

Form N-PX Filer Information
Form N-PX

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549  
**FORM N-PX  
ANNUAL REPORT OF PROXY VOTING RECORD**

OMB APPROVAL
OMB Number: 3235-0582
Estimated average burden hours per response: 20.8

## N-PX: Filer Information

Filer CIK	<input type="text" value="0000104169"/>
Filer CCC	<input type="text" value="*****"/>
Date of Report	<input type="text" value="06/30/2025"/>
Are you a Registered Management Investment Company or an Institutional Manager?	<input type="text" value="Institutional Manager"/>
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>

### Submission Contact Information

Name	<input type="text"/>
Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>

### Notification Information

Notify via Filing Website only?	<input type="checkbox"/>
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## N-PX: Cover Page

### Name and address of reporting person:

Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter)	<input type="text" value="WALMART INC."/>
Street 1	<input type="text" value="1 CUSTOMER DRIVE"/>
Street 2	<input type="text"/>
City	<input type="text" value="BENTONVILLE"/>
State/Country	<input type="text" value="ARKANSAS"/>
Zip code and zip code extension or foreign postal code	<input type="text" value="72716"/>
Telephone number of reporting person, including area code:	<input type="text" value="479-273-4000"/>

### Name and address of agent for service:

Name of agent for service	<input type="text" value="Gordon Y. Allison"/>
Street 1	<input type="text" value="1 CUSTOMER DRIVE"/>
Street 2	<input type="text"/>
City	<input type="text" value="BENTONVILLE"/>
State/Country	<input type="text" value="ARKANSAS"/>
Zip code and zip code extension or foreign postal code	<input type="text" value="72716"/>

Reporting Period:	Report for the year ended June 30, <input type="text" value="2025"/>
SEC Investment Company Act or Form 13F File Number:	<input type="text" value="028-25322"/>
CRD Number (if any):	<input type="text"/>
Other SEC File Number (if any):	<input type="text"/>
Legal Entity Identifier (if any):	<input type="text"/>

**Report Type (check only one):**

Do you wish to provide explanatory information pursuant to Special Instruction B.4?:	<b>Registered Management Investment Company.</b>
	<input type="radio"/> Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.) <input type="radio"/> Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.)
Additional information:	<b>Institutional Manager.</b>
	<input type="radio"/> Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.) <input type="radio"/> Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below) <input type="radio"/> Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).)
	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="text"/>

**N-PX: Summary - Included Managers**

Number of Included Institutional Managers:	<input type="text" value="0"/>
Included Institutional Managers:	NONE

**N-PX: Signature Block**

Reporting Person:	<input type="text" value="WALMART INC."/>
By (Signature):	<input type="text" value="Gordon Y. Allison"/>
By (Printed Signature):	<input type="text" value="Gordon Y. Allison"/>
By (Title):	<input type="text" value="Sr. VP, and Chief Counsel for Finance &amp; Corp Governance"/>
Date:	<input type="text" value="08/29/2025"/>

<b>Form Filer Information</b>	<p style="text-align: center;"> <b>UNITED STATES  SECURITIES AND EXCHANGE COMMISSION  Washington, D.C. 20549</b> </p> <p style="text-align: center;"> <b>FORM N-PX  ANNUAL REPORT OF PROXY VOTING RECORD</b> </p>	<b>OMB APPROVAL</b>
Form		OMB Number: 3235-0582
		Estimated average burden hours per response: 20.8

SYMBOTIC INC.87151X10103/06/2025To approve an advisory vote on the frequency of a stockholder vote on our executive compensationSECTION 14A SAY-ON-PAY VOTESISSUER7635082301 YEAR76350823FOR SYMBOTIC  
INC.87151X10103/06/2025To approve an advisory vote on the compensation paid to our named executive officersSECTION 14A SAY-ON-PAY VOTESISSUER763508230FOR76350823FOR GREEN DOT CORP39304D10205/22/2025Approval, on an advisory basis, of executive compensationSECTION 14A SAY-ON-PAY VOTESISSUER00UNVOTED0NONE