
- The remainder, if any, to the Company.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

9. Income Tax Status

Effective January 1, 2025, the Company restated in its entirety the Plan's 2020 Accudraft volume submitter plan document (2020 Accudraft Plan Document) as periodically required by the Internal Revenue Service (IRS) for tax law compliance resulting in a new volume submitter plan document (2025 Plan Document). Prior to the adoption of the 2025 Plan Document by the Plan, the IRS issued an opinion letter dated February 28, 2023 stating that the form of the plan is acceptable for use by employers for the benefit of their employees under Internal Revenue Code (IRC) 401.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator believes that the Plan is designed to be and is currently being operated in compliance with the applicable provisions of the IRC.

10. Risks and Uncertainties

The Plan invests in various investment securities at the direction of its Investment Committee based on the advice of Prime Capital Financial (formerly Qualified Plan Advisors), the Plan's investment advisor. Investment securities are exposed to various risks such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term could materially affect the amounts reported in the statement of net assets available for benefits and the statement of changes in 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 participant demographics, all of which are subject to change in the future.

11. Subsequent Events

The Plan had no subsequent events, which were evaluated through September 30, 2026, the date the financial statements were available for issuance:

ERISA-Required Supplemental Schedules

Interstate Batteries Employees Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 46-2023063 **Plan Number: 001**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
*	Charles Schwab	Govt Money Fund Investor Shares	$ 720,646	$ 720,646
	Total Money Market Fund		720,646	720,646
	Exchange Traded Funds			
	Vanguard	Long Term Corp Bond ETF**	2,794,495	2,807,664
	Vanguard	Mid Cap ETF**	1,652,978	2,355,716
	Vanguard	S&P 500 Growth ETF**	4,069,469	7,990,891
	Vanguard	Small Cap ETF**	1,886,031	2,397,387
	Vanguard	Total Bond Market ETF**	2,794,224	2,829,548
	Vanguard	Total International Stock ETF**	2,059,263	2,402,764
	Total Exchange Traded Funds		15,256,460	20,783,970
	Mutual Funds			
	JP Morgan	Short Duration Bond Fund R6**	2,761,800	2,809,019
	Vanguard	Short-Term Invest Grade Adm**	3,000,050	2,876,937
	Total Mutual Funds		5,761,850	5,685,956
	Total Investments		$21,738,956	$27,190,572

* A party-in-interest, as defined by ERISA.

** Exchange traded fund or mutual fund issued by a registered investment company.

The above information has been certified by Charles Schwab Trust Bank, the Trustee, as being complete and accurate.

Interstate Batteries Employees Pension Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 46-2023063 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of Plan Assets						
MFS	Intl Diversification Class R6	$ -	$ 1,450,934	$ 1,507,732	$ 1,450,934	$ (56,798)
Total Category (i)		$ -	$ 1,450,934	$ 1,570,732	$ 1,450,934	$ (56,798)
Category (iii) - a Series of Transactions						
* Charles Schwab	Govt Money Fund Inv Shares	$ 3,281,016	$ -	$ 3,281,016	$ 3,281,016	$ -
Vanguard	Long Term Corp Bond ETF	2,119,721	-	2,119,721	2,119,721	-
Vanguard	Total Bond Market ETF	2,119,488	-	2,119,488	2,119,488	-
* Charles Schwab	Govt Money Fund Inv Shares	-	2,873,946	2,873,946	2,873,946	-
MFS	Intl Diversification Class R6	-	1,450,934	1,507,732	1,450,934	(56,798)
Vanguard	S&P 500 ETF	-	2,893,641	1,623,380	2,893,641	1,270,261
Total Category (iii)		$ 7,520,225	$ 7,218,521	$ 13,525,283	$ 14,738,746	$ 1,213,463

* A party-in-interest as defined by ERISA.

There were no category (ii) or (iv) reportable transactions.

The above information has been certified by Charles Schwab Trust Bank, the Trustee, as being complete and accurate.

Columns (e) and (f) lease rental and expense incurred with transaction, are not applicable to this plan and have been omitted accordingly.

Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Distribution for Active Plan Participants:

	Vesting Service										
	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	*Total*
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	1	-	-	-	-	1
45 to 49	-	-	-	-	-	6	4	-	-	-	10
50 to 54	-	-	-	-	-	4	5	1	-	-	10
55 to 59	-	-	-	-	1	7	9	8	-	-	25
60 to 64	-	-	-	-	-	4	4	6	1	-	15
65 to 69	-	-	-	-	-	2	2	1	1	-	6
over 70	-	-	-	-	-	-	1	-	-	-	1
Total	-	-	-	-	1	24	25	16	2	-	68

Classification: Schwab Internal

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

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Valuation Assets represent the Fair Value of Assets plus accrued discounted contributions.

Investment Return - The assumed discount rates on benefits paid in the future are based on the January 2025 PPA Segment rates reflecting the funding stabilization provisions within MAP-21 and the modifications under the American Rescue Plan Act (ARPA) of 2021:

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target and is 5.32% for 2025.

Different interest rates were used in developing liabilities associated with the Maximum Tax Deductible Contribution. The interest rates that were used for the Maximum Tax Deductible contribution calculations are based on the January 2025 PPA Segment rates without reflecting the funding stabilization provisions within MAP-21 and its regulations:

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.40%	During years 21 and beyond starting from the valuation date.

Salary Rates – 4.00 % per year.

Administrative Expenses – For 2025, administrative expenses were assumed to be the anticipated routine recurring administrative expenses excluding investment and legal fees plus the current year estimated PBGC premium.

Classification: Schwab Internal

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates – Terminated Vested participants are assumed to retire at age 65. Active participants are assumed to retire according to the following schedule:

Age	Rate
55 - 57	5%
58 - 59	8%
60	12%
61 - 64	5%
65	50%
66 - 69	30%
>= 70	100%

Mortality – The 2025 Static Mortality Table as prescribed by the IRS. Payments in the form of a lump sum are converted using 2025 IRS Applicable Mortality for minimum lump sums.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study.

Disability Rates – None assumed.

Form of Payment – Terminated vested participants are assumed to start a life annuity at age 65. Active participants are assumed to elect a form of payment according to the following schedule:

Form of Payment	Election %
Lump Sum	85
Life Annuity	15

Percent Married - 100% of males and 100% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

Classification: Schwab Internal

Interstate Batteries Employees Pension Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 46-2023063 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of Plan Assets						
MFS	Intl Diversification Class R6	$ -	$ 1,450,934	$ 1,507,732	$ 1,450,934	$ (56,798)
Total Category (i)		$ -	$ 1,450,934	$ 1,570,732	$ 1,450,934	$ (56,798)
Category (iii) - a Series of Transactions						
* Charles Schwab	Govt Money Fund Inv Shares	$ 3,281,016	$ -	$ 3,281,016	$ 3,281,016	$ -
Vanguard	Long Term Corp Bond ETF	2,119,721	-	2,119,721	2,119,721	-
Vanguard	Total Bond Market ETF	2,119,488	-	2,119,488	2,119,488	-
* Charles Schwab	Govt Money Fund Inv Shares	-	2,873,946	2,873,946	2,873,946	-
MFS	Intl Diversification Class R6	-	1,450,934	1,507,732	1,450,934	(56,798)
Vanguard	S&P 500 ETF	-	2,893,641	1,623,380	2,893,641	1,270,261
Total Category (iii)		$ 7,520,225	$ 7,218,521	$ 13,525,283	$ 14,738,746	$ 1,213,463

* A party-in-interest as defined by ERISA.

There were no category (ii) or (iv) reportable transactions.

The above information has been certified by Charles Schwab Trust Bank, the Trustee, as being complete and accurate.

Columns (e) and (f) lease rental and expense incurred with transaction, are not applicable to this plan and have been omitted accordingly.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
INTERSTATE BATTERIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTERSTATE BATTERIES, INC.

D Employer Identification Number (EIN)
46-2023063

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	27152281
b Actuarial value	**2b**	27152281

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	34	3458256	3458256
b For terminated vested participants	157	6707131	6707131
c For active participants	68	11982155	11982155
d Total	259	22147542	22147542

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	815420
b Expected plan-related expenses	**6b**	140000
c Target normal cost	**6c**	955420

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

JC

Signature of actuary

07/30/2026

Date

JASON CONKEY, EA, MAAA

Type or print name of actuary

23-08458

Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES

Firm name

(512) 682-7793

Telephone number (including area code)

4150 KINROSS LAKES PARKWAY

RICHFIELD, OH 44286

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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.70 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	122.59 %
15	Adjusted funding target attainment percentage	15	122.59 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	955420
b Excess assets, if applicable, but not greater than line 31a	**31b**	955420

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	5.0%	100,000	5,000	275,000
56	5.0%	95,000	4,750	266,000
57	5.0%	90,250	4,513	257,213
58	8.0%	85,738	6,859	397,822
59	8.0%	78,879	6,310	372,307
60	12.0%	72,568	8,708	522,491
61	5.0%	63,860	3,193	194,773
62	5.0%	60,667	3,033	188,068
63	5.0%	57,634	2,882	181,546
64	5.0%	54,752	2,738	175,206
65	50.0%	52,014	26,007	1,690,468
66	30.0%	26,007	7,802	514,943
67	30.0%	18,205	5,462	365,921
68	30.0%	12,744	3,823	259,968
69	30.0%	8,920	2,676	184,654
70	100.0%	6,244	6,244	437,103
			100,000	6,283,482

Weighted Average Retirement Age =	**63**

Classification: Schwab Internal

Interstate Batteries Employees Pension Plan

EIN / PN 46-2023063 / 001

charles SCHWAB

Schedule SB, line 26 – Schedule of Active Participant Data

Age versus Service Distribution for Active Plan Participants:

	Vesting Service										
	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	*Total*
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	1	-	-	-	-	1
45 to 49	-	-	-	-	-	6	4	-	-	-	10
50 to 54	-	-	-	-	-	4	5	1	-	-	10
55 to 59	-	-	-	-	1	7	9	8	-	-	25
60 to 64	-	-	-	-	-	4	4	6	1	-	15
65 to 69	-	-	-	-	-	2	2	1	1	-	6
over 70	-	-	-	-	-	-	1	-	-	-	1
Total	-	-	-	-	1	24	25	16	2	-	68

Classification: Schwab Internal

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

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Valuation Assets represent the Fair Value of Assets plus accrued discounted contributions.

Investment Return - The assumed discount rates on benefits paid in the future are based on the January 2025 PPA Segment rates reflecting the funding stabilization provisions within MAP-21 and the modifications under the American Rescue Plan Act (ARPA) of 2021:

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target and is 5.32% for 2025.

Different interest rates were used in developing liabilities associated with the Maximum Tax Deductible Contribution. The interest rates that were used for the Maximum Tax Deductible contribution calculations are based on the January 2025 PPA Segment rates without reflecting the funding stabilization provisions within MAP-21 and its regulations:

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.40%	During years 21 and beyond starting from the valuation date.

Salary Rates – 4.00 % per year.

Administrative Expenses – For 2025, administrative expenses were assumed to be the anticipated routine recurring administrative expenses excluding investment and legal fees plus the current year estimated PBGC premium.

Classification: Schwab Internal

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates – Terminated Vested participants are assumed to retire at age 65. Active participants are assumed to retire according to the following schedule:

Age	Rate
55 - 57	5%
58 - 59	8%
60	12%
61 - 64	5%
65	50%
66 - 69	30%
>= 70	100%

Mortality – The 2025 Static Mortality Table as prescribed by the IRS. Payments in the form of a lump sum are converted using 2025 IRS Applicable Mortality for minimum lump sums.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study.

Disability Rates – None assumed.

Form of Payment – Terminated vested participants are assumed to start a life annuity at age 65. Active participants are assumed to elect a form of payment according to the following schedule:

Form of Payment	Election %
Lump Sum	85
Life Annuity	15

Percent Married - 100% of males and 100% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

Classification: Schwab Internal

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – The Interstate Batteries Employees Pension Plan was established January 1, 1970. Effective May 31, 2005, the Distributor Operations, Inc. Employees Pension Plan was merged into this plan. The Plan was amended and restated effective 1/1/2025.

Covered Employees – Excludes employees hired after 3/15/2004, members of collective bargaining units where CBA does not provide for coverage in the Plan, non-resident alien and leased or contracted employees.

Participation Date – An employee becomes a participant on the first day of the month following the later of employment or age 18. If not originally hired by March 15, 2004, the employee will never become participant.

Definitions:

Year of Service – Credited based on elapsed time from employment date.

Compensation – W2 plus certain includable items. Please refer to the Plan Document for the detailed description.

Average Monthly Compensation – Calculated based on the period of 5 consecutive full Plan Years which produces the highest average.

Vesting – A participant's vested right in an accrued benefit is based on the following table:

Years of Vesting Service	Percent Vested
< 3	0%
3	30%
4	40%
5	60%
6	80%
7 +	100%

Normal Retirement Date (NRD) – The first of the month coincident with or next following age 65.

Covered Compensation – For plan years after 12/31/1994, Covered Compensation is determined under the 1989 Transitional Covered Compensation Table I (average of Social Security Taxable Wage Base for 35 years ending with Social Security Normal Retirement Age) for Plan Year which is 5 years prior to current plan year.

Classification: Schwab Internal

Schedule SB, Part V – Summary of Plan Provisions (continued)

Definitions (continued):

Retirement Benefit – Monthly Benefit which is equal to (A+B) times C:

(A) 20% x Average Monthly Compensation plus
(B) 16% x Average Monthly Compensation (in excess of monthly Covered Compensation)
(C) A fraction: Periods of Service at date of calculation divided by Periods of Service that would be earned to NRD if continued working (fraction no more than 1).

If hired after 12/31/1984, the amount in (A) will be reduced by 1/360th for each month by which total periods of service earned at NRD (or would have been earned at NRD) is less than 30 years.

There is also a minimum benefit formula based on the 12/31/1993 accrued benefit plus benefits accrued after that date.

Monthly Preretirement Survivor Annuity Benefit (Active Employees) – Lump sum value of 100 times the projected monthly Normal Retirement Benefit calculated as of the first day of the most recently commenced Plan Year payable only upon death while in active employment.

Monthly Preretirement Survivor Annuity Benefit (Deferred Vested) – Surviving spouse will receive a monthly benefit equal to the retirement income such survivor would have received had the participant lived until the benefit commencement date, elected the Qualified Joint and Survivor Annuity, and died.

Eligibility for Benefits:

Normal Retirement – Retirement from active service on NRD.

Early Retirement Date (ERD) - Retirement from active service before NRD and on or after attaining age 55 with 5 years of Service.

Deferred Vested - Termination for reasons other than death, disability or retirement. Fully vested at age 65 or at age 55 with 5 Periods of Service. Otherwise there are graded vesting schedules depending on the date of hire.

Preretirement Spouse Benefit – Death with a surviving spouse while eligible for benefits.

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the Life Annuity option. A lump sum option is also available.

Benefit Limitations:

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. EGTRRA option election to use the $200,000 Compensation Limit prior to 2002 was not invoked.

Classification: Schwab Internal

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

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	5.0%	100,000	5,000	275,000
56	5.0%	95,000	4,750	266,000
57	5.0%	90,250	4,513	257,213
58	8.0%	85,738	6,859	397,822
59	8.0%	78,879	6,310	372,307
60	12.0%	72,568	8,708	522,491
61	5.0%	63,860	3,193	194,773
62	5.0%	60,667	3,033	188,068
63	5.0%	57,634	2,882	181,546
64	5.0%	54,752	2,738	175,206
65	50.0%	52,014	26,007	1,690,468
66	30.0%	26,007	7,802	514,943
67	30.0%	18,205	5,462	365,921
68	30.0%	12,744	3,823	259,968
69	30.0%	8,920	2,676	184,654
70	100.0%	6,244	6,244	437,103
			100,000	6,283,482

Weighted Average Retirement Age =	**63**

Classification: Schwab Internal

Interstate Batteries Employees Pension Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2025

EIN: 46-2023063
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Schwab Funds	94-3106735	Rate of 0.15% of average daily balance of asset(s)

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – The Interstate Batteries Employees Pension Plan was established January 1, 1970. Effective May 31, 2005, the Distributor Operations, Inc. Employees Pension Plan was merged into this plan. The Plan was amended and restated effective 1/1/2025.

Covered Employees – Excludes employees hired after 3/15/2004, members of collective bargaining units where CBA does not provide for coverage in the Plan, non-resident alien and leased or contracted employees.

Participation Date – An employee becomes a participant on the first day of the month following the later of employment or age 18. If not originally hired by March 15, 2004, the employee will never become participant.

Definitions:

Year of Service – Credited based on elapsed time from employment date.

Compensation – W2 plus certain includable items. Please refer to the Plan Document for the detailed description.

Average Monthly Compensation – Calculated based on the period of 5 consecutive full Plan Years which produces the highest average.

Vesting – A participant's vested right in an accrued benefit is based on the following table:

Years of Vesting Service	Percent Vested
< 3	0%
3	30%
4	40%
5	60%
6	80%
7 +	100%

Normal Retirement Date (NRD) – The first of the month coincident with or next following age 65.

Covered Compensation – For plan years after 12/31/1994, Covered Compensation is determined under the 1989 Transitional Covered Compensation Table I (average of Social Security Taxable Wage Base for 35 years ending with Social Security Normal Retirement Age) for Plan Year which is 5 years prior to current plan year.

Classification: Schwab Internal

Schedule SB, Part V – Summary of Plan Provisions (continued)

Definitions (continued):

Retirement Benefit – Monthly Benefit which is equal to (A+B) times C:

(A) 20% x Average Monthly Compensation plus
(B) 16% x Average Monthly Compensation (in excess of monthly Covered Compensation)
(C) A fraction: Periods of Service at date of calculation divided by Periods of Service that would be earned to NRD if continued working (fraction no more than 1).

If hired after 12/31/1984, the amount in (A) will be reduced by 1/360th for each month by which total periods of service earned at NRD (or would have been earned at NRD) is less than 30 years.

There is also a minimum benefit formula based on the 12/31/1993 accrued benefit plus benefits accrued after that date.

Monthly Preretirement Survivor Annuity Benefit (Active Employees) – Lump sum value of 100 times the projected monthly Normal Retirement Benefit calculated as of the first day of the most recently commenced Plan Year payable only upon death while in active employment.

Monthly Preretirement Survivor Annuity Benefit (Deferred Vested) – Surviving spouse will receive a monthly benefit equal to the retirement income such survivor would have received had the participant lived until the benefit commencement date, elected the Qualified Joint and Survivor Annuity, and died.

Eligibility for Benefits:

Normal Retirement – Retirement from active service on NRD.

Early Retirement Date (ERD) - Retirement from active service before NRD and on or after attaining age 55 with 5 years of Service.

Deferred Vested - Termination for reasons other than death, disability or retirement. Fully vested at age 65 or at age 55 with 5 Periods of Service. Otherwise there are graded vesting schedules depending on the date of hire.

Preretirement Spouse Benefit – Death with a surviving spouse while eligible for benefits.

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the Life Annuity option. A lump sum option is also available.

Benefit Limitations:

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. EGTRRA option election to use the $200,000 Compensation Limit prior to 2002 was not invoked.

Classification: Schwab Internal

Interstate Batteries Employees Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 46-2023063 **Plan Number: 001**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
*	Charles Schwab	Govt Money Fund Investor Shares	$ 720,646	$ 720,646
	Total Money Market Fund		720,646	720,646
	Exchange Traded Funds			
	Vanguard	Long Term Corp Bond ETF**	2,794,495	2,807,664
	Vanguard	Mid Cap ETF**	1,652,978	2,355,716
	Vanguard	S&P 500 Growth ETF**	4,069,469	7,990,891
	Vanguard	Small Cap ETF**	1,886,031	2,397,387
	Vanguard	Total Bond Market ETF**	2,794,224	2,829,548
	Vanguard	Total International Stock ETF**	2,059,263	2,402,764
	Total Exchange Traded Funds		15,256,460	20,783,970
	Mutual Funds			
	JP Morgan	Short Duration Bond Fund R6**	2,761,800	2,809,019
	Vanguard	Short-Term Invest Grade Adm**	3,000,050	2,876,937
	Total Mutual Funds		5,761,850	5,685,956
	Total Investments		$21,738,956	$27,190,572

* A party-in-interest, as defined by ERISA.

** Exchange traded fund or mutual fund issued by a registered investment company.

The above information has been certified by Charles Schwab Trust Bank, the Trustee, as being complete and accurate.