Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
STRACK & VAN TIL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

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)
INDIANA GROCERY GROUP, LLC

2244 45TH STREET
HIGHLAND, IN 46322

2b Employer Identification Number (EIN)
82-1621364

2c Plan Sponsor's telephone number
219-924-7588

2d Business code (see instructions)
445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	KELLY MINARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	1822
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1791
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1738
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1747
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	1749
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	356
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	105
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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

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

A Name of plan
STRACK & VAN TIL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIANA GROCERY GROUP, LLC

D Employer Identification Number (EIN)
82-1621364

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	513061	105	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	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	109493
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	933950
c	Additions: (1) Contributions deposited during the year	7c(1)	71967		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	18274		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	535920		
	▶ EBA ADDITIONS & TRANSFERS IN				
	(6)Total additions			7c(6)	626161
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1560111
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1282136		
	(2) Administration charge made by carrier	7e(2)	4840		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	163642		
	▶ TRANSFERS OUT & EXPENSES				
	(5) Total deductions			7e(5)	1450618
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	109493

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
STRACK & VAN TIL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIANA GROCERY GROUP, LLC

D Employer Identification Number (EIN)
82-1621364

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	96958	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 23 27 53	ADVISOR	36000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
STRACK & VAN TIL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIANA GROCERY GROUP, LLC

D Employer Identification Number (EIN)
82-1621364

Part I Asset and Liability Statement

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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25211386	3442843
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	933950	109493
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	26145336	3552336
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	26145336	3552336

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)	456054	
(B) Participants	2a(1)(B)	1205190	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1661244
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	18274	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18274
(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)	148879	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		148879
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3708761
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5537158
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5207500	
(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)		5207500
f Corrective distributions (see instructions)	2f		35862
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	96958	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	36000	
(6) Bank or trust company trustee/custodial fees	2i(6)	400	
(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)		133358
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5376720
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		160438
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		22753438

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SWARTZ, RESTON & CO., P.C. **(2)** EIN: 35-1509921

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
THE HY-VEE AND AFFILIATES 401(K) PLAN	42-0325638	002

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
STRACK & VAN TIL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIANA GROCERY GROUP, LLC

D Employer Identification Number (EIN)
82-1621364

Part I 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): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704148A .

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

STRACK & VAN TIL
RETIREMENT PLAN

DECEMBER 31, 2025 AND 2024

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

STRACK & VAN TIL RETIREMENT PLAN

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SUPPLEMENTAL INFORMATION

ITEM 4i - SCHEDULE OF ASSETS (HELD AT YEAR-END) 20

Swartz Retson

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

INDEPENDENT AUDITORS' REPORT

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

Scope and Nature of the ERISA Section 103(a)(3)(c) Audit
We have performed an audit of the financial statements of Strack & Van Til Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(c) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Strack & Van Til Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

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

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

Basis for Opinion
We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Strack & Van Til Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(c) audit opinion.

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

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

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Strack & Van Til Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Strack & Van Til Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA
The supplemental schedule of Schedule of Assets (Held at Year-End) for the year ended 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:
- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agrees to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).

Swartz, Retson & Co., P.C.

Merrillville, IN
October 7, 2026

STRACK & VAN TIL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

ASSETS

	2025	2024
INVESTMENTS AT FAIR VALUE		
Cash – Suspense	$ 60,990	$ 43,406
Mutual Funds	3,489,927	26,101,930
Total Investments at Fair Value	3,550,917	26,145,336
RECEIVABLES		
Employer Contributions Receivable	67,873	445,311
TOTAL ASSETS	$3,618,790	$26,590,647

NET ASSETS AVAILABLE FOR BENEFITS

NET ASSETS AVAILABLE FOR BENEFITS	$3,618,790	$26,590,647

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

STRACK & VAN TIL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 3,708,656	$ 2,110,089
Interest	18,274	30,762
Dividends	148,879	613,371
Other Income	37	00
Total Investment Income	3,875,846	2,754,222
Contributions:		
Employer	132,325	510,889
Employee	1,205,190	1,330,942
Employee Rollover	00	5
Total Contributions	1,337,515	1,841,836
TOTAL ADDITIONS	5,213,361	4,596,058
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	5,243,361	1,981,421
Transfers	22,754,820	00
Administrative Expenses	187,037	195,821
TOTAL DEDUCTIONS	28,185,218	2,177,242
NET INCREASE (DECREASE)	(22,971,857)	2,418,816
NET ASSETS AVAILABLE FOR BENEFITS – Beginning of Year	26,590,647	24,171,831
NET ASSETS AVAILABLE FOR BENEFITS – End of Year	$ 3,618,790	$26,590,647

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

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS

A. Description of Plan

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

B. General

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

C. Eligibility

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

D. Contributions

Participant Deferrals

Participants are allowed to make contributions up to 100% of compensation not to exceed $23,500 and $23,000 for the years ended December 31, 2025 and 2024, respectively. Participant contributions may be designated as traditional deferrals or Roth deferrals. The Plan allows participants aged 50 and older to make "catch-up" contributions as allowed under the Internal Revenue Code.

Employer Matching

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

Employer Discretionary

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

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

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

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

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

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

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

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

H. Forfeitures
Forfeitures of non-vested benefits of terminated employees are used to reduce employer contributions and administrative expenses. At December 31, 2025 and 2024, $1,419 and $1,383 of non-vested forfeitures are unallocated and available to reduce future employer contributions and administrative expenses, respectively. For the years ended December 31, 2025 and 2024, $0 and $856, respectively, in non-vested forfeitures were used to fund the employer matching contribution and pay administrative expenses.

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

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

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

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

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

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

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

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

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

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

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

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

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

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

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

Vanguard Target Retirement 2070 fund invests in four Vanguard index funds and is designed to gradually adjust its allocation by reducing its equity holdings and increasing its bond holdings as it moves toward the funds designated date.

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

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

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

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

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

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

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

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

The Allspring Government Securities Administrator Fund seeks current income by investing primarily in a diversified portfolio of U.S. government obligations.

The Allspring Special Small Cap Value Institutional Fund seeks to produce growth of capital by investing primarily in common stocks of small U.S. companies.

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

NOTE 1 - DESCRIPTION OF PLAN AND BENEFITS CONTINUED

The JPMorgan Mid Cap Growth Fund R6 invests primarily in common stocks of mid-cap companies which the fund's advisor believes are capable of achieving sustained growth.

The Vanguard 500 Index Fund tracks the performance of the S&P 500 Index, which measures the investment returns of large-capitalization U.S. stocks. The fund achieves this by investing in the stocks that make up the S&P 500 Index, aiming to match the index's weightings and provide investors with long-term growth by exposing them to the largest U.S. companies.

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

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

The Transamerica Stable Value Option seeks to provide maximum return consistent with a guarantee of principal.

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

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONTINUED

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

D. Payment of Benefits
Benefits are recorded when paid.

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

The Plan is established under the provisions of a prototype plan developed by Transamerica Retirement Solutions Corporation and has obtained a favorable tax determination letter from the Internal Revenue Service dated June 30, 2020. The Plan sponsor believes that the Plan continues to qualify and to operate as designed.

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

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

Party	Type of Fee	2025	2024
Transamerica Corporation	Service	$ 151,037	$ 147,759
Swartz, Retson & Co., P.C.	Audit	$ 00	$ 12,062
Gallagher Fiduciary Advisors, LLC	Service	$ 36,000	$ 36,000

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

NOTE 3 - INVESTMENTS AT FAIR VALUE

During the years ended December 31, 2025 and 2024, the Plan's investments appreciated in value by $3,708,656 and $2,110,089, respectively.

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan has implemented accounting standards related to fair value measurements which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

Basis of Fair Value Measurement

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

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

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2025 and 2024. As required, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Description	December 31, 2025	Level 1	Level 2	Level 3
Mutual Funds	$3,489,927	$3,489,927	$ 00	$ 00

Description	December 31, 2024	Level 1	Level 2	Level 3
Mutual Funds	$26,101,930	$26,101,930	$ 00	$ 00

The following is a description of the valuation techniques and inputs used as of December 31, 2025 and 2024 for the Plan's assets measured at fair value.

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

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS CONTINUED

Swartz, Retson & Co., P.C., by virtue of its role as auditor of the Plan's financial statements, qualifies as a party-in-interest. Fees paid to Swartz, Retson & Co., P.C. were $0 and $12,062 for the years ended December 31, 2025 and 2024, respectively.

Transamerica Corporation provides third-party administration and investment custodial services to the Plan. Transamerica received direct compensation through asset and transaction fees of $151,037 and $147,759 for the years ended December 31, 2025 and 2024, respectively.

Gallagher Fiduciary Advisors, LLC provides consulting services to the Plan. Fees paid to Gallagher Fiduciary Advisors, LLC were $36,000 and $36,000 for the years ended December 31, 2025 and 2024, respectively.

NOTE 6 - UNCERTAIN TAX POSITIONS

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

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

The following is a reconciliation of net assets reported in the financial statements at December 31, 2025 to the Schedule H of Form 5500:

	Amount
Net Assets Available for Benefits from the Financial Statements	$3,618,790
Less: Employer Contributions Receivable reported in the Financial Statements not included in Schedule H of Form 5500	67,873
Add: Trivial Variance in Cash Account Balance	1,419
Total Net Assets Available for Benefits from Schedule H of Form 5500	$3,552,336

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

The following is a reconciliation of changes in net assets available for benefits reported in the financial statements at December 31, 2025 to the Schedule H of Form 5500:

	Amount
Employer Contributions from the Financial Statements	$132,325
Less: Contributions Receivable from the Financial Statements for December 31, 2025	67,873
Less: Contributions Made to Expense Cash Account Not Categorized as Employer Contributions in Form 5500	53,709
Add: Contributions Receivable from the Financial Statements for the year ended December 31, 2025	445,311
Total Employer Contributions from Schedule H of Form 5500	$456,054

The following is a reconciliation of net assets reported in the financial statements at December 31, 2024 to the Schedule H of Form 5500:

	Amount
Net Assets Available for Benefits from the Financial Statements	$26,590,647
Less: Employer Contributions Receivable reported in the Financial Statements not included in Schedule H of Form 5500	445,311
Total Net Assets Available for Benefits from Schedule H of Form 5500	$26,145,336

The following is a reconciliation of changes in net assets available for benefits reported in the financial statements at December 31, 2024 to the Schedule H of Form 5500:

	Amount
Employer Contributions from the Financial Statements	$510,889
Less: Contributions Receivable from the Financial Statements for December 31, 2024	445,311
Less: Contributions Made to Expense Cash Account Not Categorized as Employer Contributions in Form 5500	54,970
Add: Contributions Receivable from the Financial Statements for the year ended December 31, 2023	439,184
Total Employer Contributions from Schedule H of Form 5500	$449,792

NOTE 8 - INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEES

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Life Insurance Company and Transamerica Trust Company for the year ended December 31, 2025 and by Reliance Trust Company for the year ended December 31, 2024, qualified institutions.

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

	2025	2024
Assets:		
Mutual Funds at Fair Value	$ 3,489,927	$ 26,101,930
Cash	60,990	$ 43,406
Activity:		
Net Appreciation in Fair Value of Investments	$ 3,622,977	$ 2,110,944
Interest	$ 00	$ 30,762
Dividends	$ 00	$ 613,371

NOTE 9 - CASH – SUSPENSE ACCOUNTS

The cash account contains funds that are deposited in Transamerica Corporation's general account and are used to pay Plan expenses. The balance of the cash expense budget account was $60,990 and $43,406 for the years ended December 31, 2025 and 2024, respectively.

NOTE 10 - PLAN MERGER AND TERMINATION

On September 16, 2025, the Board of Directors of the Plan Sponsor passed a resolution to merge the Strack & Van Til Retirement Plan into The Hy-Vee and Affiliates 401(k) Plan effective December 16, 2025. On December 16, 2025 the non-union participants and the assets in their accounts in the Strack & Van Til Retirement Plan will be transferred to The Hy-Vee and Affiliates 401(k) Plan. Balances transferred to the Hy-Vee and Affiliates 401(k) Plan were $22,753,438.

NOTE 11 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2026, the date the financial statements were available for issuance.

SUPPLEMENTAL INFORMATION

STRACK & VAN TIL RETIREMENT PLAN

Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)
FEIN: 82-1621364
PLAN NUMBER 001
DECEMBER 31, 2025

(a)	(b) Identity of Issue Borrower Lessor, or Similar Party	(c) Description of Investment	Maturity Date	Interest Rate	Par or Maturity Value	(e) Current Value
	Cash					
	Cash	Expense Budget	n/a	n/a	n/a	$ 60,990
	Mutual Funds					
	Vanguard Group, Inc.	Vanguard Target Retirement Income	n/a	n/a	n/a	13,956
	Vanguard Group, Inc.	Vanguard Target Retirement 2020	n/a	n/a	n/a	223,311
	Vanguard Group, Inc.	Vanguard Target Retirement 2025	n/a	n/a	n/a	562,216
	Vanguard Group, Inc.	Vanguard Target Retirement 2030	n/a	n/a	n/a	396,697
	Vanguard Group, Inc.	Vanguard Target Retirement 2035	n/a	n/a	n/a	382,665
	Vanguard Group, Inc.	Vanguard Target Retirement 2040	n/a	n/a	n/a	351,512
	Vanguard Group, Inc.	Vanguard Target Retirement 2045	n/a	n/a	n/a	183,839
	Vanguard Group, Inc.	Vanguard Target Retirement 2050	n/a	n/a	n/a	141,250
	Vanguard Group, Inc.	Vanguard Target Retirement 2055	n/a	n/a	n/a	110,690
	Vanguard Group, Inc.	Vanguard Target Retirement 2060	n/a	n/a	n/a	14,565
	Vanguard Group, Inc.	Vanguard Target Retirement 2070	n/a	n/a	n/a	331
	American Funds	American Funds EuroPacific Growth R6 Fund	n/a	n/a	n/a	31,422
	Fidelity	Fidelity 500 Index	n/a	n/a	n/a	375,849
	Fidelity	Fidelity Mid Cap Index	n/a	n/a	n/a	23,117
	Fidelity	Fidelity Small Cap Index	n/a	n/a	n/a	11,595
	MFS	MFS Value R6 Fund	n/a	n/a	n/a	112,448
	R. Rowe Price Group, Inc.	T. Rowe Price Blue Chip Growth Fund	n/a	n/a	n/a	206,976
	Allspring Global Investments	Allspring Government Securities Adm Fund	n/a	n/a	n/a	15,652
	Allspring Global Investments	Allspring Special Small Cap Value Inst	n/a	n/a	n/a	25,938
	Allspring Global Investments	Allspring Special Mid Cap Value R6	n/a	n/a	n/a	17,858
	JPMorgan	JPMorgan Mid Cap Growth R6	n/a	n/a	n/a	10,720
	*Transamerica Capital, Inc.	Transamerica Stable Value Strategy Option	n/a	n/a	n/a	47,084
	Vanguard Group, Inc.	Vanguard Explorer Admiral Fund	n/a	n/a	n/a	17,518
	Vanguard Group, Inc.	Vanguard Small Cap Growth Index Fund	n/a	n/a	n/a	144,461
	Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	n/a	n/a	n/a	28,316
	Vanguard Group, Inc.	Vanguard Emerging Market Stock Index Fund	n/a	n/a	n/a	31,349
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	n/a	n/a	n/a	8,593
	Total Mutual Funds					3,489,928
	TOTAL					$3,550,918

**Indicates Party-in-Interest to the Plan*

STRACK & VAN TIL RETIREMENT PLAN

Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)
FEIN: 82-1621364
PLAN NUMBER 001
DECEMBER 31, 2025

(a)	(b) Identity of Issue Borrower Lessor, or Similar Party	(c) Description of Investment	Maturity Date	Interest Rate	Par or Maturity Value	(e) Current Value
	Cash					
	Cash	Expense Budget	n/a	n/a	n/a	$ 60,990
	Mutual Funds					
	Vanguard Group, Inc.	Vanguard Target Retirement Income	n/a	n/a	n/a	13,956
	Vanguard Group, Inc.	Vanguard Target Retirement 2020	n/a	n/a	n/a	223,311
	Vanguard Group, Inc.	Vanguard Target Retirement 2025	n/a	n/a	n/a	562,216
	Vanguard Group, Inc.	Vanguard Target Retirement 2030	n/a	n/a	n/a	396,697
	Vanguard Group, Inc.	Vanguard Target Retirement 2035	n/a	n/a	n/a	382,665
	Vanguard Group, Inc.	Vanguard Target Retirement 2040	n/a	n/a	n/a	351,512
	Vanguard Group, Inc.	Vanguard Target Retirement 2045	n/a	n/a	n/a	183,839
	Vanguard Group, Inc.	Vanguard Target Retirement 2050	n/a	n/a	n/a	141,250
	Vanguard Group, Inc.	Vanguard Target Retirement 2055	n/a	n/a	n/a	110,690
	Vanguard Group, Inc.	Vanguard Target Retirement 2060	n/a	n/a	n/a	14,565
	Vanguard Group, Inc.	Vanguard Target Retirement 2070	n/a	n/a	n/a	331
	American Funds	American Funds EuroPacific Growth R6 Fund	n/a	n/a	n/a	31,422
	Fidelity	Fidelity 500 Index	n/a	n/a	n/a	375,849
	Fidelity	Fidelity Mid Cap Index	n/a	n/a	n/a	23,117
	Fidelity	Fidelity Small Cap Index	n/a	n/a	n/a	11,595
	MFS	MFS Value R6 Fund	n/a	n/a	n/a	112,448
	R. Rowe Price Group, Inc.	T. Rowe Price Blue Chip Growth Fund	n/a	n/a	n/a	206,976
	Allspring Global Investments	Allspring Government Securities Adm Fund	n/a	n/a	n/a	15,652
	Allspring Global Investments	Allspring Special Small Cap Value Inst	n/a	n/a	n/a	25,938
	Allspring Global Investments	Allspring Special Mid Cap Value R6	n/a	n/a	n/a	17,858
	JPMorgan	JPMorgan Mid Cap Growth R6	n/a	n/a	n/a	10,720
	*Transamerica Capital, Inc.	Transamerica Stable Value Strategy Option	n/a	n/a	n/a	47,084
	Vanguard Group, Inc.	Vanguard Explorer Admiral Fund	n/a	n/a	n/a	17,518
	Vanguard Group, Inc.	Vanguard Small Cap Growth Index Fund	n/a	n/a	n/a	144,461
	Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	n/a	n/a	n/a	28,316
	Vanguard Group, Inc.	Vanguard Emerging Market Stock Index Fund	n/a	n/a	n/a	31,349
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	n/a	n/a	n/a	8,593
	Total Mutual Funds					3,489,928
	TOTAL					$3,550,918

**Indicates Party-in-Interest to the Plan*