

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 <u>STRACK & VAN TIL RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2018</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2018</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2018</u>					
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) <u>INDIANA GROCERY GROUP, LLC</u> <u>2244 45TH STREET</u> <u>HIGHLAND, IN 46322</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>82-1621364</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>219-924-7588</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>445110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>82-1621364</u>	2c Plan Sponsor's telephone number <u>219-924-7588</u>	2d Business code (see instructions) <u>445110</u>	
2b Employer Identification Number (EIN) <u>82-1621364</u>					
2c Plan Sponsor's telephone number <u>219-924-7588</u>					
2d Business code (see instructions) <u>445110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2023	PHIL LATCHFORD
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	1675
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)	1654
a(2) Total number of active participants at the end of the plan year		6a(2)	1523
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	29
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1552
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1553
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	344
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan STRACK & VAN TIL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIANA GROCERY GROUP, LLC	D Employer Identification Number (EIN) 82-1621364

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	513061	344	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 292725**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 24274
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 31076
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)** 325022

▶ TRANSFERS IN & EBA ADDITIONS

(6) Total additions **7c(6)** 380372**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 380372**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 20248(2) Administration charge made by carrier..... **7e(2)** 1241(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 66158

▶ TRANSFERS OUT & EXPENSES

(5) Total deductions **7e(5)** 87647**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 292725

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STRACK & VAN TIL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIANA GROCERY GROUP, LLC	D Employer Identification Number (EIN) 82-1621364	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 37 52 62 64 67	RECORDKEEPER	92317	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(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?
16 23 27 53	ADVISOR	31717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWARTZ RETSON & CO PC

35-1509921

(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	AUDITOR	11000	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
(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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STRACK & VAN TIL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIANA GROCERY GROUP, LLC	D Employer Identification Number (EIN) 82-1621364	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
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)	23607	0
(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)	19802661	22864155
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	292725
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	19826268 23156880
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19826268 23156880

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	409521
	(B) Participants	2a(1)(B)	1193262
	(C) Others (including rollovers).....	2a(1)(C)	147232
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1750015
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(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)	2814
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2814
(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)	404457
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	404457
(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)		2113012
c Other income.....	2c		914
d Total income. Add all income amounts in column (b) and enter total.....	2d		4271212
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	805566	
(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)		805566
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	11000	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	31717	
(4) Other.....	2i(4)	92317	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		135034
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		940600
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3330612
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: SWARTZ, RETSON & CO., P.C.

(2) EIN: 35-1509921

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b 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	
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		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>STRACK & VAN TIL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDIANA GROCERY GROUP, LLC</u>	D Employer Identification Number (EIN) <u>82-1621364</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>13-3689044</u>		
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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

14a

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

14b

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

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

**STRACK & VAN TIL
RETIREMENT PLAN**

DECEMBER 31, 2021 AND 2020

SWARTZ, RETSON & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
235 E. 86TH AVENUE
MERRILLVILLE, INDIANA 46410

STRACK & VAN TIL RETIREMENT PLAN

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235 East 86th Avenue • Merrillville, IN 46410 • 219.769.3616 • Fax 219.736.4876 • www.swartz-retson.com

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Strack & Van Til Retirement Plan
2244 45th Street
Highland, IN 46322

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

We have performed an audit of the financial statements of Strack & Van Til Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(c) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Strack & Van Til Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(c) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Strack & Van Til Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued. Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(c) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Strack & Van Til Retirement 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 Strack & Van Til Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets (Held at Year-End) and Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 Department of Labor'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 agrees to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(c).

Swartz, Peterson & Co., P.C.

Merrillville, IN
October 12, 2022

STRACK & VAN TIL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2021 AND 2020

ASSETS

	<u>2021</u>	<u>2020</u>
CASH	\$ <u>00</u>	\$ <u>23,607</u>
INVESTMENTS AT FAIR VALUE		
Cash - Suspense	39,674	00
Mutual Funds	<u>23,117,180</u>	<u>19,802,661</u>
Total Investments at Fair Value	<u>23,156,854</u>	<u>19,802,661</u>
RECEIVABLES		
Employer Contributions Receivable	<u>410,665</u>	<u>393,565</u>
TOTAL ASSETS	<u>\$23,567,519</u>	<u>\$20,219,833</u>

NET ASSETS AVAILABLE FOR BENEFITS

NET ASSETS AVAILABLE FOR BENEFITS	<u>\$23,567,519</u>	<u>\$20,219,833</u>
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The accompanying notes are an integral part of the financial statements.

STRACK & VAN TIL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 2,113,012	\$ 1,949,657
Dividends	<u>407,303</u>	<u>325,969</u>
Total Investment Income	<u>2,520,315</u>	<u>2,275,626</u>
Contributions:		
Employer	426,621	412,262
Employee	1,193,261	1,134,909
Employee Rollover	<u>147,232</u>	<u>25,023</u>
Total Contributions	<u>1,767,114</u>	<u>1,572,194</u>
TOTAL ADDITIONS	<u>4,287,429</u>	<u>3,847,820</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	805,565	941,131
Transfers	(914)	00
Administrative Expenses – Net of Plan Sponsor Reimbursements	<u>135,092</u>	<u>109,732</u>
TOTAL DEDUCTIONS	<u>939,743</u>	<u>1,050,863</u>
NET INCREASE	3,347,686	2,796,957
NET ASSETS AVAILABLE FOR BENEFITS – Beginning of Year	<u>20,219,833</u>	<u>17,422,876</u>
NET ASSETS AVAILABLE FOR BENEFITS – End of Year	<u>\$23,567,519</u>	<u>\$20,219,833</u>

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

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS

A. Description of Plan

The following description of Strack & Van Til Retirement Plan provides only general information. Participants should refer to the Plan agreement or the summary plan description for a more complete description of the Plan's provision.

B. General

The Plan is a defined contribution plan which was established effective November 28, 2017 by Indiana Grocery Group, LLC (The Company). The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA) and subsequent pension amendments and regulations.

C. Eligibility

Employees who have attained age twenty-one and completed one year of credited service of at least 1,000 hours are eligible to participate in the Plan. Participants may begin making elective deferrals on the first of the month following their meeting the eligibility requirement. Participants may elect to allocate their deferrals to Pre-Tax 401(k) or Roth 401(k) deferrals. Participants become eligible to receive matching and employer discretionary contributions on the first day of month following the date the eligibility requirements are met.

D. Contributions

Participant Deferrals

Participants are allowed to make contributions up to 100% of compensation not to exceed \$19,500 and \$19,500 for the years ended December 31, 2021 and 2020, respectively. Participant contributions may be designated as traditional deferrals or Roth deferrals. The Plan allows participants aged 50 and older to make "catch-up" contributions as allowed under the Internal Revenue Code.

Employer Matching

Participants employed on the last day of the plan year who have completed a year of service, and participants whose separation from service was due to death, disability, attainment of normal retirement age, or attainment of early retirement age, are eligible to receive employer contributions that are based on the amount of participant contributions made during the plan year. Employer matching contributions are made at the discretion of the Plan sponsor. The Plan sponsor declares their intention to make matching contributions prior to the commencement of any given plan year.

Employer Discretionary

Employer contributions are made at the discretion of the Plan sponsor. Participants employed on the last day of the plan year, who have completed a year of service, and participants whose separation from service was due to death, disability, attainment of normal retirement age, or attainment of early retirement age, are eligible to receive employer contributions. Employer discretionary contributions are allocated using a non-safe harbor method which allows the Plan sponsor to allocate contributions to participants on a disproportionate basis within parameters established under the Internal Revenue Code.

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

E. Allocations

Earnings are allocated based on the performance of each participant's self-directed account.

F. Payment of Benefits

Participants that have terminated employment with the Plan sponsor may elect to distribute their vested balance in the form of a lump sum cash payment or remain a participant in the Plan. The Plan sponsor may make distribution to the participant of vested balances of \$5,000, excluding participant rollover contributions, or less without the consent of the participant. Distributions greater than \$1,000 made without the consent of the participant are transferred to an individual retirement account.

The Plan allows participants to take hardship distributions from participant pre-tax elective deferrals and Roth elective deferrals if circumstances and conditions exist that meet the definition of hardship as outlined by statute.

Participants age 59 ½ and older may take in-service distributions from all their fully vested accounts.

G. Vesting

Participants are immediately vested in their voluntary contributions, including earning thereon. Participants that attain normal retirement age of 62 or retire at age 55 or become disabled or die while employed by the Plan sponsor become fully vested in all accounts. Vesting in employer matching and profit sharing contributions and related earnings is based on the following schedule:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 1 year	0%
1 year but less than 2	50%
2 years but less than 3	75%
3 years or more	100%

H. Forfeitures

Forfeitures of non-vested benefits of terminated employees are used to reduce employer contributions and administrative expenses. At December 31, 2021 and 2020, \$4,703 and \$4,647 of non-vested forfeitures are unallocated and available to reduce future employer contributions and administrative expenses, respectively. For the years ended December 31, 2021 and 2020, \$0 and \$0, respectively, in non-vested forfeitures were used to fund the employer matching contribution and pay administrative expenses.

I. Participant Accounts

Plan participants direct the investments in their accounts in any of the following options selected by the Plan Trustees:

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

Vanguard Target Retirement Income seeks to provide current income and some capital appreciation by investing in five Vanguard index funds.

Vanguard Target Retirement 2015 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2020 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2025 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2030 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2035 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2040 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2045 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2050 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2055 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2060 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

Vanguard Target Retirement 2065 fund invests in five Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

American Funds EuroPacific Growth Fund seeks to provide long-term growth of capital by investing in companies based outside the United States. The fund invests in companies based chiefly in Europe and the Pacific Basin, ranging from small firms to large corporations.

The Fidelity 500 Index Fund seeks to provide investment results that correspond to the total return (i.e., the combination of capital changes and income) performance of common stocks publicly traded in the United States.

The Fidelity Mid Cap Index Fund seeks to provide investment results that correspond to the total return of stocks of mid-capitalization United States companies.

The Fidelity Small Cap Index Fund seeks to provide investment results that correspond to the total return of stocks of small-capitalization United States companies.

The Hartford Mid Cap Fund seeks to achieve long-term capital growth by investing primarily in high-quality U.S. companies with market capitalizations within the range represented by the Standard & Poor's MidCap 400 index.

The MFS Value Fund R6 seeks capital appreciation and reasonable income. The fund invests, under normal market conditions, at least 65% of its net assets in equity securities of companies which the advisor believes are undervalued in the market relative to their long-term potential.

The Pioneer Bond Fund A seeks to provide current income from a high-quality portfolio with due regard to preservation of capital and prudent investment risk.

The T. Rowe Price Blue Chip Growth Fund seeks to provide long-term capital growth with income as a secondary objective. The fund invests at least 80% of its net assets in the common stocks of large- and medium-sized blue chip growth companies, focusing on companies with leading market positions, seasoned management, and strong financial fundamentals.

The Wells Fargo Advantage Government Securities seeks current income by investing primarily in a diversified portfolio of U.S. government obligations.

The Wells Fargo Advantage Small Cap Value Index Fund seeks to produce growth of capital by investing primarily in common stocks of small U.S. companies.

The Wells Fargo Special Mid Cap Value R6 Fund seeks to produce growth of capital by investing primarily in common stocks of small U.S. companies.

The Vanguard Explorer Admiral Fund seeks long-term capital growth by investing mainly in stocks of small firms. These tend to be unseasoned firms but are considered to have superior growth potential. These companies provide little or no dividend income.

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

The Transamerica Government Money Market Fund seeks a high current income while preserving capital and providing liquidity by investing in high quality short-term cash equivalent securities.

The Vanguard Select Value Fund seeks to provide long-term growth of capital and income by investing mainly in equity securities of medium-sized U.S. companies.

Vanguard Mid Cap Index seeks to track a growth-style index of medium-sized companies, whose stocks end up being more volatile than large company stocks.

Vanguard Small Cap Growth Index seeks to track a growth-style index of small-sized companies.

Vanguard Total International Stock Index seeks to track stock markets all over the globe, with the exception of the United States.

Vanguard Emerging Market Stock Index seeks growth by investing in stocks of companies located in emerging markets around the world.

Vanguard Total Bond Market Index seeks to provide broad exposure to U.S. investment grade bonds.

J. Cares Act Provisions

The Coronavirus Aid, Relief, and Economic Security ("CARES Act") was signed into law in March 2020. It included several provisions that may affect the Plan:

- Coronavirus-related distributions (CRD) were available for qualified individuals in amounts up to \$100,000 from January 1, 2020 – December 30, 2020. The distributions required no 10% early withdrawal penalty for persons under 59 ½ years of age. Individuals may recognize the income for tax purposes evenly over a three year period or in the year of the distribution. The internal Revenue Service defined a "qualified individual" as an individual who was diagnosed with COVID-19 or experienced adverse financial consequences due to being quarantined, furloughed, or laid off, having work hours or pay reduced, being unable to work due to lack of childcare, or other conditions that reduce their ability to work. An individual also would qualify if the person's spouse or dependent experienced any of the conditions noted above. Individuals self-certify that they qualified for a CRD.
- Coronavirus-related loans (CRL) were available for qualified individuals during the period from March 27, 2020 through September 22, 2020 in amounts to the lesser of 100% of the person's vested account balance or \$100,000. Individuals self-certify that they qualified for a CRL.
- Required minimum distributions (RMD) were waived for 2020.

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administration to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

The employer contributions are invested into certificates of deposit, government securities, government asset backed securities, corporate bonds, foreign bonds, convertible preferred stocks, equities, mutual funds, exchange-traded products, and unit investment trusts. These investments are valued at quoted market prices.

D. Payment of Benefits

Benefits are recorded when paid.

E. Income Tax Status

The Plan administrator and the Plan's tax counsel believe that the Plan as designed was being operated in compliance with the applicable requirements of the Internal Revenue Code of Section 401(a). Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The Plan is established under the provisions of a prototype plan developed by Transamerica Retirement Solutions Corporation and has obtained a favorable tax determination letter from the Internal Revenue Service dated April 8, 2014. The Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Employer contributions and interest income are not taxable to the participant until distributed.

F. Administrative Expenses

Fees paid during the year for trustee, custodian, investment advisory, and investment managers were paid by the Plan. All other fees and costs incurred in connection with the administration of the Plan are paid by the Company. Fees were paid to the following parties-in-interest:

<u>Party</u>	<u>Type of Fee</u>	<u>2021</u>	<u>2020</u>
Transamerica Corporation	Service	\$ 151,068	\$ 73,806
Kestra Advisory Services, LLC	Service	\$ 31,717	\$ 24,926
Swartz, Retson & Co., P.C.	Audit	\$ 11,000	\$ 11,000

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONTINUED

G. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 3 - INVESTMENTS AT FAIR VALUE

During the years ended December 31, 2021 and 2020, the Plan's investments appreciated in value by \$2,113,012 and \$2,275,626, respectively.

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan has implemented accounting standards related to fair value measurements which 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 the standard are described below:

Basis of Fair Value Measurement

- Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instruments level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2021 and 2020. As required, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 4 - FAIR VALUE MEASUREMENTS CONTINUED

<u>Description</u>	<u>December 31, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	<u>\$23,117,180</u>	<u>\$23,117,180</u>	<u>\$ 00</u>	<u>\$ 00</u>
<u>Description</u>	<u>December 31, 2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	<u>\$19,802,661</u>	<u>\$19,802,661</u>	<u>\$ 00</u>	<u>\$ 00</u>

The following is a description of the valuation techniques and inputs used as of December 31, 2021 and 2020 for the Plan's assets measured at fair value.

- *Mutual Funds:* Valued at quoted market prices.

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Certain employees of the Plan Sponsor provide administrative and trustee services for the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Plan Sponsor on behalf of the Plan.

Swartz, Retson & Co., P.C., by virtue of its role as auditor of the Plan's financial statements, qualifies as a party-in-interest. Fees paid to Swartz, Retson & Co., P.C. were \$11,000 and \$11,000 for the years ended December 31, 2021 and 2020, respectively.

Transamerica Corporation provides third-party administration and investment custodial services to the Plan. Transamerica received direct compensation through asset and transaction fees of \$151,068 and \$73,806 for the years ended December 31, 2021 and 2020, respectively. The Plan utilized the following fund managed by Transamerica Corporation at December 31, 2021 and 2020:

<u>Investment</u>	<u>2021</u>	<u>2020</u>
Transamerica Government Money Market Fund	<u>\$ 00</u>	<u>\$521,829</u>

Kestra Advisory Services, LLC provides consulting services to the Plan. Fees paid to Kestra Advisory Services, LLC were \$31,717 and \$24,926 for the years ended December 31, 2021 and 2020, respectively.

NOTE 6 - UNCERTAIN TAX POSITIONS

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the plan and has concluded that there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets reported in the financial statements at December 31, 2021 to the Schedule H of Form 5500:

	<u>Amount</u>
Net Assets Available for Benefits from the Financial Statements	\$23,567,519
Less: Employer Contributions Receivable reported in the Financial Statements not included in Schedule H of Form 5500	410,665
Add: Trivial Variance in Cash Account Balance	<u>26</u>
Total Net Assets Available for Benefits from Schedule H of Form 5500	<u>\$23,156,880</u>

The following is a reconciliation of changes in net assets available for benefits reported in the financial statements at December 31, 2021 to the Schedule H of Form 5500:

	<u>Amount</u>
Employer Contributions from the Financial Statements	\$426,621
Less: Contributions Receivable from the Financial Statements for December 31, 2021	410,665
Add: Contributions Receivable from the Financial Statements for the year ending December 31, 2020	<u>393,565</u>
Total Employer Contributions from Schedule H of Form 5500	<u>\$409,521</u>

The following is a reconciliation of net assets per the financial statements to the Form 5500 for the year ended December 31, 2020:

	<u>Amount</u>
Total Net Assets per the Financial Statements	\$20,219,833
Less: Employer Contribution Receivable	<u>393,565</u>
Total Net Assets per the Form 5500	<u>\$19,826,268</u>

The following is a reconciliation of changes in net assets available for benefits reported in the financial statements at December 31, 2020 to the Schedule H of Form 5500:

	<u>Amount</u>
Employer Contributions from the Financial Statements	\$412,262
Less: Contributions Receivable from the Financial Statements for December 31, 2020	393,565
Add: Contributions Receivable from the Financial Statements for the year ending December 31, 2019	<u>353,000</u>
Total Employer Contributions from Schedule H of Form 5500	<u>\$371,697</u>

STRACK & VAN TIL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 8 - INVESTMENTS AND INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Reliance Trust and Transamerica Corporation for the years ended December 31, 2021 and 2020, respectively, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

	<u>2021</u>	<u>2020</u>
Investments at Fair Value	\$ 23,117,180	\$ 19,802,661
Cash	\$ 39,674	\$ 23,607

Reliance Trust and Transamerica Corporation have also certified to the completeness and accuracy of \$2,113,012 and \$2,275,626 of net appreciation in fair value of investments for the years ended December 31, 2021 and 2020, respectively.

NOTE 9 - CASH - SUSPENSE ACCOUNTS

The cash account contains funds that are deposited in Transamerica Corporation's general account and are used to pay Plan expenses. The balance of the cash expense budget account was \$39,674 and \$23,607 for the years ended December 31, 2021 and 2020, respectively.

NOTE 10 - SUBSEQUENT EVENT - CORONAVIRUS (COVID-19)

In December 2019, an outbreak of a new strain of coronavirus, COVID-19, emerged in Wuhan, China. Within weeks, despite efforts to contain the virus in China that included widespread shutdowns of cities and businesses, the number of those infected grew significantly, and beyond China's borders. During 2020, the coronavirus has spread worldwide. The virus continues to spread in the United States and it affects business operations, supply chains, business and leisure travel, commodity prices, consumer confidence and business sentiment, and as companies consider the impact on their businesses of employees working from home and consumers avoiding air travel, stores, restaurants, sports events and other venues, the market place and related investments have been affected. The coronavirus outbreak is still evolving and its effects on Plan assets cannot be reasonably determined.

NOTE 11 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 12, 2022, the date the financial statements were available for issuance.

SUPPLEMENTAL INFORMATION

STRACK & VAN TIL RETIREMENT PLAN

Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)

FEIN: 82-1621364

PLAN NUMBER 001

DECEMBER 31, 2021

		(c)			(e)
(a)	(b)	Maturity	Interest	Par or	(e)
	Identity of Issue Borrower	Date	Rate	Maturity	Current
	<u>Lessor, or Similar Party</u>			<u>Value</u>	<u>Value</u>
	<u>Cash</u>				
	Cash	Expense Budget	n/a	n/a	n/a
					\$ 39,674
	<u>Mutual Funds</u>				
	Vanguard Group, Inc.	Vanguard Target Retirement	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2015	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2020	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2025	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2030	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2035	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2040	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2045	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2050	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2055	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2060	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2065	n/a	n/a	n/a
	American Funds	American Funds EuroPacific Growth R6 Fund	n/a	n/a	n/a
	Fidelity	Fidelity 500 Index	n/a	n/a	n/a
	Fidelity	Fidelity Mid Cap Index	n/a	n/a	n/a
	Fidelity	Fidelity Small Cap Index	n/a	n/a	n/a
	The Hartford Financial				
	Services Co.	Hartford Mid Cap R6 Fund	n/a	n/a	n/a
	MFS	MFS Value R6 Fund	n/a	n/a	n/a
	Pioneer Investments	Pioneer Bond A Fund	n/a	n/a	n/a
	R. Rowe Price Group, Inc.	T. Rowe Price Blue Chip Growth Fund	n/a	n/a	n/a
	Wells Fargo Advisors	Wells Fargo Advantage Government Securities Fund	n/a	n/a	n/a
	Wells Fargo Advisors	Wells Fargo Advantage Small Cap Value Index Fund	n/a	n/a	n/a
	Wells Fargo Advisors	Wells Fargo Special Mid Cap Value R6	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Explorer Admiral Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Selected Value Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Small Cap Growth Index Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Emerging Market Stock Index Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	n/a	n/a	n/a
	Total Mutual Funds				
					23,117,180
	TOTAL				\$23,156,854

*Indicates Party-in-Interest to the Plan

STRACK & VAN TIL RETIREMENT PLAN

Schedule H, Line 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 82-1621364

PLAN NUMBER 001

DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP \$ <u>39,247</u>	Contributions Pending Correction in VFCP	

STRACK & VAN TIL RETIREMENT PLAN

Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)

FEIN: 82-1621364

PLAN NUMBER 001

DECEMBER 31, 2021

(a)	(b) Identity of Issue Borrower Lessor, or Similar Party	(c)			(e) Current Value
		Description of Investment	Maturity Date	Interest Rate	Par or Maturity Value
	<u>Cash</u>				
	Cash	Expense Budget	n/a	n/a	n/a
					\$ 39,674
	<u>Mutual Funds</u>				
	Vanguard Group, Inc.	Vanguard Target Retirement	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2015	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2020	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2025	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2030	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2035	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2040	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2045	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2050	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2055	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2060	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Target Retirement 2065	n/a	n/a	n/a
	American Funds	American Funds EuroPacific Growth R6 Fund	n/a	n/a	n/a
	Fidelity	Fidelity 500 Index	n/a	n/a	n/a
	Fidelity	Fidelity Mid Cap Index	n/a	n/a	n/a
	Fidelity	Fidelity Small Cap Index	n/a	n/a	n/a
	The Hartford Financial Services Co.	Hartford Mid Cap R6 Fund	n/a	n/a	n/a
	MFS	MFS Value R6 Fund	n/a	n/a	n/a
	Pioneer Investments	Pioneer Bond A Fund	n/a	n/a	n/a
	R. Rowe Price Group, Inc.	T. Rowe Price Blue Chip Growth Fund	n/a	n/a	n/a
	Wells Fargo Advisors	Wells Fargo Advantage Government Securities Fund	n/a	n/a	n/a
	Wells Fargo Advisors	Wells Fargo Advantage Small Cap Value Index Fund	n/a	n/a	n/a
	Wells Fargo Advisors	Wells Fargo Special Mid Cap Value R6	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Explorer Admiral Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Selected Value Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Small Cap Growth Index Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Emerging Market Stock Index Fund	n/a	n/a	n/a
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	n/a	n/a	n/a
	Total Mutual Funds				
					23,117,180
	TOTAL				\$23,156,854

*Indicates Party-in-Interest to the Plan