

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ 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 FOOD BANK OF DELAWARE 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2023
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) FOOD BANK OF DELAWARE, INC. 222 LAKE DRIVE NEWARK, DE 19702
2b	Employer Identification Number (EIN) 51-0258984
2c	Plan Sponsor's telephone number 302-292-1305
2d	Business code (see instructions) 624200

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.	09/15/2026	TARA EVANS, FOR TAG RESOURCES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATIVE SERVICES, LLC DBA TAG RESOURCES 6501 DEANE HILL DRIVE KNOXVILLE, TN 37919	3b Administrator's EIN 42-1484983 3c Administrator's telephone number 865-670-1844
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	5 135
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 118 6a(2) 109 6b 0 6c 21 6d 130 6e 0 6f 130 6g(1) 121 6g(2) 119 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2J 2F 2G 3D 2K 2S 2T

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

9a Plan funding arrangement (check all that apply) (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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan FOOD BANK OF DELAWARE 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOOD BANK OF DELAWARE, INC.	D Employer Identification Number (EIN) 51-0258984	

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 FINANCIAL 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
36-6071399	70688	932534-00653	130	01/01/2025	12/31/2025

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 6510	(b) Total amount of fees paid 0
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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 USI SECURITIES, INC. 95 GLASTONBURY BLVD., SUITE 102 GLASTONBURY, CT 06033
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6510	0	N/A	3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2110597

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	0
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. Specify nature of costs ▶	6d	

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	3873
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c Additions: (1) Contributions deposited during the year	7c(1)	1290	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	104	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)	6279	

▶ EBA CREDITS & FORF. CREDITS

(6) Total additions	7c(6)	7673
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d Total of balance and additions (add lines 7b and 7c(6))	7d	11546
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	730	
(2) Administration charge made by carrier	7e(2)	10	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	8005	

▶ ADMIN FEE, TPA FEES

(5) Total deductions	7e(5)	8745
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2801
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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)	0
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)	0
(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)	0
(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.	10b	

Specify nature of costs.

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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan FOOD BANK OF DELAWARE 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOOD BANK OF DELAWARE, INC.	D Employer Identification Number (EIN) 51-0258984	

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 FIN. LIFE INSURANCE CO 36-6071399
(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 FIN. LIFE INSURANCE CO

36-6071399

(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	RECORD KEEPER	14568	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADMIN. GROUP, LLC DBA TAG RESOURCES

42-1484983

(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 64	RECORD KEEPER	11854	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan FOOD BANK OF DELAWARE 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FOOD BANK OF DELAWARE, INC.	D Employer Identification Number (EIN) 51-0258984
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDMNTL INVST RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-232	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25025
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GR FD OF AMERICA RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-975	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21324
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETRN RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8352
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS CORE EQUITY RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-759	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 450
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQT INC RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25891
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL DIVERSIFICATION R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 673
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET PARTNER SERIES W/ TRAN

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1084
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a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET RUSSELL SMALL CAP INDE	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-407	d Entity code	P 6056
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET S&P 500 INDEX CLASS II	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-405	d Entity code	P 111342
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET S&P MID CAP INDEX RET	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-410	d Entity code	P 9399
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2025 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-416	d Entity code	P 36185
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2030 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-417	d Entity code	P 263199
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2035 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-418	d Entity code	P 191309
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2040 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-419	d Entity code	P 171283
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2045 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-420	d Entity code	P 355596
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2050 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-421	d Entity code	P 391583
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET SECCOURSE 2055 BY TA R	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-422	d Entity code	P 203915

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET SECCOURSE 2060 BY TA R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-423	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93397

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET SECCOURSE 2065 BY TA R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-424	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119380

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET SECURECOURSE RTMT BY T		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-414	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24687

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-413	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8229

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE US SMALL CAP VALUE EQ		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-425	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7290

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FTSE SOCIAL IDX FUND ADMIR		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-408	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34948

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

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

A Name of plan FOOD BANK OF DELAWARE 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOOD BANK OF DELAWARE, INC.	D Employer Identification Number (EIN) 51-0258984

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)	39349	59325
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1259174	2110597
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3873	2801
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1302396	2172723

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1302396	2172723
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	213516	
(B) Participants	2a(1)(B)	354314	
(C) Others (including rollovers)	2a(1)(C)	217470	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		785300
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)	4075	
(F) Other	2b(1)(F)	104	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4179
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0
(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)		0

		(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)		288068
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1077547

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	180798	
(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)		180798
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	11854	
(3) Recordkeeping fees	2i(3)	14568	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		26422
j Total expenses. Add all expense amounts in column (b) and enter total	2j		207220

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		870327
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: **WHISMAN GIORDANO AND ASSOCIATES**

(2) EIN: **20-3934956**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan FOOD BANK OF DELAWARE 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOOD BANK OF DELAWARE, INC.		D Employer Identification Number (EIN) 51-0258984
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-6071399		
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) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 17 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704633A.



WHISMAN GIORDANO
CERTIFIED PUBLIC ACCOUNTANTS

Building Extraordinary Relationships

FOOD BANK OF DELAWARE 401(K) PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2025

FOOD BANK OF DELAWARE 401(K) PLAN

CONTENTS

INDEPENDENT AUDITOR’S REPORT	1 - 4
FINANCIAL STATEMENTS	
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7 - 15
SUPPLEMENTAL SCHEDULE	
SCHEDULE H, ITEM 4(I) - SCHEDULE OF ASSETS (HELD AT YEAR END)	16 - 17



INDEPENDENT AUDITOR'S REPORT

Food Bank of Delaware 401(k) Plan
Newark, Delaware

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

We have performed an audit of the financial statements of Food Bank of Delaware 401(k) 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, 2025 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Food Bank of Delaware 401(k) 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 December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

Opinion (Continued)

- the information in the accompanying financial statements 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Food Bank of Delaware 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Food Bank of Delaware 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Food Bank of Delaware 401(k) 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 Food Bank of Delaware 401(k) 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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Item 4(i) – Schedule of Assets (Held at Year End) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agrees to, or is derived from, the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Whisman Giordano & Associates, LLC

Newark, Delaware
September 11, 2026

FOOD BANK OF DELAWARE 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025

	<u>2025</u>
INVESTMENTS	
Pooled separate accounts	\$ 2,110,597
Unallocated insurance contracts	<u>2,801</u>
Total investments	2,113,398
LOANS RECEIVABLE FROM PARTICIPANTS	<u>59,325</u>
TOTAL ASSETS	2,172,723
EXCESS CONTRIBUTION PAYABLE	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,172,723</u></u>

See accompanying notes to financial statements.

FOOD BANK OF DELAWARE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

	<u>2025</u>
ADDITIONS	
Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 288,068
Interest	104
Interest on participant loans	4,075
Employee contributions	354,314
Employer contributions	213,516
Other contributions (including rollovers)	<u>217,470</u>
Total additions	<u>1,077,547</u>
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	180,798
Administrative expenses	<u>26,422</u>
Total deductions	<u>207,220</u>
NET INCREASE	870,327
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>1,302,396</u>
End of year	<u><u>\$ 2,172,723</u></u>

See accompanying notes to financial statements.

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Food Bank of Delaware 401(k) Plan (“the Plan”), sponsored by Food Bank of Delaware, Inc. (the “Organization”), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan generally covers eligible employees of the Organization who have attained age 18 and completed 167 hours of service during a 60-day period. If that service requirement is not satisfied, an employee may become eligible after completing 1,000 hours of service during the applicable eligibility computation period. Certain employee classes are excluded. The Plan also provides backup elective-deferral eligibility for qualifying long-term part-time employees who have not otherwise satisfied the Plan’s regular eligibility provisions.

Amendments. The Plan was amended effective April 24, 2025. The amendment modified the Plan’s eligibility provisions to provide for eligibility after completion of 167 hours of service during a 60-day period. The amendment also increased the involuntary cash-out (force-out) threshold for terminated participants to \$7,000, consistent with the Summary of Material Modifications and provisions permitted under the SECURE 2.0 Act.

Contributions. Each year, participants may contribute up to ninety percent of Plan Compensation, as defined in the Plan, on a pre-tax basis and/or as Roth contributions, subject to applicable Internal Revenue Code limitations. Participants may also contribute amounts representing eligible rollover distributions from other qualified retirement plans. The Organization makes safe harbor matching contributions equal to one hundred percent of the first three percent of compensation deferred by a participant, plus fifty percent of the next two percent of compensation deferred, not to exceed a total matching contribution of four percent of eligible compensation. The Organization may also make discretionary qualified nonelective contributions. Contributions are subject to certain legal limitations.

The Plan includes a qualified automatic contribution arrangement (“QACA”). Unless an affirmative deferral election is made, newly hired employees, employees who are not yet eligible to participate, and current participants without an affirmative election are automatically enrolled in the Plan at a pre-tax elective deferral rate of 4% of eligible compensation. The automatic deferral rate increases to 5% in the first year following the initial period, 6% in the second year, and 7% in the third year. Participants may elect to change or discontinue their automatic deferrals in accordance with the Plan’s administrative procedures. Participants may also elect to withdraw automatic contributions, adjusted for investment gains or losses, within 90 days after automatic contributions are first withheld from their compensation.

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts. Each participant's account is credited with the participant's contributions, the Organization's contributions, and Plan earnings and losses, as described hereinafter. Each account is charged with an allocation of administrative expenses. Allocations are based on participant earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from a participant's vested account.

Vesting. Participants are immediately vested in their contributions, rollover contributions, qualified nonelective contributions, safe harbor matching contributions, and actual earnings thereon.

Loans Receivable from Participants. The Plan Administrator, at its discretion, may permit participants to obtain loans from their vested Plan accounts in accordance with the Plan's established loan procedures and applicable requirements of the Internal Revenue Code and ERISA. Loan transactions are treated as participant-directed investments. Loans are secured by the participant's vested account balance and bear interest at rates determined in accordance with the Plan's loan procedures. Loans generally must be repaid through substantially level payments made at least quarterly over a period not exceeding five years; however, a longer repayment period may be permitted for a loan used to acquire a participant's principal residence. Principal and interest payments are credited to the borrowing participant's account. As of December 31, 2025, participant loans bore interest at rates ranging from 8.00% to 9.50%.

Payment of Benefits. Upon termination of employment, including termination due to disability, a participant is entitled to receive the vested amount in his or her account. Benefits are generally payable in a lump-sum payment as soon as administratively feasible following the participant's entitlement to a distribution, subject to the Plan's provisions. Partial or installment distributions may be permitted if necessary to satisfy required minimum distribution rules. Upon death, benefits are payable to the participant's designated beneficiary in accordance with the Plan's provisions. In certain instances, a terminated participant may elect to remain in the Plan.

Pension Benefit Guaranty Corporation. Benefits provided by the Plan are not insured by the Pension Benefit Guaranty Corporation (PBGC) since insurance provisions under ERISA are not applicable to the Plan.

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB), which establishes generally accepted accounting principles (GAAP) that are followed in reporting the statement of net assets available for benefits and the statement of changes in net assets available for benefits. References to GAAP issued by the FASB in financial statements as well as these notes are to the Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may take in the future, they may ultimately differ from actual results. Accounting measurements most affected by management's estimates include the determination of the fair value of investments. Estimates and assumptions are reviewed periodically and the effects of revisions are reflected in the financial statements in the period determined.

Management does not believe that any of its estimates involve assumptions that are highly uncertain or that different reasonable estimates, or changes in accounting estimates that are reasonably likely to occur, would have a material impact on the financial statements. To the extent there are material differences between management's estimates and actual results, future changes in net assets available for benefits may be affected.

Investment Valuation and Income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurement.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments which consist of the realized gains and losses and the changes in unrealized appreciation on those investments.

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction shown as corrective distributions/excess contributions in the statement of changes in net assets available for benefits. There were no excess contributions for the year ended December 31, 2025.

Benefits Paid to Participants

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of participant loans are charged directly to participants' accounts and are included in administrative expenses.

NOTE C - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 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. 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 Transamerica Financial Life Insurance Company except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental Schedule H, Item 4(i) – Schedule of Assets (Held at Year End) at December 31, 2025. Transamerica Financial Life Insurance Company has certified the completeness and accuracy of the following investments at December 31, 2025.

	<u>2025</u>
Pooled separate accounts	\$ 2,110,597
Unallocated insurance contracts	<u>2,801</u>
	<u>\$ 2,113,398</u>

Transamerica Financial Life Insurance Company also certified the completeness and accuracy of investment income for the year ended December 31, 2025 of \$288,172.

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS

Investments consist of the following:

	<u>2025</u>
POOLED SEPARATE ACCOUNTS	
American Funds Fundmntl Invst Ret	\$ 25,025
American Funds Gr Fd Of America Ret Acct	21,324
State Street Seccourse 2030 By Ta Retact	263,199
Blackrock Total Retrn Ret Acct	8,352
State Street S&P 500 Index Class Ii Ret Acct	111,342
JPMorgan Eqt Inc Ret Acct	25,891
DFA Emerging Markets Core Equity Ret Acct	450
State Street Seccourse 2035 By Ta Retact	191,309
State Street S&P Mid Cap Index Ret Acct	9,399
MFS International Diversification Ret Acct	673
State Street Seccourse 2025 By Ta Retact	36,185
State Street Partner Series W/ Tran	1,084
State Street Seccourse 2040 By Ta Retact	171,283
State Street Russell Small Cap Index Ret Acct	6,056
State Street Seccourse 2055 By Ta Retact	203,915
State Street Seccourse 2050 By Ta Retact	391,583
State Street Seccourse 2060 By Ta Retact	93,397
State Street Seccourse 2065 By Ta Retact	119,380
State Street Securecourse Rtmt By T	24,687
State Street U.S. Bond Index Ret Acct	8,229
T. Rowe Price Us Small Cap Value Equity Ret Acct	7,290
Vanguard FTSE Social Idx Fund Admiral Ret Acct	34,948
State Street Seccourse 2045 By Ta Retact	<u>355,596</u>
Total pooled separate accounts	2,110,597
UNALLOCATED INSURANCE CONTRACTS	
Transamerica Stable Value Advantage Account	<u>2,801</u>
Total investments	<u><u>\$ 2,113,398</u></u>

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements - Inputs are quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.

Level 2 Fair Value Measurements - Inputs are observable, either directly or indirectly, for the asset or liability, other than quoted prices included within Level 1. Level 2 inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3 Fair Value Measurements - Inputs are unobservable and are supported by little or no market activity. Level 3 inputs are used only when relevant observable inputs are not available.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts: valued at fair value based on the net asset value per unit, or its equivalent, as reported by the insurance company. The reported unit values are based on the fair value of the underlying investments held by each account, less applicable expenses. Because quoted market prices for the pooled separate accounts are not available in an active market, the Plan classifies these investments within Level 2 of the fair value hierarchy.

Unallocated Insurance Contracts: valued at fair value based on amounts reported by the insurance company. Fair value is determined using the contract's account balance, including deposits, withdrawals, credited interest, and other contract adjustments. Because the valuation is based primarily on observable information provided by the insurance company rather than quoted prices in an active market, the Plan classifies these investments within Level 2 of the fair value hierarchy.

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

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table presents the financial instruments carried at fair value as of December 31, 2025, by the ASC 820 valuation hierarchy defined above.

<i>December 31, 2025</i>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Pooled separate accounts				
Allocation 50% to 70% Equity	\$ 1,084	\$ -	\$ 1,084	\$ -
Diversified Emerging Markets	1,123	-	1,123	-
Intermediate Core Bond	8,352	-	8,352	-
Large Blend	25,025	-	25,025	-
Large Growth	21,324	-	21,324	-
Large-Cap	172,181	-	172,181	-
Mid-Cap Blend	9,399	-	9,399	-
Small-Cap	13,346	-	13,346	-
Target-Date	1,850,534	-	1,850,534	-
Ultrashort Bond	8,229	-	8,229	-
Unallocated insurance contracts	2,801	-	2,801	-
	<u>\$ 2,113,398</u>	<u>\$ -</u>	<u>\$2,113,398</u>	<u>\$ -</u>

NOTE F - TAX STATUS

The Internal Revenue Service has determined that the prototype Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although there are certain amendments applicable to the Food Bank of Delaware 401(k) Plan, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has reviewed its current and past income tax positions and has determined, based on clear and unambiguous tax law and regulations, that any tax positions taken are certain and that it is unlikely that a material tax assessment would be made if the respective government agency examined tax returns subject to audit. Accordingly, no provision for the effects of uncertain tax positions has been recorded.

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE G - RELATED PARTY TRANSACTIONS

The Plan's investments are held with Transamerica Financial Life Insurance Company. Effective January 1, 2023, Transamerica Financial Life Insurance Company serves as the asset custodian and recordkeeper, as defined by the Plan. Accordingly, all investment holdings and related transactions involving Transamerica Financial Life Insurance Company qualify as party-in-interest transactions.

At December 31, 2025, the Plan held investments of \$2,113,398, all of which qualify as party-in-interest holdings. The supplemental Schedule H, Item 4(i), Schedule of Assets (Held at Year End) at December 31, 2025 identifies the specific assets deemed party-in-interest holdings.

NOTE H - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become one hundred percent vested in their accounts.

NOTE I - BENEFIT OBLIGATIONS

Included in net assets available for benefits are account balances of former employees who have elected to leave their vested benefits in the Plan. Plan assets allocated to these individuals on December 31, 2025, amounted to \$119,254.

NOTE J - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 change could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Investment options accounting for more than 10% of the Plan's total investments for the year ended December 31, 2025 are as follows:

	2025	
State Street Seccourse 2030 By Ta Retact	\$	263,199 12.45%
State Street Seccourse 2050 By Ta Retact		391,583 18.53%
State Street Seccourse 2045 By Ta Retact		355,596 16.83%

FOOD BANK OF DELAWARE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE K - PROHIBITED TRANSACTIONS

During 2025, the Plan engaged in the party-in-interest transactions described in Note G. Management believes these transactions qualify for applicable exemptions. No nonexempt prohibited transactions were identified.

NOTE L - SECURE ACT 2.0

Certain provisions of the SECURE 2.0 Act affect the operation and administration of the Plan. The Plan's Summary of Material Modifications includes provisions related to long-term part-time employee eligibility, the prospective Roth treatment of certain catch-up contributions, subject to applicable effective dates and regulatory guidance, changes to required minimum distribution rules, and an increase in the Plan's involuntary cash-out (force-out) threshold. Management believes the Plan has been amended, or will be administered, as necessary to comply with applicable SECURE 2.0 Act provisions.

NOTE M - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 11, 2026, the date the financial statements were available to be issued, and determined that there were no matters requiring adjustment to, or disclosure in, the financial statements as of and for the year ended December 31, 2025.

SUPPLEMENTAL SCHEDULE

FOOD BANK OF DELAWARE 401(K) PLAN
DECEMBER 31, 2025
EIN 51-0258984
PN001

SCHEDULE H, ITEM 4(i) – SCHEDULE OF ASSETS (HELD AT YEAR END)

(a)	(b)	(c)	(d)	(e)
A.	Identity of Issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	American Funds Fundmntl Invst Ret	Pooled Separate Accounts	**	\$ 25,025
*	American Funds Gr Fd Of America Ret Acct	Pooled Separate Accounts	**	21,324
*	State Street Seccourse 2030 By Ta Retact	Pooled Separate Accounts	**	263,199
*	Blackrock Total Retrn Ret Acct	Pooled Separate Accounts	**	8,352
*	State Street S&P 500 Index Class Ii Ret Acct	Pooled Separate Accounts	**	111,342
*	JPMorgan Eqt Inc Ret Acct	Pooled Separate Accounts	**	25,891
*	State Street Seccourse 2035 By Ta Retact	Pooled Separate Accounts	**	191,309
*	State Street S&P Mid Cap Index Ret Acct	Pooled Separate Accounts	**	9,399
*	MFS International Diversification Ret Acct	Pooled Separate Accounts	**	673
*	State Street Seccourse 2025 By Ta Retact	Pooled Separate Accounts	**	36,185
*	State Street Partner Series W/ Tran	Pooled Separate Accounts	**	1,084
*	State Street Seccourse 2040 By Ta Retact	Pooled Separate Accounts	**	171,283
*	State Street Russell Small Cap Index Ret Acct	Pooled Separate Accounts	**	6,056
*	State Street Seccourse 2055 By Ta Retact	Pooled Separate Accounts	**	203,915
*	State Street Seccourse 2050 By Ta Retact	Pooled Separate Accounts	**	391,583
*	State Street Seccourse 2060 By Ta Retact	Pooled Separate Accounts	**	93,397
*	State Street Seccourse 2065 By Ta Retact	Pooled Separate Accounts	**	119,380
*	State Street Securecourse Rtmt By T	Pooled Separate Accounts	**	24,687
*	DFA Emerging Markets Core Equity Ret Acct	Pooled Separate Accounts	**	450
*	State Street Seccourse 2045 By Ta Retact	Pooled Separate Accounts	**	355,596
<i>Carry Forward</i>				<u>\$ 2,060,130</u>

FOOD BANK OF DELAWARE 401(K) PLAN
DECEMBER 31, 2025
EIN 51-0258984
PN001

SCHEDULE H, ITEM 4(i) – SCHEDULE OF ASSETS (HELD AT YEAR END) (CONTINUED)

(a)	(b)	(c)	(d)	(e)
A.	Identity of Issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	<i>Carried Forward</i>			\$ 2,060,130
*	Vanguard FTSE Social Idx Fund Admiral Ret Acct	Pooled Separate Accounts	**	34,948
*	State Street U.S. Bond Index Ret Acct	Pooled Separate Accounts	**	8,229
*	T. Rowe Price Us Small Cap Value Equity Ret Acct	Pooled Separate Accounts	**	7,290
*	Transamerica Stable Value Advantage Account	Unallocated Insurance Contracts	**	2,801
				<u>\$ 2,113,398</u>
B.	Identity	Interest Rate	Cost	Current Value
	Loans Receivable from Participants	8.00% - 9.50%	\$ -	\$ 59,325
*	Related party or party-in-interest			
**	Cost basis not required for participant-directed investments			

FOOD BANK OF DELAWARE 401(K) PLAN
DECEMBER 31, 2025
EIN 51-0258984
PN001

SCHEDULE H, ITEM 4(i) – SCHEDULE OF ASSETS (HELD AT YEAR END)

(a)	(b)	(c)	(d)	(e)
A.	Identity of Issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	American Funds Fundmntl Invst Ret	Pooled Separate Accounts	**	\$ 25,025
*	American Funds Gr Fd Of America Ret Acct	Pooled Separate Accounts	**	21,324
*	State Street Seccourse 2030 By Ta Retact	Pooled Separate Accounts	**	263,199
*	Blackrock Total Retrn Ret Acct	Pooled Separate Accounts	**	8,352
*	State Street S&P 500 Index Class Ii Ret Acct	Pooled Separate Accounts	**	111,342
*	JPMorgan Eqt Inc Ret Acct	Pooled Separate Accounts	**	25,891
*	State Street Seccourse 2035 By Ta Retact	Pooled Separate Accounts	**	191,309
*	State Street S&P Mid Cap Index Ret Acct	Pooled Separate Accounts	**	9,399
*	MFS International Diversification Ret Acct	Pooled Separate Accounts	**	673
*	State Street Seccourse 2025 By Ta Retact	Pooled Separate Accounts	**	36,185
*	State Street Partner Series W/ Tran	Pooled Separate Accounts	**	1,084
*	State Street Seccourse 2040 By Ta Retact	Pooled Separate Accounts	**	171,283
*	State Street Russell Small Cap Index Ret Acct	Pooled Separate Accounts	**	6,056
*	State Street Seccourse 2055 By Ta Retact	Pooled Separate Accounts	**	203,915
*	State Street Seccourse 2050 By Ta Retact	Pooled Separate Accounts	**	391,583
*	State Street Seccourse 2060 By Ta Retact	Pooled Separate Accounts	**	93,397
*	State Street Seccourse 2065 By Ta Retact	Pooled Separate Accounts	**	119,380
*	State Street Securecourse Rtmt By T	Pooled Separate Accounts	**	24,687
*	DFA Emerging Markets Core Equity Ret Acct	Pooled Separate Accounts	**	450
*	State Street Seccourse 2045 By Ta Retact	Pooled Separate Accounts	**	355,596
<i>Carry Forward</i>				<u>\$ 2,060,130</u>

FOOD BANK OF DELAWARE 401(K) PLAN
DECEMBER 31, 2025
EIN 51-0258984
PN001

SCHEDULE H, ITEM 4(i) – SCHEDULE OF ASSETS (HELD AT YEAR END) (CONTINUED)

(a)	(b)	(c)	(d)	(e)
A.	Identity of Issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	<i>Carried Forward</i>			\$ 2,060,130
*	Vanguard FTSE Social Idx Fund Admiral Ret Acct	Pooled Separate Accounts	**	34,948
*	State Street U.S. Bond Index Ret Acct	Pooled Separate Accounts	**	8,229
*	T. Rowe Price Us Small Cap Value Equity Ret Acct	Pooled Separate Accounts	**	7,290
*	Transamerica Stable Value Advantage Account	Unallocated Insurance Contracts	**	2,801
				<u>\$ 2,113,398</u>
B.	Identity	Interest Rate	Cost	Current Value
	Loans Receivable from Participants	8.00% - 9.50%	\$ -	\$ 59,325
*	Related party or party-in-interest			
**	Cost basis not required for participant-directed investments			