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 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1972

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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	1737
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)**	1299
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1670
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	458
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2128
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f	Total. Add lines **6d** and **6e**.	**6f**	2143
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)**	1706
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)**	1992
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1
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:

2A 2E 2F 2G 2J 2R 2S 2T 3D 3H

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)** [ ] **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 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 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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. AND AFFIL

94-1737782

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

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

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

MORNINGSTAR INC

36-3297908

(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	116512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
15 26 50 64	NONE	100769	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRIME CAPITAL INV ADV LLC

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	38373	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 62 71	NONE	295	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	208049	244918
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6860665	3650859
(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)	2867251	2868302
(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)	126923812	149304143
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4508714	6145398

		(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	141368504	162213620
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	141368504	162213620

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)	5668210	
(B) Participants	2a(1)(B)	8827507	
(C) Others (including rollovers)	2a(1)(C)	2160250	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16655967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92412	
(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)	191393	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		283805
(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)	3308532	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3308532
(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)		17397859
c Other income	2c		572619
d Total income. Add all **income** amounts in column (b) and enter total	2d		38218782
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17115652	
(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)		17115652
f Corrective distributions (see instructions)	2f		2410
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)	23199	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	232405	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		255604
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17373666
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		20845116
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

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 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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**

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 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A .

Interstate Batteries 401(k) Plan

Financial Statements
and ERISA-Required Supplemental Schedule
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 401(k) Plan

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

Interstate Batteries 401(k) Plan

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ERISA-Required Supplemental Schedule

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

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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www.bdo.com

600 North Pearl
Suite 1700
Dallas, TX 75201

Independent Auditor's Report

To the Plan Administrator
Interstate Batteries 401(k) 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 401(k) 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 4 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); and

- 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, 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 Schedule Required by ERISA

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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.

September 30, 2026
Dallas, Texas

Interstate Batteries 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value:		
Money market account	**$ 3,650,859**	$ 6,860,665
Exchange traded funds	**149,304,143**	126,923,812
Self-directed brokerage accounts	**6,145,398**	4,508,714
Total Investments, at fair value	**159,100,400**	138,293,191
Receivables:		
Employer 401(k) contributions	**244,918**	208,049
Notes receivable from participants	**2,868,302**	2,867,251
Miscellaneous receivables	**-**	13
Total Receivables	**3,113,220**	3,075,313
Net Assets Available for Benefits	**$ 162,213,620**	$ 141,368,504

See accompanying notes to financial statements.

Interstate Batteries 401(k) 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 exchange traded funds	$	20,706,391
Net appreciation (depreciation) in fair value of self-directed brokerage accounts		572,619
Interest income		92,412
Total Investment Income (Loss)		21,371,422
Interest income from participants' notes receivable		191,393
Contributions:		
Participating employers' 401(k) matching contributions		5,668,210
Participants' 401(k) contributions		8,827,507
Participant rollovers		2,160,250
Total Contributions		16,655,967
Total Additions		38,218,782
Deductions		
Benefits paid to participants		17,118,062
Administrative expenses		255,604
Total Deductions		17,373,666
Net Increase (Decrease) in Net Assets Available for Benefits		20,845,116
Net Assets Available for Benefits, beginning of year		141,368,504
Net Assets Available for Benefits, end of year	$	162,213,620

See accompanying notes to financial statements.

1. Plan Description

The following description of the Interstate Batteries 401(k) 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 on April 1, 1972, allows eligible employees of the various participating employers to make 401(k) contributions to their accounts that are matched dollar-for-dollar up to 5% of the eligible compensation for the allocation period by the various participating employers, who can also make discretionary profit sharing contributions. The participating employers include the following companies: Interstate Batteries, Inc., Interstate Batteries Recycling, LLC, Distributor Operations, Inc., Interstate Battery System of Hawaii, Inc., All Battery Centers, 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 (ERISA), as amended.

Trustee and Administration of the Plan

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. 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) provides recordkeeping services for the Plan and has been authorized by the Plan Administrator to administer certain features of the Plan including loans and distributions.

Eligibility

Employees are eligible to participate in the Plan after one month of service. Employees not eligible to participate in the Plan include employees covered by collective bargaining agreements, leased employees, independent contractors, and non-resident aliens with no U.S. earned income. Active participation in the Plan shall cease upon termination of the participant's employment.

Contributions

Effective January 1, 2022, participants may contribute up to 75% of their eligible annual compensation to the Plan, subject to certain limitations as either (a) pre-tax contributions (that are taxable, as are the earnings, when withdrawn from the Plan) or (b) after-tax Roth contributions (that are intended to be nontaxable, along with the associated earnings, when withdrawn from the Plan). Participants, who are 50 years of age or older by the end of the Plan year, are eligible to contribute during the Plan year an additional amount, subject to certain limitations, as either pre-tax or after-tax Roth "Catch-up" contributions.

Participant contributions are withheld from the participants' payroll by the Company and remitted directly to the Trustee. Unless they elect a deferral percentage or opt out, newly hired and rehired employees are automatically enrolled 30 days after their date of participation at 2% and will increase 1% each subsequent January 1 until the rate reaches 5%.

In addition, any employees that were previously auto-enrolled and have not subsequently elected a deferral rate will have their rate increased 1% each January 1 until the rate reaches 5%. Participants may elect a different deferral rate or opt out of automatic deferral increases at any time.

Due to COVID-19, the Participating Employers began making non-safe harbor pre-tax 401(k) matching contributions for payroll periods ending on or after September 1, 2020 using the safe-harbor formula of dollar-for-dollar up to 5% of eligible compensation limited to the annual Internal Revenue Service (IRS) compensation limits. The Participating Employers have also elected to make discretionary true-up contributions to ensure Participant's total matching amounts during the year equal 100% of the Participant's contribution, up to 5% of their eligible compensation limited to the annual IRS compensation limits.

Participants may also rollover contributions representing distributions from other qualified retirement plans, qualified annuity plans, annuities purchased by IRS Section 501(c)(3) organizations or certain educational institutions, individual retirement accounts and annuities, government retirement plans, and Roth elective deferrals as well as in-Plan Roth rollover conversions.

Participating Employers may also make discretionary profit sharing contributions, which are determined annually by management. Participating Employers allocate their annual profit sharing contribution, if any, to participants eligible on December 31st. Profit sharing contributions are allocated among eligible participants in the same proportion that their eligible gross compensation bears to total eligible gross compensation of all eligible participants and invested as directed by the participants.

Vesting

Participants are always 100% vested in:

- Their 401(k) contributions and any earnings thereon.
- Participating Employer's 401(k) matching contributions and any earnings thereon.
- Their rollover contributions to the Plan and any earnings thereon.
- Participating Employer profit sharing contributions, if any, and any earnings thereon except *as noted below*.

Participants terminated prior to April 30, 2021 remain subject to the previous vesting schedule shown below with regard to their profit sharing account balance, if any, unless they died, became totally and permanently disabled, or reached age 65 prior to termination in which case their profit sharing vested percentage is 100%.

Years of Service	*Vested Percentage*
0	*0%*
1	*0%*
2	*20%*
3	*40%*
4	*60%*
5	*80%*
6 or more	*100%*

Participant Accounts

Each participant's account is credited with the participant's contributions, Participating Employers' contributions, the earnings or losses thereon, and an allocation of forfeitures as explained later in Note 1. Participant accounts are charged an administrative expense based on specific participant transactions, as defined. The benefit to which participants are entitled is the vested portion of their accounts.

Investment Options

Participants may direct the investment of their account balances into various investment options offered by the Plan including Schwab Index Advantage (SIA), Schwab Retirement Planner (SRP), and Personal Choice Retirement Account (PCRA).

SIA Core Index Funds

SIA consists of 14 low-cost index exchange traded funds including three large cap funds, three mid cap funds, three small cap funds, two international funds, one real estate fund, two bond funds, and a savings account offering daily liquidity for capital preservation purposes with Federal Deposit Insurance Corporation insurance at the participant level up to $250,000. The exchange traded fund (ETF) core fund lineup has no trading restrictions.

Schwab Retirement Planner

Participants, who (a) affirmatively elect Schwab Retirement Planner (SRP), or (b) default into SRP by failing to make an election, agree to utilize an independent third-party investment manager for a flat fee of 0.24%. Prime Capital Investment Advisors, LLC and Morningstar Investment Management, LLC (Morningstar) are co-investment managers responsible for constructing and monitoring the Plan-level portfolios. Morningstar also (a) allocates the participant's plan assets based on the SIA core index funds available in the Plan and each participant's personal circumstances; (b) diversifies their Plan investments; (c) reviews their investment allocation quarterly, including fine-tuning if needed; and (d) realigns their portfolio at least annually. In addition, SRP helps participants create a plan and stay on track with (a) savings recommendations; (b) automatic savings increases; and (c) ongoing access to live assistance when needed.

Self-Directed Investing

Participants with the time, interest, and knowledge to manage the investments in their retirement account can elect to opt out of SRP and either invest in the available SIA core index funds on their own or by opening a PCRA account, or both.

PCRA, a self-directed brokerage account, provides participants with (a) premium research and tools, and (b) access to a large selection of stocks, exchange traded funds, taxable and tax-exempt fixed income securities, and taxable and tax-exempt mutual funds including a large selection of no-load, no-transaction-fee mutual funds. Investing in publicly traded partnerships, foreign securities, and options is prohibited by the Company.

Payment of Benefits

Upon termination of service due to death, total and permanent disability, retirement, or separation, a participant may elect to receive their vested account balance in a lump-sum distribution or direct

rollover into another qualified plan, individual retirement account (IRA), or Roth IRA. If their vested account balance is greater than $7,000, the participant may elect to defer payment to a later date but not beyond their required minimum distribution age as specified by federal law. Participants with a 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. Participants with 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. Participants with vested account balances of $1,000 or less, who fail to timely respond to such notifications, will be paid their vested account balance less the applicable taxes.

In the event of a financial hardship, as defined in the Plan agreement, or where a participant has attained 60 years of age, a participant may elect, while still in the employment of a Participating Employer, to withdraw all or part of their vested account balance. Cases of financial hardship are reviewed and approved by the Recordkeeper in accordance with the safe harbor provisions contained in Treasury Regulations Section 1.401(k)-1(d)(3)(iii)(B).

A participant may elect at any time to withdraw part or all of the amount that they contributed to the Plan as a rollover contribution, including any earnings thereon.

Forfeitures

Forfeited non-vested accounts totaled $67,348 and $52,820 at December 31, 2025 and 2024, respectively.

While the Plan may occasionally use forfeitures to pay Plan expenses, the Plan reallocates the remaining forfeitures as an additional profit sharing contribution among eligible participants in the same manner as their profit sharing contribution, if any, and it is invested as directed by the participants.

During 2025, the Participating Employers reallocated $52,820 of forfeitures to eligible participants' accounts as an additional profit sharing contribution.

Notes Receivable from Participants

Generally, participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the respective investment fund from (to) the Participant Loan Fund. The maximum loan term is five years for general purpose loans and 15 years for mortgage loans to acquire the participant's principal residence. The loans are secured by the balance in the participant's account and bear interest at prime with rates ranging from 3.25% to 8.50% at December 31, 2025. Prime is the prime rate as set by the Federal Reserve Board that is in effect on the day a participant requests their loan. The loan principal and interest are repaid ratably through bi-weekly payroll deductions. A participant may have up to two general loans or one general loan and one mortgage loan at any time. Loan balances due from terminated participants may be deemed

distributed to the participant at the time their balance is liquidated or the participant fails to timely repay their loan before their balance is liquidated.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions Receivable

Contributions receivable are obligations arising from amounts owed to the Plan from participants or the Participating Employers that have not been included in the Plan's investments at year end. Contributions receivable are recorded at cost, which approximates their fair value.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance.

An active participant employed by the Company or a Participating Employer that fails to catch-up delinquent loan payments within the permitted grace period will have their loan balance treated as a deemed distribution reportable to the IRS and may be subject to the 10% penalty for early withdrawal if the participant is less than 59 ½ years old. Such active participants will not be eligible for additional Plan loans until the deemed distribution plus accrued interest is repaid to the Plan.

A participant, whose employment terminates and fails to continue making timely loan repayments within the permitted grace period, will have their loan balance treated as an offset distribution reportable to the IRS and may be subject to the 10% penalty for early withdrawal if the participant is less than 59 ½ years old. The offset distribution reduces the participant's account balance. A participant making timely loan repayments after termination may not take a lump sum distribution from the Plan until either the loan balance is repaid in full or an offset distribution occurs for the remaining loan balance.

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 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade date basis with interest income recorded on the accrual basis and dividends on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's net realized gains or losses and the unrealized appreciation and depreciation of investments.

Administrative Expenses

Administrative fees, if any, are generally charged to each participant's account on a pro rata basis and thus are a component of the statement of changes in net assets available for benefits. Loan, QDRO, and SRP fees are charged to the accounts of the participant that utilize these services and thus are a component of the statement of changes in net assets available for benefits. The Company paid Plan administrative expenses of $30,155, which are not a component of the statement of changes in net assets available for benefits and are not required to be reimbursed by the Plan.

Additionally, self-directed brokerage account fees, including any commissions, are charged directly to the accounts of participants who elect to invest in PCRA.

Payment of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, 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 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:

Interest-Bearing Cash - The Charles Schwab Trust Bank Savings account, an interest-bearing money market deposit account, consists solely of United States currency (cash), which the Trustee reports daily based on the amount of cash on deposit.

Exchange Traded Funds, Common Stocks, and Preferred Stocks - Investments in shares of exchange traded funds (ETFs), common stocks, and preferred stocks are stated at fair value based upon quoted market prices.

Self-Directed Brokerage Accounts - The self-directed brokerage accounts include investments in (a) the Charles Schwab Trust Bank savings account; (b) shares of common stock, preferred stock, and exchange traded funds; and (c) units of mutual funds. The individual investments in the self-directed brokerage accounts are valued based on the methodologies described above.

There have been no changes in methodologies used at December 31, 2025 and 2024.

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

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Money market account	$ 3,650,859	$ -	$ -	$ 3,650,859
Exchange traded funds	149,304,143	-	-	149,304,143
Self-directed brokerage accounts	6,145,398	-	-	6,145,398
Total Investments, at fair value	$ 159,100,400	$ -	$ -	$ 159,100,400

December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market account	$ 6,860,665	$ -	$ -	$ 6,860,665
Exchange traded funds	126,923,812	-	-	126,923,812
Self-directed brokerage accounts	4,508,714	-	-	4,508,714
Total Investments, at fair value	$ 138,293,191	$ -	$ -	$ 138,293,191

4. Certified Investment Information

Certain information related to investments, cash, and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments, cash, and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest income, and interest income on notes receivable from participants 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, a qualified institution.

5. 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). Shares of exchange traded funds are managed by an affiliate of the Trustee while the Trustee manages the Charles Schwab Trust Bank Savings account. These investment transactions

qualify as exempt party-in-interest transactions. At the direction of participants, the Plan pays for third-party administrator and investment advisory fees. The Trustee also pays various fees from the

forfeiture account at the direction of the Plan Administrator. The Plan also issues loans to participants which are secured by the vested balance of the participants' accounts. These transactions are party-in-interest transactions, which are exempt from the prohibited transaction rules under ERISA.

6. Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants' accounts will become fully vested and non-forfeitable.

7. Tax Status

On October 8, 2021, the Company amended and restated the Schwab Retirement Plan Services, Inc. (SRPS) Defined Contribution Plan Non-Standardized Adoption Agreement #001, *For Use with the Pre-Approved Defined Contribution Basic Plan #13,* effective January 1, 2022 (2022 Plan Document). Prior to the adoption of the 2022 Plan Document by the Plan, the SRPS received an opinion letter from the IRS dated September 21, 2020 stating that the prototype document, as then designed, 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.

8. Risks and Uncertainties

The Plan, at the direction of its participants or Morningstar as the participant's third-party investment manager, invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements and participant account balances.

9. Subsequent Events

The Plan had the following subsequent events, which were evaluated through September 30, 2026, the date the financial statements were available for issuance.

Effective January 1, 2026, the Company restated its 2022 Restated Plan Document in its entirety to reinstate its safe-harbor pre-tax 401(k) matching contributions continuing to use the formula of dollar-for-dollar up to 5% of eligible compensation limited to the annual IRS compensation limits (2026 Plan Document). Prior to the adoption of the 2026 Plan Document by the Plan, SRPS received an opinion letter from the IRS dated September 21, 2020 stating that the prototype document, as then designed, is acceptable for use by employers for the benefit of their employees under Internal Revenue Code (IRC) 401.

ERISA-Required Supplemental Schedule

Interstate Batteries 401(k) Plan

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

EIN: 46-2023063 **Plan Number: 002**

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
*	Charles Schwab	Money Market Account	**	$ 3,650,859
	Exchange Traded Funds (ETF)			
*	Charles Schwab	U.S. Small Cap ETF	**	4,759,310
*	Charles Schwab	International Equity ETF	**	22,882,077
*	Charles Schwab	U.S. Large Cap Growth ETF	**	12,590,800
*	Charles Schwab	U.S. Large Cap Value ETF	**	11,809,222
*	Charles Schwab	U.S. Large Cap ETF	**	30,550,350
*	Charles Schwab	U.S. Aggregate Bond ETF	**	25,470,282
	Vanguard	Small Cap Grown ETF	**	2,136,922
	Vanguard	Small Cap Value ETF	**	2,946,612
	Vanguard	REIT Index ETF	**	4,467,352
	Vanguard	Mid Cap ETF	**	10,860,201
	Vanguard	Mid Cap Value ETF	**	3,954,354
	Vanguard	Mid Cap Growth ETF	**	3,269,942
	Vanguard	Short-Term Infl Protect Sec ETF	**	5,643,089
	Vanguard	Emerging Markets Stock Index ETF	**	7,963,630
	Total Exchange Traded Funds (ETF)			149,304,143
*	Charles Schwab	Self-Directed Brokerage Accts	**	6,145,398
	Total Investments			159,100,400
*	**Participant Loans**	Interest rates ranging from 3.25% to 8.50%; varying maturities through 2040	-	2,868,302
	Total			$ 161,968,702

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

** The cost of participant-directed investments is not required to be disclosed.

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

Interstate Batteries 401(k) Plan

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

EIN: 46-2023063 Plan Number: 002

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
*	Charles Schwab	Money Market Account	**	$ 3,650,859
	Exchange Traded Funds (ETF)			
*	Charles Schwab	U.S. Small Cap ETF	**	4,759,310
*	Charles Schwab	International Equity ETF	**	22,882,077
*	Charles Schwab	U.S. Large Cap Growth ETF	**	12,590,800
*	Charles Schwab	U.S. Large Cap Value ETF	**	11,809,222
*	Charles Schwab	U.S. Large Cap ETF	**	30,550,350
*	Charles Schwab	U.S. Aggregate Bond ETF	**	25,470,282
	Vanguard	Small Cap Grown ETF	**	2,136,922
	Vanguard	Small Cap Value ETF	**	2,946,612
	Vanguard	REIT Index ETF	**	4,467,352
	Vanguard	Mid Cap ETF	**	10,860,201
	Vanguard	Mid Cap Value ETF	**	3,954,354
	Vanguard	Mid Cap Growth ETF	**	3,269,942
	Vanguard	Short-Term Infl Protect Sec ETF	**	5,643,089
	Vanguard	Emerging Markets Stock Index ETF	**	7,963,630
	Total Exchange Traded Funds (ETF)			149,304,143
*	Charles Schwab	Self-Directed Brokerage Accts	**	6,145,398
	Total Investments			159,100,400
*	**Participant Loans**	Interest rates ranging from 3.25% to 8.50%; varying maturities through 2040	-	2,868,302
	Total			$ 161,968,702

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

** The cost of participant-directed investments is not required to be disclosed.

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

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Interstate Batteries, Inc.
NAME OF PLAN: Interstate Batteries 401(k) Plan
EIN: 46-2023063
PLAN NUMBER: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.25% - 8.50%)		2,868,302
*	SCHWAB BANK SAVINGS	Money Market / Cash Equivalent		3,650,859
	PCRA	Self-Directed Brokerage Account		6,145,398
*	ETF (SCHA) SCH US SMALL CAP	Registered Investment Company		4,759,310
*	ETF (SCHF) SCH INTL EQ	Registered Investment Company		22,882,077
*	ETF (SCHG) SCH US LG CAP GRTH	Registered Investment Company		12,590,800
*	ETF (SCHV) SCH US LG CAP VAL	Registered Investment Company		11,809,222
*	ETF (SCHX) SCH US LARGE CAP	Registered Investment Company		30,550,350
*	ETF (SCHZ) SCH US AGGREGATE BD	Registered Investment Company		25,470,282
	ETF (VBK) VGD SMALL CAP GRTH	Registered Investment Company		2,136,922
	ETF (VBR) VGD SMALL CAP VAL	Registered Investment Company		2,946,612
	ETF (VNQ) VGD REIT INDEX	Registered Investment Company		4,467,352
	ETF (VO) VGD MID CAP	Registered Investment Company		10,860,201
	ETF (VOE) VGD MID CAP VALUE	Registered Investment Company		3,954,354
	ETF (VOT) VGD MID CAP GROWTH	Registered Investment Company		3,269,942
	ETF (VTIP) VGD SHTM INF PROSEC	Registered Investment Company		5,643,089
	ETF (VWO) VGD EM MKTS STK IDX	Registered Investment Company		7,963,630

* Party-in-interest