

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 01/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>502</u></p>
<p><b>2a</b> 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>NATIONAL FOOD NW, LLC</u></p> <p><u>728 134TH ST SW STE 103</u> <u>EVERETT, WA 98204</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2022</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>87-2232169</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>209-669-5600</u></p> <p><b>2d</b> Business code (see instructions) <u>112300</u></p>

**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.	03/25/2024	RAQUEL BETTENCOURT
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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:	<b>4b</b> EIN	87-2232169
<b>a</b> Sponsor's name NATIONAL FOOD NW, LLC	<b>4d</b> PN	501
<b>c</b> Plan Name NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN		
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	124
<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>	123
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<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>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

4D

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached   0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>01/31/2023</b>	
<b>A</b> Name of plan <b>NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATIONAL FOOD NW, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-2232169</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2879	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<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>		
<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>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	2879	0
<b>Liabilities</b>			
g Benefit claims payable .....	1g	2103	0
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	3200	0
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	5303	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	-2424	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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)		0
<b>b Earnings on investments:</b>			
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		0

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		0
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		-2424

**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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<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.)		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.)		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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?		X	
<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>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?		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?		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>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>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>l</b> Has the plan failed to provide any benefit when due under the plan?		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>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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NATIONAL FOOD NW, LLC GROUP HEALTH BENEFIT PLAN	87-2232169	501

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

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN**

**FINANCIAL STATEMENTS**

**PERIOD ENDED JANUARY 1, 2023  
AND YEAR ENDED DECEMBER 31, 2022**



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAcconnect.com](https://CLAcconnect.com)

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## INDEPENDENT AUDITORS' REPORT

Administrative Committee  
National Food NW, LLC Group Dental Benefit Plan  
Everett, Washington

### Report on the Financial Statements

#### *Opinion*

We have audited the accompanying financial statements of National Food NW, LLC Group Dental Benefit 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 (modified cash basis) as of January 1, 2023 and December 31, 2022 and of benefit obligations (modified cash basis) as of January 1, 2023 and December 31, 2022 and the related statements of changes in net assets available for benefits (modified cash basis) for the period ended January 1, 2023 and the year ended December 31, 2022 and of changes in benefit obligations (modified cash basis) for the period ended January 1, 2023 and the year ended December 31, 2022 and the related notes to the financial statements (2023 and 2022).

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (modified cash basis) as of January 1, 2023 and December 31, 2022 and the benefit obligations (modified cash basis) of National Food NW, LLC Group Dental Benefit Plan as of January 1, 2023 and December 31, 2022, and the changes in its net assets available for benefits (modified cash basis) for the period ended January 1, 2023 and the year ended December 31, 2022 and the changes in benefit obligations (modified cash basis) for the period ended January 1, 2023 and the year ended December 31, 2022, in accordance with the modified cash basis of accounting described in Note 2.

#### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of National Food NW, LLC Group Dental Benefit 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.

#### *Emphasis of Matter – Basis of Accounting*

We draw attention to Note 2 to the financial statement, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statement in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management 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.

***Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of National Food NW, LLC Group Dental Benefit 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 National Food NW, LLC Group Dental Benefit Plan's ability to continue as a going concern for a reasonable period of time.

Administrative Committee  
National Food NW, LLC Group Dental Benefit Plan

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 audits.

*CliftonLarsonAllen LLP*

**CliftonLarsonAllen LLP**

Roseville, California  
March 15, 2024

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
(MODIFIED CASH BASIS)  
JANUARY 1, 2023, AND DECEMBER 31, 2022**

	2023	2022
<b>ASSETS</b>		
Cash	\$ -	\$ 2,879
Total Assets	-	2,879
<b>LIABILITIES</b>		
Employer Deposit	-	3,200
Total Liabilities	-	3,200
<b>NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS</b>	<b>\$ -</b>	<b>\$ (321)</b>

*See accompanying Notes to Financial Statements.*

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
(MODIFIED CASH BASIS)  
PERIOD ENDED JANUARY 1, 2023, AND YEAR ENDED DECEMBER 31, 2022**

	2023	2022
<b>ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>ATTRIBUTABLE TO:</b>		
Employee Contributions	\$ -	\$ 4,475
Company Contributions	-	23,989
COBRA Contributions	-	242
Total Additions	-	28,706
<b>DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>ATTRIBUTABLE TO:</b>		
Dental Claims Paid	-	22,366
Administrative Expenses	-	6,661
Total Deductions	-	29,027
<b>ASSETS (DEFICIT) TRANSFERRED OUT TO OTHER PLAN</b>	(321)	
<b>NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b>	-	(321)
<b>NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS</b>		
Beginning of Year	(321)	-
End of Year	\$ -	\$ (321)

See accompanying Notes to Financial Statements.

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN  
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS  
(MODIFIED CASH BASIS)  
JANUARY 1, 2023, AND DECEMBER 31, 2022**

	<u>2023</u>	<u>2022</u>
<b>AMOUNTS CURRENTLY PAYABLE</b>		
Claims Incurred But Not Reported (IBNR)	\$ -	\$ 2,103
<b>TOTAL BENEFIT OBLIGATIONS</b>	<u>\$ -</u>	<u>\$ 2,103</u>

*See accompanying Notes to Financial Statements.*

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN  
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
(MODIFIED CASH BASIS)  
PERIOD ENDED JANUARY 1, 2023, AND YEAR ENDED DECEMBER 31, 2022**

	2023	2022
<b>AMOUNTS CURRENTLY PAYABLE</b>		
Plan's Total Benefit Obligations, Beginning of Year	\$ 2,103	\$ -
Transfer of Benefit Obligations to Other Plan	(2,103)	-
Claims Reported and Approved for Payment	-	24,469
Dental Claims Paid	-	(22,366)
	-	2,103
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS, END OF YEAR</b>	<b>\$ -</b>	<b>\$ 2,103</b>

*See accompanying Notes to Financial Statements.*

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 1, 2023, AND DECEMBER 31, 2022**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of National Food NW, LLC (the Company) Group Dental Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of the Plan's provisions.

**General**

The Plan was established in January of 2022 to provide self-funded dental benefits to eligible employees of the Company and their families. Full-time employees who work 30 or more hours per week, are eligible to participate in the Plan after 60 days of continuous service. An eligible employee's coverage is effective, subject to timely enrollment, upon the first of the month following completion of a waiting period of 60 days of continuous active employment in an eligible status. The Plan also provides health benefits to eligible dependents of each participant. As required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Plan includes a continuation of coverage option to certain terminated, retired, and totally disabled participants and their covered dependents for a period not to exceed 18 months. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2023, the Company executed a Wrap Plan Document, which added the dental benefits provided under this Plan to the existing National Food NW, LLC Group Health Benefit Plan. All remaining Plan assets were transferred to National Food NW, LLC Group Health Benefit Plan on January 1, 2023.

**Benefits**

The Plan provides dental benefits to full-time employees of the Company and to their covered dependents. Claims for these benefits are subject to various deductible and co-payment amounts. The Plan provides these benefits on a self-funded basis.

**Contributions**

The Plan is a self-funded health and welfare plan. The Company makes weekly contributions to the Plan for claims and administrative fees. The Company makes contributions to the Plan as needed to fund claims in excess of participants' contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

In addition to deductibles and copayments, active participants contribute monthly amounts, determined periodically by the Company's management, to extend coverage to themselves and to their eligible dependents. These contributions are deducted bi-weekly from the employees' wages.

Terminated, retired, and totally disabled participants electing continued coverage contribute monthly amounts as provided by the Plan.

**Plan Administrator**

A Plan administrator is engaged under a fee-based contract, which is based on the number of participants in the Plan. The contract may be cancelled with thirty days notice by either the Plan administrator or the Plan trustees.

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 1, 2023, AND DECEMBER 31, 2022**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. That basis differs from generally accepted accounting principles in that contributions and expenses are recorded when received or paid rather than when earned or incurred.

**Use of Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires the trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein and disclosures in the financial statements. Actual results could differ from those estimates.

**Concentration of Credit Risk**

The Plan's cash balance is held at one financial institution. Accounts at this institution are insured by a government agency up to \$250,000. At times the balance in this account may exceed the insured limit.

**Payment of Benefits**

Claims paid by the Plan are recorded as claim payments in the accompanying statements of changes in net assets available for benefits (modified cash basis). Benefits are recorded when paid. No refunds of amounts accrued from the third-party administrator for adjustments, denied claims, and other disallowable claims included in payments for dental claims for the period ended January 1, 2023, and year ended December 31, 2022.

**Administrative Expenses**

All administrative expenses are paid out of the Plan unless paid by the Company. During the period ended January 1, 2023, and year ended December 31, 2022, the Plan paid for substantially all administrative expenses, which consisted of administrative fees paid to third-party administrators.

**Income Taxes**

The Trust established under the Plan to hold the Plan's assets has not applied for exemption from Washington or federal income taxes. The Plan is required to pay federal and state taxes on unrelated business income as defined by Internal Revenue Code Section 512(e)(3)(E). Unrelated business income consists of the investment income earned on the excess of the net assets available for benefits over the required reserve balance allowable under the Internal Revenue Code. The Plan administrator believes the Plan does not have any net taxable income for the period ended January 1, 2023, and year ended December 31, 2022.

**Subsequent Events**

The Plan has evaluated subsequent events through March 15, 2024, the date the financial statements were available to be issued.

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 1, 2023, AND DECEMBER 31, 2022**

**NOTE 3 FUTURE BENEFIT OBLIGATIONS**

The Plan administrator estimated that future benefit obligations for active participants' existing health conditions covered by the Plan amounted to \$0 and \$2,103 for the period of January 1, 2023, and year ended December 31, 2022. This amount was estimated by the Plan's third-party administrator using claims trends and actual lag patterns of the Plan. These amounts are paid by the Plan only if claims are submitted and approved for payment. There have been no changes in the methodology used during the period ended January 1, 2023, and year ended December 31, 2022.

**NOTE 4 TAX STATUS**

The Plan administrator believes that the Plan is operating in conformity with the Internal Revenue Code and ERISA. The Trust is a taxable trust, subject to federal income taxes. For the period ended January 1, 2023, and year ended December 31, 2022, there was no federal income tax expense.

In accordance with the modified cash basis of accounting, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS).

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 1, 2023 and December 31, 2022, there is no uncertain tax position taken or expected to be taken that would require recognition of a liability (asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, they are currently no audits for any tax periods in progress.

**NOTE 5 PLAN TERMINATION**

The Company has the right under the Plan to modify the benefits provided to, and contributions required of participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits or for on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants. See Note 2.

**NATIONAL FOOD NW, LLC GROUP DENTAL BENEFIT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 1, 2023, AND DECEMBER 31, 2022**

**NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets (deficit) available for benefits (modified cash basis) per the Plan's financial statements to the Form 5500 as of January 1, 2023 and December 31, 2022:

	<u>2023</u>	<u>2022</u>
Net Assets (Deficit) Available for Benefits per Financial Statements	\$ -	\$ (321)
Benefit Obligations per Financial Statements	-	(2,103)
Net Deficit per Form 5500	<u>\$ -</u>	<u>\$ (2,424)</u>

The following is a reconciliation of the changes in net assets (deficit) available for benefits (modified cash basis) per the financial statements to the Form 5500 for the period ended January 1, 2023 and the year ended December 31, 2022:

	<u>2023</u>	<u>2022</u>
Net Increase (Decrease) in Net Assets Available for Benefits per the Financial Statements	\$ -	\$ (321)
Change in Benefit Obligations per Financial Statements	-	(2,103)
Transfer of Benefit Obligations per Financial Statements	(2,103)	-
Transfer of Net Assets (Deficit) per Financial Statements	(321)	-
Net Change in Net Deficit per Form 5500	<u>\$ (2,424)</u>	<u>\$ (2,424)</u>



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