

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan<br><input checked="" type="checkbox"/> a single-employer plan<br><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                               |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN                                                                                                                                                                                                                                                                    | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ▶</td> <td>002</td> </tr> <tr> <td><b>1c</b> Effective date of plan<br/>12/22/1942</td> <td></td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>36-1170680</td> <td></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>708-371-0900</td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>311900</td> <td></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 002 | <b>1c</b> Effective date of plan<br>12/22/1942 |  | <b>2b</b> Employer Identification Number (EIN)<br>36-1170680 |  | <b>2c</b> Plan Sponsor's telephone number<br>708-371-0900 |  | <b>2d</b> Business code (see instructions)<br>311900 |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                     | 002                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>12/22/1942                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>36-1170680                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>708-371-0900                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>311900                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GRIFFITH FOODS GROUP, INC.<br><br>1 GRIFFITH CENTER<br>ALSIP, IL 60803-3495 |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2023 | DOMENIC MASCIS                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>TRUSTEES FOR GRIFFITH SRSP</b><br><br><b>1 GRIFFITH CENTER</b><br><b>ALSIP, IL 60803</b>                                                                                                                                                                                                                                                |  | <b>3b</b> Administrator's EIN<br><b>36-6511184</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number<br><b>708-239-2227</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b> <span style="float: right;">1131</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a(1)</b> <span style="float: right;">807</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b> <span style="float: right;">798</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6b</b> <span style="float: right;">0</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6c</b> <span style="float: right;">419</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b> <span style="float: right;">1217</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b> <span style="float: right;">2</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b> <span style="float: right;">1219</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                  |  | <b>6g</b> <span style="float: right;">1206</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                       |  | <b>6h</b> <span style="float: right;">42</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                            |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2H 2J 2O 2K</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN                          | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GRIFFITH FOODS GROUP, INC.       | D Employer Identification Number (EIN)<br>36-1170680 |

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

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

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

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

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

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

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

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**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50 64            | NONE                                                                                              | 96263                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

USI CONSULTING GROUP

06-1053228

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 70               | NONE                                                                                              | 87206                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RAYMOND JAMES & ASSOCIATES INC.

59-1237041

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 50                  | NONE                                                                                              | 24212                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 788                                                                                                                                                                             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                    |                                                             |     |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022         |                                                             |     |
| <b>A</b> Name of plan<br>GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN                           | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                    |                                                             |     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>GRIFFITH FOODS GROUP, INC. | <b>D</b> Employer Identification Number (EIN)<br>36-1170680 |     |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                |                               |
|------------------------------------------------|-------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | PRINCIPAL STABLE VALUE Z FUND |
|------------------------------------------------|-------------------------------|

|                                                   |                                     |
|---------------------------------------------------|-------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | PRINCIPAL GLOBAL INVESTORS TRUST CO |
|---------------------------------------------------|-------------------------------------|

|                 |                |                      |   |                                                                                                     |         |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---------|
| <b>c</b> EIN-PN | 93-6274328-001 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6625262 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---------|

|                                                |                               |
|------------------------------------------------|-------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | GALLIARD STABLE RETURN N15 FD |
|------------------------------------------------|-------------------------------|

|                                                   |                        |
|---------------------------------------------------|------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. |
|---------------------------------------------------|------------------------|

|                 |                |                      |   |                                                                                                     |        |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|--------|
| <b>c</b> EIN-PN | 80-6052573-001 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 385383 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|--------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

|                 |  |                      |  |                                                                                                     |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|
| <b>c</b> EIN-PN |  | <b>d</b> Entity code |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

|                 |  |                      |  |                                                                                                     |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|
| <b>c</b> EIN-PN |  | <b>d</b> Entity code |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

|                 |  |                      |  |                                                                                                     |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|
| <b>c</b> EIN-PN |  | <b>d</b> Entity code |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

|                 |  |                      |  |                                                                                                     |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|
| <b>c</b> EIN-PN |  | <b>d</b> Entity code |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

|                 |  |                      |  |                                                                                                     |  |
|-----------------|--|----------------------|--|-----------------------------------------------------------------------------------------------------|--|
| <b>c</b> EIN-PN |  | <b>d</b> Entity code |  | <b>e</b> 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)**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)**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)**

(Complete as many entries as needed to report all participating plans)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>GRIFFITH SUPPLEMENTAL RETIREMENT &amp; SAVINGS PLAN</u>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>002</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GRIFFITH FOODS GROUP, INC.</u>                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>36-1170680</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 3344830               | 3419215         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 125574                | 121897          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 7891                  | 249797          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 3964532               | 3584503         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 10330725              | 7010645         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 143594020             | 111650821       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 79222856              | 84399122        |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 240590428             | 210436000       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 240590428 | 210436000 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6152966    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 6512976    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 995332     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 13661274  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1863       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 133486     |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 135349    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 493137     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1783379    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2276516   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 4575200    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 5458350    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -883150   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 10317366   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 10317366  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 154582    |
| (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) |            | -30563119 |
| c Other income .....                                                                            | 2c     |            | 24381     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -4876801  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 24436033   |           |
| (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)  |            | 24436033  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 633913    |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 207681     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 207681    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 25277627  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -30154428 |
| 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: SMITH & CULL, LTD.

(2) EIN: 36-3736640

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>j</b> 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.)                                                                                     | X   |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>GRIFFITH SUPPLEMENTAL RETIREMENT & SAVINGS PLAN                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 002                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GRIFFITH FOODS GROUP, INC.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-1170680                                            |
| 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):<br><br>EIN(s): 42-1466678                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                             |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**GRIFFITH SUPPLEMENTAL  
RETIREMENT AND SAVINGS PLAN  
FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**GRIFFITH SUPPLEMENTAL  
RETIREMENT AND SAVINGS PLAN**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the  
Griffith Supplemental  
Retirement and Savings Plan

### Opinion

We have audited the accompanying financial statements of Griffith Supplemental Retirement and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Griffith Supplemental Retirement and Savings Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits 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 Griffith Supplemental Retirement and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 Griffith Supplemental Retirement and Savings 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.

## INDEPENDENT AUDITOR'S REPORT - CONTINUED

### Auditor's Responsibilities for the Audit of the Financial Statements

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 Griffith Supplemental Retirement and Savings 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 Griffith Supplemental Retirement and Savings Plan's ability to continue as a going concern for a reasonable period of time.

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.

### Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions, together referred to as "supplemental information", are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

## INDEPENDENT AUDITOR'S REPORT - CONTINUED

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads "Smith & Cull, Ltd." in a cursive, flowing script.

Smith & Cull, Ltd.  
Chicago, Illinois  
October 9, 2023

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31,**

|                                                      | <u>Participant-Directed</u> |                       | <u>Non Participant-Directed</u> |                      | <u>Totals</u>         |                       |
|------------------------------------------------------|-----------------------------|-----------------------|---------------------------------|----------------------|-----------------------|-----------------------|
|                                                      | <u>2022</u>                 | <u>2021</u>           | <u>2022</u>                     | <u>2021</u>          | <u>2022</u>           | <u>2021</u>           |
| <b>ASSETS</b>                                        |                             |                       |                                 |                      |                       |                       |
| <b>INVESTMENTS, AT FAIR MARKET VALUE</b>             |                             |                       |                                 |                      |                       |                       |
| Common Stock                                         | \$ -                        | \$ -                  | \$ 84,399,122                   | \$ 79,222,856        | \$ 84,399,122         | \$ 79,222,856         |
| Investment Funds:                                    |                             |                       |                                 |                      |                       |                       |
| American EuroPacific Growth Fund                     | 8,406,043                   | 18,208,216            | -                               | -                    | 8,406,043             | 18,208,216            |
| American SmallCap World Fund                         | 10,436,388                  | 11,903,599            | -                               | -                    | 10,436,388            | 11,903,599            |
| Gaillard Stable Return Fund N                        | -                           | -                     | 385,383                         | 594,855              | 385,383               | 594,855               |
| Janus Henderson Small-Mid Cap Value Fund             | 8,972,335                   | 7,164,761             | -                               | -                    | 8,972,335             | 7,164,761             |
| JPMorgan Government Bond R6                          | 284,308                     | 297,448               | -                               | -                    | 284,308               | 297,448               |
| Morley Principal Stable Value Fund Class Z           | 6,625,262                   | 9,735,870             | -                               | -                    | 6,625,262             | 9,735,870             |
| PGIM Strategic Bond Fund                             | 2,275,596                   | -                     | -                               | -                    | 2,275,596             | -                     |
| Prudential Absolute Return Bond Fund                 | 715,709                     | 659,518               | -                               | -                    | 715,709               | 659,518               |
| T. Rowe Price Blue Chip Growth Fund                  | 9,413,588                   | 13,647,364            | -                               | -                    | 9,413,588             | 13,647,364            |
| Vanguard Index Fund                                  | 24,846,851                  | 36,716,642            | -                               | -                    | 24,846,851            | 36,716,642            |
| Vanguard Institutional Target Retirement Income Fund | -                           | 52,128                | -                               | -                    | -                     | 52,128                |
| Vanguard Institutional Target Retirement 2015 Fund   | -                           | 880,451               | -                               | -                    | -                     | 880,451               |
| Vanguard Institutional Target Retirement 2020 Fund   | -                           | 3,058,477             | -                               | -                    | -                     | 3,058,477             |
| Vanguard Institutional Target Retirement 2025 Fund   | -                           | 2,020,890             | -                               | -                    | -                     | 2,020,890             |
| Vanguard Institutional Target Retirement 2030 Fund   | -                           | 1,619,293             | -                               | -                    | -                     | 1,619,293             |
| Vanguard Institutional Target Retirement 2035 Fund   | -                           | 2,141,505             | -                               | -                    | -                     | 2,141,505             |
| Vanguard Institutional Target Retirement 2040 Fund   | -                           | 2,411,167             | -                               | -                    | -                     | 2,411,167             |
| Vanguard Institutional Target Retirement 2045 Fund   | -                           | 1,641,053             | -                               | -                    | -                     | 1,641,053             |
| Vanguard Institutional Target Retirement 2050 Fund   | -                           | 1,663,801             | -                               | -                    | -                     | 1,663,801             |
| Vanguard Institutional Target Retirement 2055 Fund   | -                           | 1,524,691             | -                               | -                    | -                     | 1,524,691             |
| Vanguard Institutional Target Retirement 2060 Fund   | -                           | 527,216               | -                               | -                    | -                     | 527,216               |
| Vanguard Institutional Target Retirement 2065 Fund   | -                           | 392,359               | -                               | -                    | -                     | 392,359               |
| Vanguard Target Retirement Income Fund               | 46,188                      | -                     | -                               | -                    | 46,188                | -                     |
| Vanguard Target Retirement 2020 Fund                 | 2,040,990                   | -                     | -                               | -                    | 2,040,990             | -                     |
| Vanguard Target Retirement 2025 Fund                 | 1,425,445                   | -                     | -                               | -                    | 1,425,445             | -                     |
| Vanguard Target Retirement 2030 Fund                 | 2,378,816                   | -                     | -                               | -                    | 2,378,816             | -                     |
| Vanguard Target Retirement 2035 Fund                 | 2,252,627                   | -                     | -                               | -                    | 2,252,627             | -                     |
| Vanguard Target Retirement 2040 Fund                 | 2,270,936                   | -                     | -                               | -                    | 2,270,936             | -                     |
| Vanguard Target Retirement 2045 Fund                 | 1,947,757                   | -                     | -                               | -                    | 1,947,757             | -                     |
| Vanguard Target Retirement 2050 Fund                 | 1,982,823                   | -                     | -                               | -                    | 1,982,823             | -                     |
| Vanguard Target Retirement 2055 Fund                 | 1,307,973                   | -                     | -                               | -                    | 1,307,973             | -                     |
| Vanguard Target Retirement 2060 Fund                 | 1,346,588                   | -                     | -                               | -                    | 1,346,588             | -                     |
| Vanguard Target Retirement 2065 Fund                 | 182,223                     | -                     | -                               | -                    | 182,223               | -                     |
| Vanguard Target Retirement 2070 Fund                 | 16,738                      | -                     | -                               | -                    | 16,738                | -                     |
| Vanguard Wellington Admiral Shares Fund              | 5,221,860                   | 6,817,882             | 8,789,262                       | 11,531,853           | 14,011,122            | 18,349,735            |
| Vanguard Windsor Fund II                             | 10,283,455                  | 12,118,771            | -                               | -                    | 10,283,455            | 12,118,771            |
| Western Asset Core Plus Bond Fund I                  | 4,806,322                   | 6,594,935             | -                               | -                    | 4,806,322             | 6,594,935             |
| <b>TOTAL INVESTMENTS AT FAIR VALUE</b>               | <b>109,486,821</b>          | <b>141,798,037</b>    | <b>93,573,767</b>               | <b>91,349,564</b>    | <b>203,060,588</b>    | <b>233,147,601</b>    |
| <b>RECEIVABLES</b>                                   |                             |                       |                                 |                      |                       |                       |
| Employer's contribution                              | 219,215                     | 194,830               | 3,200,000                       | 3,150,000            | 3,419,215             | 3,344,830             |
| Dividends                                            | -                           | -                     | 121,897                         | 125,574              | 121,897               | 125,574               |
| Notes receivable from Participants                   | 3,584,503                   | 3,964,532             | -                               | -                    | 3,584,503             | 3,964,532             |
| <b>TOTAL RECEIVABLES</b>                             | <b>3,803,718</b>            | <b>4,159,362</b>      | <b>3,321,897</b>                | <b>3,275,574</b>     | <b>7,125,615</b>      | <b>7,434,936</b>      |
| <b>CASH AND MONEY MARKET FUND</b>                    |                             |                       |                                 |                      |                       |                       |
|                                                      | -                           | -                     | 249,797                         | 7,891                | 249,797               | 7,891                 |
| <b>TOTAL ASSETS</b>                                  | <b>113,290,539</b>          | <b>145,957,399</b>    | <b>97,145,461</b>               | <b>94,633,029</b>    | <b>210,436,000</b>    | <b>240,590,428</b>    |
| <b>TOTAL LIABILITIES</b>                             | <b>-</b>                    | <b>-</b>              | <b>-</b>                        | <b>-</b>             | <b>-</b>              | <b>-</b>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>             | <b>\$ 113,290,539</b>       | <b>\$ 145,957,399</b> | <b>\$ 97,145,461</b>            | <b>\$ 94,633,029</b> | <b>\$ 210,436,000</b> | <b>\$ 240,590,428</b> |

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

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31,**

|                                                              | <b>Participant-Directed</b> |                       | <b>Non Participant-Directed</b> |                      | <b>Totals</b>         |                       |
|--------------------------------------------------------------|-----------------------------|-----------------------|---------------------------------|----------------------|-----------------------|-----------------------|
|                                                              | <b>2022</b>                 | <b>2021</b>           | <b>2022</b>                     | <b>2021</b>          | <b>2022</b>           | <b>2021</b>           |
| <b>ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTED TO:</b> |                             |                       |                                 |                      |                       |                       |
| <b>INVESTMENT INCOME</b>                                     |                             |                       |                                 |                      |                       |                       |
| Interest                                                     | \$ -                        | \$ -                  | \$ 1,863                        | \$ 70                | \$ 1,863              | \$ 70                 |
| Dividends                                                    | 1,563,254                   | 1,556,477             | 713,263                         | 790,640              | 2,276,517             | 2,347,117             |
| Other income                                                 | 24,381                      | 23,202                | -                               | -                    | 24,381                | 23,202                |
| Net appreciation (depreciation) in fair value of investments | (28,572,886)                | 17,156,966            | 7,598,565                       | 22,020,663           | (20,974,321)          | 39,177,629            |
|                                                              | <u>(26,985,251)</u>         | <u>18,736,645</u>     | <u>8,313,691</u>                | <u>22,811,373</u>    | <u>(18,671,560)</u>   | <u>41,548,018</u>     |
| Interest income on notes receivable from participants        | <u>133,486</u>              | <u>156,042</u>        | <u>-</u>                        | <u>-</u>             | <u>133,486</u>        | <u>156,042</u>        |
| <b>CONTRIBUTIONS</b>                                         |                             |                       |                                 |                      |                       |                       |
| Participants                                                 | 7,508,307                   | 7,128,299             | -                               | -                    | 7,508,307             | 7,128,299             |
| Employer                                                     | -                           | -                     | 3,200,000                       | 3,150,000            | 3,200,000             | 3,150,000             |
| Employer match                                               | <u>2,952,966</u>            | <u>2,908,399</u>      | <u>-</u>                        | <u>-</u>             | <u>2,952,966</u>      | <u>2,908,399</u>      |
|                                                              | <u>10,461,273</u>           | <u>10,036,698</u>     | <u>3,200,000</u>                | <u>3,150,000</u>     | <u>13,661,273</u>     | <u>13,186,698</u>     |
| <b>TRANSFERS BETWEEN FUNDS</b>                               | <u>168,368</u>              | <u>35,055</u>         | <u>(168,368)</u>                | <u>(35,055)</u>      | <u>-</u>              | <u>-</u>              |
| <b>TOTAL ADDITIONS (SUBTRACTIONS)</b>                        | <u>(16,222,124)</u>         | <u>28,964,440</u>     | <u>11,345,323</u>               | <u>25,926,318</u>    | <u>(4,876,801)</u>    | <u>54,890,758</u>     |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>             |                             |                       |                                 |                      |                       |                       |
| Benefits paid to Participants                                | 16,237,055                  | 19,061,377            | 8,832,891                       | 21,821,987           | 25,069,946            | 40,883,364            |
| Administration expenses                                      | <u>207,681</u>              | <u>186,978</u>        | <u>-</u>                        | <u>-</u>             | <u>207,681</u>        | <u>186,978</u>        |
| <b>TOTAL DEDUCTIONS</b>                                      | <u>16,444,736</u>           | <u>19,248,355</u>     | <u>8,832,891</u>                | <u>21,821,987</u>    | <u>25,277,627</u>     | <u>41,070,342</u>     |
| <b>INCREASE (DECREASE) IN NET ASSETS</b>                     | <u>(32,666,860)</u>         | <u>9,716,085</u>      | <u>2,512,432</u>                | <u>4,104,331</u>     | <u>(30,154,428)</u>   | <u>13,820,416</u>     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                     |                             |                       |                                 |                      |                       |                       |
| <b>BEGINNING OF YEAR</b>                                     | <u>145,957,399</u>          | <u>136,241,314</u>    | <u>94,633,029</u>               | <u>90,528,698</u>    | <u>240,590,428</u>    | <u>226,770,012</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                     |                             |                       |                                 |                      |                       |                       |
| <b>END OF YEAR</b>                                           | <u>\$ 113,290,539</u>       | <u>\$ 145,957,399</u> | <u>\$ 97,145,461</u>            | <u>\$ 94,633,029</u> | <u>\$ 210,436,000</u> | <u>\$ 240,590,428</u> |

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

**GRIFFITH SUPPLEMENTAL  
RETIREMENT AND SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

**DESCRIPTION OF THE PLAN**

The following description of the Griffith Supplemental Retirement & Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit-sharing, 401(k) and employee stock ownership plan covering employees of Griffith Foods Group Inc. who are citizens of or persons lawfully admitted for permanent residence in the United States, or otherwise lawfully working in the United States and have been issued a Social Security Number so their compensation is subject to tax and withholding in the same manner as a citizen or permanent resident and who have completed six months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Effective January 1, 2016, the Plan was amended and restated in its entirety. The restatement was required to incorporate all amendments made since the Plan's prior revision and changes mandated to comply with laws and regulations enacted since the 2010 Revision including final Treasury regulations pursuant to Sections 401(a), 401(k), 401(m) and, with respect to the Employee Stock Ownership Plan (ESOP), 4975(e)(7) of the Internal Revenue Code of 1986 and the Employee Retirement Income Security Act of 1974.

Contributions

For each Plan year in which there is an ESOP loan outstanding, the employer contributes an amount sufficient to enable the Plan to make any required interest and principal payments on such ESOP loan. The Plan provides for annual contributions as determined by the Company's Board of Directors (See Employer Contributions Note). At December 31, 2022 and 2021, the Plan does not have an ESOP loan outstanding.

Employee contributions are permitted for participants in the Pay Deferral Plan as explained below. In addition, employees may contribute amounts representing distributions from other qualified plans. Employee contributions are not permitted in the employee stock ownership portion of the Plan.

A participant may elect to enter into a voluntary pay deferral agreement with the employer. Under this agreement, amounts withheld from an employee's compensation, not to exceed 75% (or such lower percentage as may be required by the Internal Revenue Code) and not to exceed \$20,500 for any year (or such larger amount as is permitted for that year by the Code), shall be credited to the participants' Pay Deferral Account. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. A participant can select, through a voice response system or website, how the Pay Deferral Account is invested and the participant's account is credited with the earnings or losses on that investment. The Plan offers twenty-four investment options for participants at December 31, 2022.

**GRIFFITH SUPPLEMENTAL  
RETIREMENT AND SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
DECEMBER 31, 2022 AND 2021**

**DESCRIPTION OF THE PLAN - CONTINUED**

Contributions - Continued

The Plan provides employer matching contributions. Under the terms of this provision, the Company matches 100% of each participant's pay deferral contributions that do not exceed 3% of the participant's qualified compensation for the Plan year, plus 50% of the participant's pay deferral contributions in excess of 3% of the participant's qualified compensation, not to exceed 5% of qualified compensation.

As of December 31, 2022 and 2021, participant contributions included rollover contributions of \$995,332 and \$712,287, respectively.

Notes Receivable from Participants

The Committee may in its discretion direct the Trustees to grant loans to participants under the terms set forth in the Plan Agreement. As of December 31, 2022 and 2021, participant loans were \$3,584,503 and \$3,964,532, respectively.

Participant Accounts

Each participant's account is credited with participant contributions and allocations of the Company's regular contributions, matching contributions, Plan earnings and, when there is an ESOP loan outstanding, an allocation of an appropriate percentage of stock based on the principal and interest payment of the loan in accordance with applicable regulations under the Code. The participant's account is charged an allocation of administrative expenses. Allocations are based on participant wages, earnings, contributions or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their pay deferral and employer matching contributions plus actual earnings thereon. Vesting in the remainder of their regular and stock account begins after two years of service, at which time 20% of the participant's regular and stock account balance is vested. The participant's vested interest increases 20% per year until fully vested. A participant is 100% vested after six years of service.

Forfeitures

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$0 and \$11, respectively. Forfeitures are used by the Company to fund matching contributions or pay administrative fees.

Administration of Plan Assets

With the exception of Griffith Foods Group Inc. stock, which is held electronically by Equiniti Trust Company, the Plan's assets are held by the Custodian of the Plan.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**DESCRIPTION OF THE PLAN - CONTINUED**

Administration of Plan Assets - Continued

Company contributions are held and managed by the Custodian. The Custodian invests cash received, interest, and dividend income and makes distributions to participants.

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Participant accounts are charged with an allocation of certain administrative expenses for the Custodian's fees.

ESOP

During any Plan year in which there is an ESOP, all voting Griffith Foods Group Inc. stock in a Participant's stock account shall generally be voted by the Trustees. Exceptions to these voting rights are detailed in the Plan document.

Dividends declared and paid on unallocated Griffith Foods Group Inc. stock, if applicable, shall be used to make payments for any ESOP loans outstanding.

Each Participant who has attained the age of 55 and has completed at least 10 years of participation in the Plan may elect to diversify the portion of his or her stock account that represents Griffith Foods Group Inc. stock acquired after December 31, 1986 provided that the Participant's account exceeds \$500.

Participants receiving distributions of Griffith Foods Group Inc. stock must provide a "right of first refusal" to the Trust and the Company at the then fair market value prior to any sale or transfer of their stock.

**SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED**

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. Delinquent participant loans are recorded as distributions in accordance with the terms of the Plan agreement.

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 certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

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. Marketable investments are included in the statements at quoted market values. Common stock's fair value is determined by an outside investment analyst.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Concentration of Risk

A significant percentage of the Plan's assets are invested in Griffith Foods Group Inc., a privately traded Company.

Unallocated Assets

Participant balances are valued on a daily basis. Because of this, certain items of accrued contributions, unrealized gains and losses, other income and expense totaling \$12,987,394 and \$19,495,100 were not allocated to participant accounts as of December 31, 2022 and 2021, respectively. These unallocated amounts were allocated to the appropriate participant accounts in each of the respective Plan years ending December 31, 2022 and 2021.

Payment of Benefits

Benefit payments are recorded when paid.

Operating Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Various other costs for administrative and investment fees are allocated and charged to participant's accounts.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**BENEFITS ALLOCABLE TO TERMINATED PARTICIPANTS**

Benefits allocable to terminated participants as of December 31, 2022 and 2021, are \$40,794,109 and \$22,813,983, respectively. These amounts are included in net assets available for benefits as of December 31, 2022 and 2021.

**EMPLOYER PROFIT SHARING CONTRIBUTIONS**

In June 2023, the Company made a 2022 employer profit sharing contribution of \$3,200,000. This contribution was allocated to participant accounts eligible to receive a profit sharing contribution as of December 31, 2022.

In June 2022, the Company made a 2021 employer profit sharing contribution of \$3,150,000. This contribution was allocated to participant accounts eligible to receive a profit sharing contribution as of December 31, 2021.

**TAX STATUS**

Effective January 1, 2016, the Plan was amended and restated. The Plan obtained its latest determination letter on February 6, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

**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, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with certain investment securities and to uncertainties inherent in estimates and assumptions, 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 statement of net assets available for benefits.

Griffith Foods Group entities are occasionally named as defendants in lawsuits. The company has a legal team to handle such occurrences. These lawsuits can have financial implications as well as an impact on the valuation of Griffith Foods Group Inc. stock.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE  
PRACTICAL EXPEDIENT**

Galliard Stable Return Fund N15 (formerly Wells Fargo Stable Value Fund N) (the "Fund") was established under the Allspring Collective Investment Trust (the "Trust") which is governed by the Allspring Collective Trust Declaration of Trust, as amended and restated, dated December 19, 2022. The Fund is a collective investment fund managed by Galliard Capital Management, LLC and trustee by SEI Trust Company for retirement plans qualified under Section 401(a) and tax-exempt under Section 501(a) as the Internal Revenue Code of 1986.

At December 31, 2022, the Fund has invested all of its assets in Galliard Stable Return Fund Core (formerly, Wells Fargo Stable Return Fund G), a collective trust fund sponsored by SEI Trust Company, which invests in investment contracts and security-backed contracts. It carries its investments at contract value. Galliard Stable Return Core Fund applies the provisions of FASB ASC Sections 946-210-45 and 946-210-50 for stable return investment funds. These sections affirm contract value accounting for fully benefit-responsive investment contracts.

Investment transactions are accounted for on the trade date. Realized gains and losses are determined on the basis of average cost. Galliard Stable Return Fund Core does not distribute investment income to unit holders. Therefore, the appreciation or depreciation of units held and gain or loss on sale of units represent the sources of income to holders of the Galliard Stable Return Fund Core, such as the Fund.

In accordance with the terms of the Trust, the net asset value of the Fund is calculated daily, and the net investment income and realized and unrealized gains on investments are not distributed but rather reinvested and reflected in the net asset of the Fund. Units of the Fund are issued and redeemed at the current net asset value. Redemptions by participating plans occur at the net asset value following the 12-month notice period. The investment in Galliard Stable Return Fund Core is valued as a practical expedient utilizing the net asset valuation, exclusive of the adjustment to contract value. The use of net asset value as fair value is deemed appropriate as the collective trust fund does not have a finite life, unfunded commitments relating to these types of investments, or significant restrictions on redemptions.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. The Plan's agreement with Galliard also specifies certain events that may permit Galliard to terminate the contract. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with the Plan participants, is probable at December 31, 2022.

The fair value of the Stable Return Fund N15 is measured using the net asset value per share practical expedient as of December 31, 2022 and 2021 which is \$385,383 and \$594,855, respectively. There were no participant redemption restrictions; the twelve month redemption notice period is applicable only to the Plan.

The average yield earned by the Stable Return Fund N15 for 2022 and 2021 was 2.52% and 1.90%, respectively. The average yield credited to Plan participants for 2022 and 2021 was 4.95% and 1.30%, respectively.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE - CONTINUED**  
**PRACTICAL EXPEDIENT**

In 2021, the Plan entered into an agreement with Principal Global Investors Company to offer the Principal Stable Value Z Class Fund ("the Fund") as an investment option. The Fund is a common collective trust fund. Principal Global Investors Trust Company, serves as trustee providing fiduciary services, primarily administration of collective trust funds.

At December 31, 2022, the Fund has invested all of its assets in Morley Stable Value Fund, a specialized investment of Principal Global Investors, LLC., which invests in conventional, synthetic and separate account investments contracts issued by life insurance companies, banks and other financial institutions. It carries its investments at contract value. The Fund is an investment company based on the characteristics defined in FASB ASC 946, *Financial Services - Investment Companies*.

Investment transactions are accounted for on the trade date. Realized gains and losses are determined on the basis of average cost. No distributions are made to unitholders as net investment income and net realized capital gains are reinvested into the Fund in accordance with the Fund's investment objectives. The Trustee determines the NAV of the Fund each business day by dividing total assets less liabilities by the number of outstanding units.

The investment in the Morley Stable Value Fund is valued at its net asset value at contract value. The Fund's interest in the Morley Stable Value Fund may be redeemed as of any valuation date. The Trustee may elect withdrawals in cash, ratably in-kind, a combination of cash and ratably in-kind, or in any other manner the Trustee determines to be appropriate. The investment in Morley Stable Value Fund is valued using net asset value as a practical expedient and is excluded from the fair value hierarchy.

Unitholder transactions are processed daily, or as applicable, by the Fund at the current NAV and are considered made immediately after the daily valuation. Withdrawals from the Fund for benefit payments and participant transfers to noncompeting options paid to plan participants shall be made within thirty-days after written notification has been received and are considered to be made immediately after the next valuation date subsequent to the Trustee's approval.

The fair value of the Principal Stable Value Fund Z Class is measured using the net asset value per share practical expedient was \$6,625,262 and \$9,735,870 at December 31, 2022 and 2021 respectively. Withdrawals, other than for benefit payments and participant transfers to noncompeting options, require a twelve-month advance written notice.

The total return earned by the Fund for 2022 and 2021 was 1.82% and 1.61%. The net asset value per unit is \$24.1211 and \$23.6898 as of December 31, 2022 and December 31, 2021, respectively.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statement of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurements accounting literature 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. This hierarchy under Topic 820 consists of three broad levels:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included with Level 1 that are observable for the asset or liability, either directly or indirectly, such as: (a) Quoted prices for similar assets or liabilities in active markets, (b) Quoted prices for identical or similar assets or liabilities in inactive markets, (c) Inputs other than quoted prices that are observable for the asset or liability, or (d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs that are unobservable inputs for the asset and liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual funds: The fair value of mutual funds is the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Plan sponsor common stock: Griffith Foods Group Inc. stock is not actively traded and significant other observable inputs are not available. The fair value of common stock is determined by an annual independent appraisal. This appraisal was based on a combination of the market and income valuation methods consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, weighted average cost of capital, applicable discounts, and the estimated fair value of the Company's assets and liabilities.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT AND SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2022 AND 2021**

**FAIR VALUE MEASUREMENTS - CONTINUED**

Stable value collective trust funds: The fair values of the Galliard Stable Return Fund N15 and the Morley Principal Stable Value Class Z Fund are determined by the underlying assets held by the Galliard Stable Return Fund N15 and Morley Stable Value Fund, respectively. Both funds are primarily composed of a fully benefit-responsive investment contract that are valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuers reserve the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| Assets at Fair Value as of December 31, 2022         |                       |             |                      |                       |
|------------------------------------------------------|-----------------------|-------------|----------------------|-----------------------|
|                                                      | Level 1               | Level 2     | Level 3              | Total                 |
| Mutual funds                                         | \$ 111,650,821        | \$ -        | \$ -                 | \$ 111,650,821        |
| Common stock                                         | -                     | -           | 84,399,122           | 84,399,122            |
| Total assets in the fair value hierarchy             | 111,650,821           | -           | 84,399,122           | 196,049,943           |
| <sup>a</sup> Investments measured at net asset value | -                     | -           | -                    | 7,010,645             |
| Investments at fair value                            | <u>\$ 111,650,821</u> | <u>\$ -</u> | <u>\$ 84,399,122</u> | <u>\$ 203,060,588</u> |
| Assets at Fair Value as of December 31, 2021         |                       |             |                      |                       |
|                                                      | Level 1               | Level 2     | Level 3              | Total                 |
| Mutual funds                                         | \$ 143,594,020        | \$ -        | \$ -                 | \$ 143,594,020        |
| Common stock                                         | -                     | -           | 79,222,856           | 79,222,856            |
| Total assets in the fair value hierarchy             | 143,594,020           | -           | 79,222,856           | 222,816,876           |
| <sup>a</sup> Investments measured at net asset value | -                     | -           | -                    | 10,330,725            |
| Investments at fair value                            | <u>\$ 143,594,020</u> | <u>\$ -</u> | <u>\$ 79,222,856</u> | <u>\$ 233,147,601</u> |

<sup>a</sup> In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Transfers Between Levels

For years ended December 31, 2022 and 2021, there were no transfers between Levels 1 and 2 and no transfer in or out of Level 3.

**GRIFFITH SUPPLEMENTAL  
RETIREMENT AND SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
DECEMBER 31, 2022 AND 2021**

**FAIR VALUE MEASUREMENTS - CONTINUED**

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the common stock for the years ended December 31,

|                                                                                                         | <u>2022</u>          | <u>2021</u>          |
|---------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| Beginning Balance Common Stock                                                                          | \$ 79,222,856        | \$ 75,869,980        |
| Total Gains and Losses<br>(Realized and Unrealized)<br>Included in Net Assets<br>Available for Benefits | 9,434,216            | 20,315,337           |
| Purchases                                                                                               | 317,250              | 1,539                |
| Sales and/or Distributions of Stock                                                                     | (4,575,200)          | (16,964,000)         |
| Ending Balance Common Stock                                                                             | <u>\$ 84,399,122</u> | <u>\$ 79,222,856</u> |

Gains and losses (realized and unrealized) included in the statements of changes in net assets available for benefits for the year ended December 31, 2022 and 2021 are reported in net appreciation (depreciation) in fair value of investments.

**RELATED PARTY TRANSACTION**

The Plan's investments include the Principal Stable Value Fund. Principal Financial Group serves as trustee and custodian for the Principal Stable Value Z Fund.

These transactions qualify as party-in-interest transactions.

Griffith Foods Group Inc., the Plan Sponsor, purchased 5,600 and 19,400 shares of Griffith Foods Group Inc. common stock from the Plan during 2022 and 2021 respectively.

**PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

**FEES PAID BY PLAN**

Fees paid by participants for administrator fees and loan and distribution fees at December 31, 2022 and 2021 were \$207,681 and \$186,978, respectively.

**GRIFFITH SUPPLEMENTAL  
RETIREMENT AND SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
DECEMBER 31, 2022 AND 2021**

**SUBSEQUENT EVENTS**

Subsequent events were evaluated through October 9, 2023, which is the date the financial statements were available to be issued.

During 2023, Griffith Foods Group Inc. purchased 6,550 shares of Griffith Foods Group Inc. common stock from the Plan.

**GRIFFITH SUPPLEMENTAL**

**RETIREMENT AND SAVINGS PLAN**

**PLAN SPONSOR: GRIFFITH FOODS GROUP INC.**

**FEIN 36-1170680**

**PLAN 002**

See Schedule H, line 4i

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2022**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity | (e) Current Value value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------|
| *   | Griffith Foods Group Inc.                                 | Common Stock, 91,838 shares                                                                           | 84,399,122              |
|     | American EuroPacific Growth Fund                          | Mutual Fund, 171,446.9249 shares                                                                      | 8,406,043               |
|     | American SmallCap World Fund                              | Mutual Fund, 179,227.0026 shares                                                                      | 10,436,388              |
|     | Galliard Stable Return Fund N15                           | Common Collective, 29,140.138 shares                                                                  | 385,383                 |
|     | Janus Henderson Small-Mid Cap Value Fund                  | Mutual Fund, 705,372.2799 shares                                                                      | 8,972,335               |
|     | JP Morgan Government Bond R6                              | Mutual Fund, 30,277.7178 shares                                                                       | 284,308                 |
| *   | Morley Principal Stable Value Z Fund                      | Common Collective, 274,666.6582 shares                                                                | 6,625,262               |
| *   | PGIM Strategic Bond R6 Fund                               | Common Collective, 272,200.4952 shares                                                                | 2,275,596               |
|     | Prudential Absolute Return Bond Fund                      | Mutual Fund, 80,962.5758 shares                                                                       | 715,709                 |
|     | T. Rowe Price Blue Chip Growth Fund                       | Mutual Fund, 90,584.9476 shares                                                                       | 9,413,588               |
|     | Vanguard Index Fund                                       | Mutual Fund, 77,252.9018 shares                                                                       | 24,846,851              |
|     | Vanguard Target Retirement Income Fund                    | Mutual Fund, 3,773.4886 shares                                                                        | 46,188                  |
|     | Vanguard Target Retirement Income 2020 Fund               | Mutual Fund, 80,480.6605 shares                                                                       | 2,040,990               |
|     | Vanguard Target Retirement Income 2025 Fund               | Mutual Fund, 85,458.3603 shares                                                                       | 1,425,445               |
|     | Vanguard Target Retirement Income 2030 Fund               | Mutual Fund, 75,830.9308 shares                                                                       | 2,378,816               |
|     | Vanguard Target Retirement Income 2035 Fund               | Mutual Fund, 116,414.8279 shares                                                                      | 2,252,627               |
|     | Vanguard Target Retirement Income 2040 Fund               | Mutual Fund, 66,792.2265 shares                                                                       | 2,270,936               |
|     | Vanguard Target Retirement Income 2045 Fund               | Mutual Fund, 85,353.0833 shares                                                                       | 1,947,757               |
|     | Vanguard Target Retirement Income 2050 Fund               | Mutual Fund, 52,455.6299 shares                                                                       | 1,982,823               |
|     | Vanguard Target Retirement Income 2055 Fund               | Mutual Fund, 31,016.6792 shares                                                                       | 1,307,973               |
|     | Vanguard Target Retirement Income 2060 Fund               | Mutual Fund, 34,679.0512 shares                                                                       | 1,346,588               |
|     | Vanguard Target Retirement Income 2065 Fund               | Mutual Fund, 7,162.8451 shares                                                                        | 182,223                 |
|     | Vanguard Target Retirement Income 2070 Fund               | Mutual Fund, 836.0849 shares                                                                          | 16,738                  |
|     | Vanguard Wellington Admiral Shares Fund                   | Mutual Fund, 211,233.5509 shares                                                                      | 14,011,122              |
|     | Vanguard Windsor Fund II                                  | Mutual Fund, 155,456.6204 shares                                                                      | 10,283,455              |
|     | Western Asset Core Plus Bond Fund I                       | Mutual Fund, 512,973.5667 shares                                                                      | 4,806,322               |
| *   | Participants Loans                                        | Varying maturities and interest rates of 3.25%-7.50%                                                  | 3,584,503               |
| *   | Principal Financial Group                                 | Principal Deposit Sweep Program<br>249,780.08 shares                                                  | 249,797                 |
|     |                                                           |                                                                                                       | <u>\$ 206,894,888</u>   |

\* Represents a party-in-interest to the Plan.

**GRIFFITH SUPPLEMENTAL  
RETIREMENT & SAVINGS PLAN  
PLAN SPONSOR: GRIFFITH FOODS GROUP INC.  
FEIN 36-1170680  
PLAN 002**

SEE SCHEDULE H, LINE 4j

**SCHEDULE OF REPORTABLE TRANSACTIONS**

DECEMBER 31, 2022

| (a)                              | (b)                                                                                  | (c)               | (d)              | (g)              | (h)                                                    | (i)                   |
|----------------------------------|--------------------------------------------------------------------------------------|-------------------|------------------|------------------|--------------------------------------------------------|-----------------------|
| IDENTITY<br>OF PARTY<br>INVOLVED | DESCRIPTION OF ASSET<br>(INCLUDE INTEREST<br>RATE AND MATURITY IN<br>CASE OF A LOAN) | PURCHASE<br>PRICE | SELLING<br>PRICE | COST OF<br>ASSET | CURRENT<br>VALUE OF<br>ASSET ON<br>TRANSACTION<br>DATE | NET GAIN OR<br>(LOSS) |
| *                                | Wells Fargo Stable<br>Return Fund N15                                                | 251,148           |                  | 251,148          | 251,148                                                | -                     |
| *                                | Wells Fargo Stable<br>Return Fund N15                                                |                   | 468,805          | 463,311          | 468,805                                                | 5,494                 |
| *                                | Principal Stable<br>Value Z Fund                                                     | 2,002,366         |                  | 2,002,366        | 2,002,366                                              | -                     |
| *                                | Principal Stable<br>Value Z Fund                                                     |                   | 5,238,064        | 5,165,059        | 5,238,064                                              | 73,005                |
| *                                | Principal Deposit Sweep<br>Program                                                   | 8,954,114         |                  | 8,954,114        | 8,954,114                                              | -                     |
| *                                | Principal Deposit Sweep<br>Program                                                   |                   | 8,712,701        | 8,712,701        | 8,712,701                                              | -                     |
| *                                | Griffith Common Stock                                                                |                   | 4,575,200        | 4,575,200        | 4,575,200                                              | -                     |

\* Represents party-in-interest.

**GRIFFITH SUPPLEMENTAL**  
**RETIREMENT & SAVINGS PLAN**  
**PLAN SPONSOR: GRIFFITH FOODS GROUP INC.**  
**FEIN 36-1170680**  
**PLAN 002**

SEE SCHEDULE H, LINE 4j

**SCHEDULE OF REPORTABLE TRANSACTIONS**

DECEMBER 31, 2022

| (a)                              | (b)                                                                                  | (c)               | (d)              | (g)              | (h)                                                    | (i)                   |
|----------------------------------|--------------------------------------------------------------------------------------|-------------------|------------------|------------------|--------------------------------------------------------|-----------------------|
| IDENTITY<br>OF PARTY<br>INVOLVED | DESCRIPTION OF ASSET<br>(INCLUDE INTEREST<br>RATE AND MATURITY IN<br>CASE OF A LOAN) | PURCHASE<br>PRICE | SELLING<br>PRICE | COST OF<br>ASSET | CURRENT<br>VALUE OF<br>ASSET ON<br>TRANSACTION<br>DATE | NET GAIN OR<br>(LOSS) |
| *                                | Wells Fargo Stable<br>Return Fund N15                                                | 251,148           |                  | 251,148          | 251,148                                                | -                     |
| *                                | Wells Fargo Stable<br>Return Fund N15                                                |                   | 468,805          | 463,311          | 468,805                                                | 5,494                 |
| *                                | Principal Stable<br>Value Z Fund                                                     | 2,002,366         |                  | 2,002,366        | 2,002,366                                              | -                     |
| *                                | Principal Stable<br>Value Z Fund                                                     |                   | 5,238,064        | 5,165,059        | 5,238,064                                              | 73,005                |
| *                                | Principal Deposit Sweep<br>Program                                                   | 8,954,114         |                  | 8,954,114        | 8,954,114                                              | -                     |
| *                                | Principal Deposit Sweep<br>Program                                                   |                   | 8,712,701        | 8,712,701        | 8,712,701                                              | -                     |
| *                                | Griffith Common Stock                                                                |                   | 4,575,200        | 4,575,200        | 4,575,200                                              | -                     |

\* Represents party-in-interest.

**GRIFFITH SUPPLEMENTAL**

**RETIREMENT AND SAVINGS PLAN**

**PLAN SPONSOR: GRIFFITH FOODS GROUP INC.**

**FEIN 36-1170680**

**PLAN 002**

See Schedule H, line 4i

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2022**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity | (e) Current Value value      |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------|
| *   | Griffith Foods Group Inc.                                 | Common Stock, 91,838 shares                                                                           | 84,399,122                   |
|     | American EuroPacific Growth Fund                          | Mutual Fund, 171,446.9249 shares                                                                      | 8,406,043                    |
|     | American SmallCap World Fund                              | Mutual Fund, 179,227.0026 shares                                                                      | 10,436,388                   |
|     | Galliard Stable Return Fund N15                           | Common Collective, 29,140.138 shares                                                                  | 385,383                      |
|     | Janus Henderson Small-Mid Cap Value Fund                  | Mutual Fund, 705,372.2799 shares                                                                      | 8,972,335                    |
|     | JP Morgan Government Bond R6                              | Mutual Fund, 30,277.7178 shares                                                                       | 284,308                      |
| *   | Morley Principal Stable Value Z Fund                      | Common Collective, 274,666.6582 shares                                                                | 6,625,262                    |
| *   | PGIM Strategic Bond R6 Fund                               | Common Collective, 272,200.4952 shares                                                                | 2,275,596                    |
|     | Prudential Absolute Return Bond Fund                      | Mutual Fund, 80,962.5758 shares                                                                       | 715,709                      |
|     | T. Rowe Price Blue Chip Growth Fund                       | Mutual Fund, 90,584.9476 shares                                                                       | 9,413,588                    |
|     | Vanguard Index Fund                                       | Mutual Fund, 77,252.9018 shares                                                                       | 24,846,851                   |
|     | Vanguard Target Retirement Income Fund                    | Mutual Fund, 3,773.4886 shares                                                                        | 46,188                       |
|     | Vanguard Target Retirement Income 2020 Fund               | Mutual Fund, 80,480.6605 shares                                                                       | 2,040,990                    |
|     | Vanguard Target Retirement Income 2025 Fund               | Mutual Fund, 85,458.3603 shares                                                                       | 1,425,445                    |
|     | Vanguard Target Retirement Income 2030 Fund               | Mutual Fund, 75,830.9308 shares                                                                       | 2,378,816                    |
|     | Vanguard Target Retirement Income 2035 Fund               | Mutual Fund, 116,414.8279 shares                                                                      | 2,252,627                    |
|     | Vanguard Target Retirement Income 2040 Fund               | Mutual Fund, 66,792.2265 shares                                                                       | 2,270,936                    |
|     | Vanguard Target Retirement Income 2045 Fund               | Mutual Fund, 85,353.0833 shares                                                                       | 1,947,757                    |
|     | Vanguard Target Retirement Income 2050 Fund               | Mutual Fund, 52,455.6299 shares                                                                       | 1,982,823                    |
|     | Vanguard Target Retirement Income 2055 Fund               | Mutual Fund, 31,016.6792 shares                                                                       | 1,307,973                    |
|     | Vanguard Target Retirement Income 2060 Fund               | Mutual Fund, 34,679.0512 shares                                                                       | 1,346,588                    |
|     | Vanguard Target Retirement Income 2065 Fund               | Mutual Fund, 7,162.8451 shares                                                                        | 182,223                      |
|     | Vanguard Target Retirement Income 2070 Fund               | Mutual Fund, 836.0849 shares                                                                          | 16,738                       |
|     | Vanguard Wellington Admiral Shares Fund                   | Mutual Fund, 211,233.5509 shares                                                                      | 14,011,122                   |
|     | Vanguard Windsor Fund II                                  | Mutual Fund, 155,456.6204 shares                                                                      | 10,283,455                   |
|     | Western Asset Core Plus Bond Fund I                       | Mutual Fund, 512,973.5667 shares                                                                      | 4,806,322                    |
| *   | Participants Loans                                        | Varying maturities and interest rates of 3.25%-7.50%                                                  | 3,584,503                    |
| *   | Principal Financial Group                                 | Principal Deposit Sweep Program<br>249,780.08 shares                                                  | 249,797                      |
|     |                                                           |                                                                                                       | <u><u>\$ 206,894,888</u></u> |

\* Represents a party-in-interest to the Plan.