

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

Part II	Basic Plan Information —enter all requested information
1a	Name of plan <u>G & W FOODS EMPLOYEES PROFIT SHARING AND STOCK OWNERSHIP PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>12/30/1985</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GW FOODS, INC.</u> <u>P.O. BOX 329</u> <u>WILLOW SPRINGS, MO 65793</u>
2b	Employer Identification Number (EIN) <u>43-1237838</u>
2c	Plan Sponsor's telephone number <u>417-469-4000</u>
2d	Business code (see instructions) <u>445110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MATT CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MATT CLARK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BECKY THOMASON GW FOODS, INC PO BOX 329 WILLOW SPRINGS, MO 65793	3b Administrator's EIN 43-1237838 3c Administrator's telephone number 417-469-4000
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	641
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	371
a(2) Total number of active participants at the end of the plan year	6a(2)	280
b Retired or separated participants receiving benefits	6b	322
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	602
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	602
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	602
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 20

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>G & W FOODS EMPLOYEES PROFIT SHARING AND STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GW FOODS, INC.</u>	D Employer Identification Number (EIN) <u>43-1237838</u>	

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

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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)

ABACUSCPAS

1835 E REPUBLIC RD.
SPRINGFIELD, MO 65804

27-2328447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		19468	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)

KPM

1445 E REPUBLIC RD.
417-882-4300
SPRINGFIELD, MO 65804

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		12750	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)

HUSCH BLACKWELL

190 CARONDELET PLAZA 600
314-480-1500
ST. LOUIS, MO 63105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		64032	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"/>

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)

GREENSFELDER HEMKER & GALE PC

200 W MADISON ST STE 3300
CHICAGO, IL 60606

43-1313567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		16087	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)

PRAIRIE CAPITAL ADVISORS

200 S SANTA FE AVE STE 7
785-825-4258
SALINA, KS 67401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		50340	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)

INVICTUS FIDUCIARY SERVICES, LLC

1755 KIRBY PKWY STE 101
MEMPHIS, TN 38120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		25442	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"/>

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)

QUALIFIED PENSION SERVICES, INC.

4050 S FAIRVIEW AVE
SPRINGFIELD, MO 65807

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		3910	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)

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>G & W FOODS EMPLOYEES PROFIT SHARING AND STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GW FOODS, INC.</u>	D Employer Identification Number (EIN) <u>43-1237838</u>	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	57543	216771
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	470555	503939
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	4091361	4315540
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4619459	5036250

Liabilities

g Benefit claims payable.....	1g		4899312
h Operating payables.....	1h	22829	136938
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	22829	5036250

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	4596630	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	7384	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7384
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	276000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		276000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	224179	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		507563
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4899312	
(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)		4899312
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	204881	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		204881
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5104193
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-4596630
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: **ABACUS CPAS**

(2) EIN: **27-2328447**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g	X		4315540
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>G & W FOODS EMPLOYEES PROFIT SHARING AND STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GW FOODS, INC.</u>	D Employer Identification Number (EIN) <u>43-1237838</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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)	14b	
c 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).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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

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

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

Yes.

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

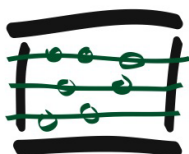
No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

G.W. Foods, Inc.
Employee Profit Sharing & Stock Ownership Plan

Financial Statements
with
Independent Auditors' Report
and
Supplemental Information

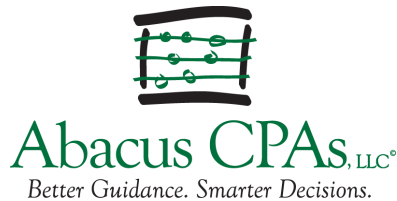
For the Years Ended December 31, 2022 and 2021



Abacus CPAs, LLC[®]

G.W. Foods, Inc. Employee Profit Sharing & Stock Ownership Plan
Table of Contents
For the Years Ended December 31, 2022 and 2021

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets in Liquidation Available for Benefits	4
Statements of Changes in Net Assets in Liquidation Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Form 5500, Schedule H, Line 4i - Schedules of Assets (Held at End of Year)	16



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Willow Springs, Missouri

Opinion

We have audited the accompanying financial statements of G.W. Foods Employee Profit Sharing & Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets in liquidation available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets in liquidation 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 in liquidation available for benefits of G.W. Foods Employee Profit Sharing & Stock Ownership Plan as of December 31, 2022 and 2021, and the changes in its net assets in liquidation 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 G.W. Foods Inc., Employee Profit Sharing & Stock Ownership 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

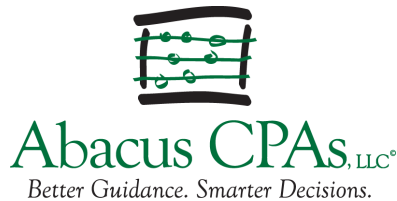
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation 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 G.W. Foods Employee Profit Sharing & Stock Ownership 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

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financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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.

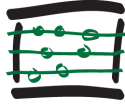
In performing an audit in accordance with generally accepted auditing standards, we:

- 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 G.W. Foods Inc., Employee Profit Sharing & Stock Ownership 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 G.W. Foods Inc., Employee Profit Sharing & Stock Ownership 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 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.



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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.

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.

Managing Partner,
Abacus CPAs, LLC

Springfield, Missouri
October 16, 2023

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G.W. Foods Employee Profit Sharing Stock Ownership Plan
 Statements of Net Assets in Liquidation Available for Benefits
 December 31, 2022 and 2021

	2022	2021
Assets:		
Cash and cash equivalents	\$ 216,771	\$ 57,542
Investments:		
Mutual funds	503,939	470,555
Common stock	4,315,540	4,091,361
Total Investments, at Fair Value	4,819,479	4,561,916
Total Assets	\$ 5,036,250	\$ 4,619,458
Liabilities:		
Distributions payable	4,899,312	-
Other payables	136,938	22,828
Total Liabilities	5,036,250	22,828
Net Assets Available For Benefits	\$ -	\$ 4,596,630

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

G.W. Foods Employee Profit Sharing and Stock Ownership Plan
Statements of Changes in Net Assets in Liquidation Available for Benefits
For the Years Ended December 31, 2022 and 2021

	2022	2021
Additions:		
Additions to net assets attributed to:		
Investment activities:		
Net appreciation in fair value of investments	\$ 224,179	\$ 381,361
Dividends	276,000	276,000
Interest	7,384	144
Total Additions to Net Assets	507,563	657,505
 Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	-	131,023
Administrative expenses	204,880	32,642
Benefits due but not yet paid	4,899,312	-
Total Deductions from Net Assets	5,104,192	163,665
 (Decrease) Increase in Net Assets Available for Benefits	 (4,596,629)	 493,840
 Net Assets Available for Benefits		
Beginning of year	4,596,629	4,102,789
 Net Assets Available for Benefits, End of Year	\$ -	\$ 4,596,629

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

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

1. Description of Plan

The following brief description of the G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Agreement for complete information.

General

G.W. Foods, Inc. (the “Company”) established the Plan effective as of December 30, 1985. The Plan is a defined contribution plan covering employee of the Company. The Plan operates as an employee stock ownership plan (ESOP) and is designed to comply with regulations under the Internal Revenue Code as well as being subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The plan year concludes on the last Saturday of the calendar year nearest December 31st of the Company, G.W. Foods, Inc.

Eligibility

Employees of the Company are eligible to participate in the Plan after completion of one year of service providing, they worked at least 1,000 hours of service during such plan year and attained age 21. Participants who do not have at least 1,000 hours of service during a plan year or are not employed on the last working day of a plan year are not eligible for an allocation of Company contributions for such year.

Contributions

Company contributions are made periodically at the discretion of the Company’s Board of Directors. There were no Company contributions during the years ended December 31, 2022 and December 31, 2021. Participant contributions are neither required nor permitted.

Participant Accounts

The Plan is a defined contribution plan under which separate individual accounts are established for each participant. Each participant’s account is credited as of the last day of each plan year with an allocation of (a) the Company’s contribution, if any, (b) Plan earnings, and (c) forfeitures of terminated participants’ non-vested accounts. Only those participants who are eligible employees of the Company as of the last day of the plan year will receive an allocation. Company contributions and forfeitures of non-vested accounts are allocated based on participant earnings as defined in the Plan agreement. Plan earnings are allocated to each participant’s account based on the beginning of the year account balances as defined in the Plan document. The benefit to which a participant is entitled is equal to the participant’s vested balances.

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

1. Description of Plan - (continued)

Vesting

If a participant's employment with the Company ends for any reason other than retirement, or permanent disability or death, he or she will vest in the balance in his or her account based on total years of service with the Company. For profit sharing contributions (and earnings thereon) made to the Plan on or after December 31, 2007, a participant vests in those contributions ratably over a six-year period. A non-vested participant's account is forfeited after a five-year separation of service from the company. At December 31, 2022, pursuant to liquidation, all balances became fully vested.

Forfeitures

Forfeitures of Company contributions are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. For the years ended December 31, 2022 and December 31, 2021, forfeitures totaling \$0 and \$4,591 respectively were reallocated to participant accounts from the accounts of terminated participants who had a five-year separation of service from the Company. At December 31, 2022 and December 31, 2021, terminated participants with non-vested account balances awaiting reallocation amounted to \$0 and \$2,369, respectively.

Payment of Benefits

No distributions from the Plan will be made until a participant retires, dies, or otherwise terminates employment with the Company. Upon termination of service, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account or annual installment payments over a specified period of time.

Voting Rights

For certain corporate matters, as defined by the Plan agreement, each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Plan's administrative committee prior to the time that such rights are to be exercised. For all other corporate matters, unallocated shares, and allocated shares for which the administrative committee did not receive instructions from the participants, the administrative committee can vote the shares in any manner that it deems to be in the Plan's best interest.

Termination

The company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Internal Revenue Code. Upon termination, participants become 100 percent vested in their accounts. During 2022, the plan administrator elected to terminate the plan as of December 31, 2022.

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

1. **Description of Plan - (continued)**

Put Option

Under Federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is it subject to trading limitations, the plan includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Concentration

During fiscal years ended December 31, 2022 and 2021 the plan's assets include a significant concentration of Company stock. As of December 31, 2022, and 2021 Company stock accounted for 86 and 87 percent respectively of total plan assets. The Plan has provisions to allow participants to diversify their investment.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with a minimum of 10 years participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify receive a cash distribution.

2. **Summary of Significant Accounting Policies**

Date of Management's Review

Events that have occurred after December 31, 2022, have been evaluated through October 16, 2023, which represents the date the Plan's financial statements were approved by management and therefore available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting for the plan year ended December 31, 2021. For the plan year ended December 31, 2022 the plan's financial statements are presented on the liquidation basis of accounting. The 2022 financial statements include \$4,899,312 of distributions payable and \$136,938 of accrued liquidation expenses. The 2021 do not include accrual for expected expenses, or distributions not yet paid.

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

2. Summary of Significant Accounting Policies - (continued)

Investment Valuation and Income Recognition - (continued)

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. The Plan's investments are in cash, common stock of the Company, and other short-term investments as the trustees deem appropriate. The fair value of the Company stock has been estimated by Prairie Capital Advisors, Inc., in the absence of readily ascertainable market values. For the year ended December 31, 2022 the plan engaged professional several advisors to estimate a liquidation value based on discounted cash flows.

Due to the level of risk associated with the investment in the common stock, and the inherent uncertainty of the valuation process, those estimated values may differ significantly from the values that would have been used had a market for those securities readily existed. It is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Dividend income is recorded when received.

Because a significant portion of the Plan's assets are represented by the Company's common stock, the Plan's assets are not sufficiently liquid for the purpose of paying distributions. Accordingly, unless prohibited by the Company's bylaws, distributions may be paid in shares of the Company's common stock. Participants have the option to exchange the shares with the Company for cash. The Company's bylaws prohibit terminated employees from retaining company stock and, therefore, they are paid out in cash. Distribution of the participant account will commence no later than one year after the close of the plan year in which an employee terminates due to the attainment of age 65, death, or disability. Distributions to employees who terminate for any other reason will commence no later than one year after the close of the plan year of termination.

Payment of Benefits

Benefits are recorded when paid. The payment will be made no later than one year after the close of the termination year in the event of retirement (age 65), death, or disability. When termination occurs for any other reason, the payments will be made no later than one year after the close of the plan year of termination.

Operating Expenses

Administrative expenses of maintaining the Plan may be paid by the Plan. All other expenses are paid by the Company.

Estimates

The preparation of financial statements in conformity with the United States of America's generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The final stock valuation, as of December 31, 2022 was a significant estimate.

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

3. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 25, 2014, that the plan is qualified under the appropriate sections of the Internal Revenue Code (IRC). The Company adopted this plan effective December 27, 1998. The Plan is replying on this determination letter.

The Plan was subsequently amended during 2012 to comply with required changes. There was no significant impact to the Plan as a result of this amendment.

4. Administration of Plan Assets

The Plan's tax returns are subject to examination by the IRS and the Department of Labor (DOL). The Plan Administrator believes the plan is no longer subject to income tax examinations for years prior to 2016. Any interest and penalties incurred related to tax filings are the obligation of the Company.

The Plan's assets, which consist principally of The G.W. Foods, Inc. common shares, are held in trust by Danny Williams, R. Bruce Grisham, and Becky Thomason, the trustees of the Plan.

Company contributions are held and managed by the trustees, who invest cash received, interest, and dividend income and make distributions to participants. The trustees use Morgan Stanley and Landmark Bank to hold the other investment accounts that consist of mutual funds and a cash account.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the plan.

5. Cash and Investments

The Plan has cash held in a non-interest-bearing checking account at Simmons Bank and Landmark Bank totaling \$216,771 and \$57,542 as of December 31, 2022 and December 31, 2021, respectively.

At December 31, 2022 and December 31, 2021, the Plan's investments were non-participant directed and unsecured. The investment in the Company's common stock represents \$4,315,540 and \$4,091,361 respectively of the Plan's assets and constitutes a party-in-interest transaction.

The following summarizes the investments as of December 31, 2022 and December 31, 2021:

	<u>Current Year</u>	<u>Prior Year</u>
Mutual Funds		
Morgan Stanley Institutional Liquidity Funds:		
Government Portfolio Advisory Class	\$ 503,939	\$ 470,555
Common Stock		
G & W Foods, Inc.	<u>4,315,540</u>	<u>4,091,361</u>
	<u>\$ 4,819,479</u>	<u>\$ 4,561,917</u>

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

5. Cash and Investments - (continued)

The Plan's investments in Company common shares at December 31, 2022 and December 31, 2021 are as follows:

	<u>Current Year</u>	<u>Prior Year</u>
Number of Shares	4,591	4,591
Estimated Fair Value per Share	\$ 940.00	\$ 891.17
Total Estimated Fair Value	<u>\$ 4,315,540</u>	<u>\$ 4,091,361</u>

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) in value and earned investment income as follows:

	<u>Current Year</u>	<u>Prior Year</u>
Dividends		
Company Stock	<u>\$ 276,000</u>	<u>\$ 276,000</u>
Interest		
Mutual Fund	<u>\$ 7,384</u>	<u>\$ 144</u>
Net appreciation in fair value of investments		
Company Stock	<u>\$ 224,179</u>	<u>\$ 381,361</u>

6. Employer Contributions

The Company is not obligated to make contributions to the Plan; however, it will occasionally make cash or stock contributions to the Plan. The Company made no cash or stock contributions to the Plan for the years ended December 31, 2022 and December 31, 2021.

7. Terminated Participants

Net assets available for benefits at December 31, 2022 and December 31, 2021 include vested balances of \$0 and \$152,232, respectively, allocated to the accounts of individuals who, as of or prior to, that date, had withdrawn from actively participating in the Plan, generally as a result of terminating employment. These amounts are available to be paid, upon request of the withdrawn participants, after the end of the fiscal year. These participants receive no further contributions, but do receive allocations of investment income and plan expenses.

8. Fair Value of Financial Instruments

A fair value hierarchy that prioritizes the inputs to valuation techniques is used to measure fair value of balances that are required or permitted to be measured at fair value for reporting in financial statements. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to the unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

8. Fair Value of Financial Instruments - (continued)

Level 1	Valuation is based upon unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.
Level 2	Valuation is based upon quoted prices for similar assets or liabilities in active markets, quoted market prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Observable inputs may include interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals.
Level 3	Valuation is based on methodologies that are unobservable and significant to the fair value measure. These may be generated from model-based techniques that use at least one significant assumption based on unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

The fair value measurement level of the asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of valuation methodologies used for assets recorded at fair value:

Mutual Funds: Valued at quoted market prices available on an active market which is based on the underlying net asset value (NAV) of shares held by the Plan at year-end. The portfolio is managed to maintain its stable \$1.00 price per share, although it is subject to market losses. (Level 1)

G.W. Foods, Inc. Common Stock: Valued at fair value based upon an independent appraisal performed by Prairie Capital Advisors, Inc., who was hired by the Company. This appraisal was based upon the combination of the asset, market, and income approach valuation techniques consistent with prior years. The Company has concluded that market participants would also recognize a discount for lack of marketability. (Level 3)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

8. Fair Value of Financial Instruments - (continued)

Furthermore, although the trustees believe the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The FASB issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820) – Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share as a practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share as a practical expedient. Investments that calculate NAV per share (or its equivalent), but for which the practical expedient is not applied, will continue to be included in the fair value hierarchy along with the related required disclosures. The Plan adopted ASU 2015-07, which had no impact on the December 31, 2022 or 2021 financial statements.

The table below presents the Plan's Assets measured at fair value on a recurring basis as of December 31, 2022 and December 31, 2021, aggregated by the level in the fair value hierarchy within which those measurements fall:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Current Year				
Cash	\$ 216,771	\$ -	\$ -	\$ 216,771
*Mutual Funds	503,939	-	-	503,989
*Company Common Stock	<u>-</u>	<u>-</u>	<u>4,315,540</u>	<u>4,315,540</u>
	<u>\$ 720,710</u>	<u>\$ -</u>	<u>\$4,315,540</u>	<u>\$5,036,250</u>
Prior Year				
Cash	\$ 57,542	\$ -	\$ -	\$ 57,542
*Mutual Funds	470,555	-	-	470,555
*Company Common Stock	<u>-</u>	<u>-</u>	<u>4,091,361</u>	<u>4,091,361</u>
	<u>\$ 528,097</u>	<u>\$ -</u>	<u>\$4,091,361</u>	<u>\$4,619,459</u>

*Note: Items greater than 5% of Net Assets Available for Benefits.

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2022 and December 31, 2021:

	Company Common Stock	
	<u>Current Year</u>	<u>Prior Year</u>
Beginning Balance	\$ 4,091,361	\$ 3,710,000
Estimated Total Gains (realized and unrealized)	<u>224,179</u>	<u>381,361</u>
Ending Balance	<u>\$ 4,315,540</u>	<u>\$ 4,091,361</u>

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership Plan
Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

8. Fair Value of Financial Instruments - (continued)

The amount of total gains or losses for the period included in net assets attributable to the change in unrealized gains or (losses) related to assets still held at the reporting date were \$224,179 and 381,361 during the years ended December 31, 2022 and December 31, 2021.

9. Related Party, Party-in-Interest Transactions, and Prohibited Transactions

The plan administrator participates in the plan. The plan sponsor's shareholders participate in the plan. Additionally, the Plan incurs expenses related to services provided to the Plan. These transactions meet the ERISA definition of party-in-interest transactions. Administrative fees incurred by the Plan to service providers totaled \$136,938 and \$32,642 during plan years ended December 31, 2022 and December 31, 2021. Significant expenses incurred in plan years 2022 and 2021 include \$19,468 and \$9,500 for auditing and tax services respectively and \$50,340 and \$18,250 for valuation services respectively and \$109,470 and \$19,653 in legal and fiduciary expenses, respectively.

During the Plan year 2019, the plan failed the required IRC section 409(p) testing. The plan made impermissible allocations to a disqualified person resulting in a non-allocation year. This was the first year the plan's allocations created a non-allocation year. During the plan year 2020 the plan also failed IRC section 409(p) testing resulting in a non-allocation year. These allocations are deemed to be prohibited transactions. The plan filed and paid tax on the "unrelated business income" generated by the impermissible allocations in years 2022 and 2021. Management believes the amount on unrelated business income tax paid is not material to the financial statements of the plan when taken as a whole.

10. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	Current Year	Prior Year
Net Assets available for benefits per the financial statements	\$ -	\$ 4,596,630
Amounts allocated to withdrawing participants	-	-
Amounts allocated to other payables	-	-
Net assets available for benefits per Schedule H, Line 4i of Form 5500	\$ -	\$ 4,596,630

11. Liquidation

As of December 31, 2022 the plan will liquidate its assets and distribute all participant balances. The company will buy back their shares of common stock at a value of \$940 per share, providing the cash for distributions and liquidation expense. The value of the mutual funds will be converted to cash. The plan expects to distribute \$4,899,312 in benefits and has accrued \$136,938 in expected liquidation expense. The plan expects liquidation to be completed by November, 2023.

Supplemental Schedule

G.W. Foods Inc., Employee Profit Sharing & Stock Ownership
 Plan EIN: 43-1237838, Plan Number 001
 Schedule H, Line 4i – Assets Held at Year End
 December 31, 2022

<u>(a) Party of Interest</u>	<u>(b) Identity of Issuer</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
<u>Cash</u>	Simmons Bank	Non-interest bearing	\$ 216,771	\$ 216,771
<u>Mutual Funds</u>	Morgan Stanley Institutional Liquidity Funds	Government Portfolio Advisory Class	361,259	503,939
* <u>Common Stock</u>	G & W Foods, Inc.	4,591 Shares @ \$1 par	<u>1,013,502</u>	<u>4,315,540</u>
			<u>\$ 1,591,532</u>	<u>\$ 5,036,250</u>

*Party-in-Interest

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

G.W. Foods Employee Profit Sharing & Stock Ownership Plan
 EIN: 43-1237838, Plan Number 001
 Schedule H, Line 4i – Assets Held at Year End
 December 31, 2021

<u>(a) Party of Interest</u>	<u>(b) Identity of Issuer</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
<u>Cash</u>	Simmons Bank	Non-interest bearing	\$ 57,542	\$ 57,542
<u>Mutual Funds</u>	Morgan Stanley Institutional Liquidity Funds	Government Portfolio Advisory Class	361,259	470,555
* <u>Common Stock</u>	G & W Foods, Inc.	4,591 Shares @ \$1 par	<u>1,013,502</u>	<u>4,091,361</u>
			<u>\$ 1,432,303</u>	<u>\$ 4,619,458</u>

*Party-in-Interest

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

2022 Form 5500 e-file Signature Authorization

GW Foods, Inc.
G & W Foods Employees Profit Sharing and Stock Ownership Plan 001
P.O. Box 329
Willow Springs, MO 65793

Employer Identification Number: 43-1237838

Client Identification Number: 989000B4

You, as plan administrator, are authorizing that Abacus CPAs, LLC electronically file the 2022 Form 5500 for G & W Foods Employees Profit Sharing and Stock as an EFAST2 Service Provider.

Authorization

As plan administrator for G & W Foods Employees Profit Sharing and Stock, I authorize Abacus CPAs, LLC to electronically file Form 5500 for the tax year 2022. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Becky Thomason
Becky Thomason (Oct 16, 2023 10:20 CDT)

Date: Oct 16, 2023

Federal Statements

FYE: 12/31/2022 **G & W Foods Employees Profit Sharing and Stock
Plan: 001**

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		Common Stock	\$	\$
		Mutual Funds		