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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023 |                                                                                                                                                                                                                                                                                                                                                                            |
| A                                                                                          | This return/report is for: <div><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) _____</div> |
| B                                                                                          | This return/report is: <div><input type="checkbox"/> the first return/report<input 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)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                  |
| D                                                                                          | Check box if filing under: <div><input checked="" type="checkbox"/> Form 5558<input type="checkbox"/> automatic extension<input type="checkbox"/> the DFVC program<input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| 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<br>REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN                                                                                                                                                                                                                                                                                    | 1b | Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                                                                                                                                                        | 1c | Effective date of plan<br>10/01/1990               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>REQUEST FOODS, INC.<br><br>P.O. BOX 2577<br>3460 JOHN F. DONNELLY DR.<br>HOLLAND, MI 49422-2577 | 2b | Employer Identification Number (EIN)<br>38-2908992 |
|         |                                                                                                                                                                                                                                                                                                                                                        | 2c | Plan Sponsor's telephone number<br>616-786-0900    |
|         |                                                                                                                                                                                                                                                                                                                                                        | 2d | Business code (see instructions)<br>454390         |
|         |                                                                                                                                                                                                                                                                                                                                                        |    |                                                    |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| 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. | 03/27/2024 | CHRISTINE REILLY                                             |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 03/27/2024 | CHRISTINE REILLY                                             |
|                                                                                                                                                                                                                                                                                                                                        | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 1189                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 950<br><b>6a(2)</b> 1020<br><b>6b</b> 2<br><b>6c</b> 276<br><b>6d</b> 1298<br><b>6e</b> 0<br><b>6f</b> 1298<br><b>6g</b> 1298<br><b>6h</b> 13                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 2S<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023 |                                                      |     |
| A Name of plan<br>REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN                      | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>REQUEST FOODS, INC.              | D Employer Identification Number (EIN)<br>38-2908992 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| PRUDENTIAL RETIREMENT INSURANCE AND                                                                        |
| 06-1050034                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 50 64            | NONE                                                                                              | 99385                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STIFEL NICOLAUS & CO INC

43-0538770

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27                  | NONE                                                                                              | 63721                                                                  | 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)

VANDER PLOEG, BERGAKKER & ASSOCIATE

38-2445537

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 10250                                                                  | 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"/>                                     |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
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| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |                                                      |     |
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| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023 |                                                      |     |
| A Name of plan<br>REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN                      | B Three-digit plan number (PN) ►                     | 001 |
|                                                                                            |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>REQUEST FOODS, INC.       | D Employer Identification Number (EIN)<br>38-2908992 |     |

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

|                                         |                            |
|-----------------------------------------|----------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | PRU CORE CONSERV INT BD FD |
|-----------------------------------------|----------------------------|

|                                            |                                        |
|--------------------------------------------|----------------------------------------|
| b Name of sponsor of entity listed in (a): | THE PRUDENTIAL INS. COMPANY OF AMERICA |
|--------------------------------------------|----------------------------------------|

|                         |                 |                                                                                                       |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| c EIN-PN 23-6994310-156 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10199421 |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

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

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

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

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

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

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

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

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

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

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

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

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

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

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

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs)**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b>                                               | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |                                                                    |            |  |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><u>REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN</u>                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width: 20%; padding: 5px; text-align: center;"> <b>001</b> </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <b>001</b>                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>REQUEST FOODS, INC.</u>                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>D</b> Employer Identification Number (EIN)<br/> <u>38-2908992</u> </td> <td style="width: 20%;"></td> </tr> </table>                                                                                     |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>38-2908992</u> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><u>38-2908992</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                  |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year  |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 19177292038749   |
| <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>          | 1250499710199421 |
| <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>         | 6024529271066473 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                  |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                  |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 74668018              | 83304643        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 74668018 | 83304643 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4580918    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4499391    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 136731     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 9217040   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1279468    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1279468   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 251924    |
| (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) |            | 7377980   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 18126412  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 9314639    |           |
| (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)  |            | 9314639   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 1792      |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 10250      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 99385      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 63721      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 173356    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 9489787   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 8636625   |
| 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: VANDERPLOEG, BERGAKKER & ASSOCIATE

(2) EIN: 38-2445537

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 001                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>REQUEST FOODS, INC.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>38-2908992                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 22-1211670<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                            |            |  |

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                   |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br/> <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |

**Request Foods, Inc.**  
**Profit Sharing and Savings Plan**

FINANCIAL STATEMENTS

September 30, 2023 and 2022

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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### Independent Auditors' Report

To the Plan Trustee and Participants of  
Request Foods, Inc. Profit Sharing and Savings Plan

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

We have performed an audit of the accompanying financial statements of Request Foods, Inc. Profit Sharing and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2023 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Request Foods, Inc. Profit Sharing and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Request Foods, Inc. Profit Sharing and Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Request Foods, Inc. Profit Sharing and Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Request Foods, Inc. Profit Sharing and Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing

procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



Grand Rapids, Michigan  
March 19, 2024

## REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

*Statements of Net Assets Available  
for Benefits*

*September 30,*

|                                   | <i>2023</i>          | <i>2022</i>          |
|-----------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                     |                      |                      |
| Investments at fair value         | \$ 71,066,473        | \$ 60,245,292        |
| Investment at contract value      | 10,199,421           | 12,504,997           |
| Receivable - employer             | <u>2,038,749</u>     | <u>1,917,729</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 83,304,643</u> | <u>\$ 74,668,018</u> |

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

*Statements of Changes in Net Assets Available  
for Benefits*

*For the Years Ended  
September 30,*

|                                                                 | <i>2023</i>          | <i>2022</i>          |
|-----------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS:                                                      |                      |                      |
| Contributions:                                                  |                      |                      |
| Participant contributions                                       | \$ 4,499,391         | \$ 4,191,767         |
| Employer matching                                               | 2,542,169            | 2,322,003            |
| Employer profit sharing                                         | 2,038,749            | 1,939,418            |
| Rollover contributions                                          | <u>136,731</u>       | <u>972,512</u>       |
| Total Contributions                                             | <u>9,217,040</u>     | <u>9,425,700</u>     |
| Investment income:                                              |                      |                      |
| Interest and dividends                                          | 1,279,468            | 965,964              |
| Net appreciation (depreciation) in fair<br>value of investments | <u>7,629,904</u>     | <u>(16,476,270)</u>  |
| Total Investment Income (Loss)                                  | <u>8,909,372</u>     | <u>(15,510,306)</u>  |
| Total Additions                                                 | <u>18,126,412</u>    | <u>(6,084,606)</u>   |
| DEDUCTIONS                                                      |                      |                      |
| Benefits paid to participants                                   | 9,316,431            | 6,595,567            |
| Administrative expenses                                         | <u>173,356</u>       | <u>165,640</u>       |
| Total Deductions                                                | <u>9,489,787</u>     | <u>6,761,207</u>     |
| INCREASE (DECREASE) IN NET ASSETS                               | 8,636,625            | (12,845,813)         |
| NET ASSETS AVAILABLE FOR BENEFITS:                              |                      |                      |
| Beginning of year                                               | <u>74,668,018</u>    | <u>87,513,831</u>    |
| End of year                                                     | <u>\$ 83,304,643</u> | <u>\$ 74,668,018</u> |

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Request Foods, Inc. Profit Sharing and Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan is a defined contribution plan covering all eligible employees of Request Foods, Inc. (the "Company") who have completed 30 days of service with respect to employee elective contributions and matching contributions. Employees are eligible for all other employer contributions upon the completion of one full year of service, if they have worked at least 1,000 hours within the Plan year, and if they are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, EAICA acquired all shares of Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, FSB. On October 3, 2022, Prudential Retirement Insurance and Annuity Company was renamed Empower Annuity Insurance Company.

**Contributions** - A participant may make elective pre-tax and Roth payroll reduction contributions in amounts not to exceed the maximum allowable under the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit plans, defined contribution plans, or other eligible plans (rollover). The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate in the plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions are automatically invested in a designated allocation of funds until changed by the participant. The Plan includes an automatic annual escalation provision of 1%, up to 10% of eligible compensation, unless the participant affirmatively elects to not participate or elects a deferral other than 4%. The Plan provides for matching Company contributions as determined by the Company. The Company's matching contribution for the years ended September 30, 2023 and 2022, for each eligible participant was 100% of participant contributions, up to 4% of each participant's eligible compensation, and 50% of participant contributions, in excess of 4% and up to 6% of each participant's eligible compensation. The

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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Plan further provides for discretionary non-elective and profit-sharing contributions. For each the years ended September 30, 2023 and 2022, profit sharing contributions were 4% of eligible participant's compensation up to the maximum allowed by the Internal Revenue Service. The participants are able to direct current contributions and redistribute accumulated contributions between various investment options offered by the Plan.

**Participant Accounts** - Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of (a) the Company's profit-sharing contributions and (b) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investments** - Participants direct the investment of their contributions into various investment options offered by the Plan.

**Vesting** - Participants are vested immediately in their elective contributions, authorized rollovers, matching Company contributions, and discretionary Company non-elective contributions, plus actual earnings thereon. Vesting of the profit-sharing contribution is based on years of service. After six years of vested service, participants are fully vested.

**Payment of Benefits** - Funds may be withdrawn from a participant's account upon the occurrence of one of the following: hardship, death, normal retirement, total disability, termination of employment, transfer of employment, or attainment of age required minimum distribution age according to IRS rules. Normal retirement is defined as age 60 for participants who joined the Plan before October 1, 2021 and the later of age 60 or five years of service for participants who join the Plan on October 1, 2021 or later. Upon termination of service, a participant may elect to receive either a lump-sum amount or a direct transfer to another plan equal to the value of the vested interest in his or her account.

**Forfeited Accounts** - At September 30, 2023 and 2022, forfeited non-vested accounts totaled \$27,417 and \$79,553, respectively. These accounts are used to reduce employer contributions and Plan expenses. Employer contributions and plan expenses were reduced by \$138,198 and \$93,258 for the years ended September 30, 2023 and 2022, respectively.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value (except for the fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

**Administrative Expenses** - Some administrative expenses of the Plan are paid by the Plan Sponsor as provided in the Plan document. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments on the Statement of Changes in Net Assets Available for Benefits.

During 2023 and 2022, Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company (PRIAC) prior to being renamed October 3, 2022) provided certain administrative services to the Plan pursuant to a service agreement between the Company and Empower Annuity Insurance Company. Empower Annuity Insurance Company receives revenue from the asset management charge assessed on the Plan's assets.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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If the asset management charge collected exceeds the amount that is owed under the service agreement, Empower Annuity Insurance Company remits the excess to the Plan Expense Account on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. At September 30, 2023 and 2022, nonvested expense reimbursement accounts totaled \$1,174 and \$182, respectively. These accounts will be used to reduce Plan expenses.

Plan expenses were reduced \$23,881 and \$41,426 from the expense reimbursement account for the years ended September 30, 2023 and 2022, respectively.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Reclassifications** - Certain amounts as reported in the 2022 financial statements and footnotes have been reclassified to conform with the 2023 presentation.

**Subsequent Events** – Effective December 1, 2023 the Plan was amended to allow loans. The Plan has evaluated subsequent events through March 19, 2024, the date the financial statements were available to be issued.

### NOTE 3 - CERTIFIED INVESTMENTS

All information related to investments in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2023 and net appreciation in fair value of investments, interest and dividends for the period from April 1, 2023 to September 30, 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Trust Company, LLC and Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company), the Trustees of the Plan. All information related to investments in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2022 and net appreciation (depreciation) in fair value of investments, interest and dividends for the period from October 1, 2021 to March 31, 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Bank & Trust, FSB and Prudential Retirement Insurance and Annuity Company, the Trustees of the Plan. As noted in Note 1, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. No assets were transferred as a result of the acquisition.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

#### *Level 1 Fair Value Measurements*

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

#### *Level 2 Fair Value Measurements*

Inputs to the valuation methodology includes quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

#### *Level 3 Fair Value Measurements*

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2023 and 2022.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are presented as level 1 in the fair value measurements table.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023 and 2022:

|                    |                      | Fair Value Measurements at<br>Report Date Using:                        |                                                        |                                                    |
|--------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                    |                      | Quoted Prices<br>in Active Markets<br>for Identical<br>Assets (Level 1) | Significant<br>Other Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                    | Fair Value           |                                                                         |                                                        |                                                    |
| September 30, 2023 |                      |                                                                         |                                                        |                                                    |
| Mutual funds       | \$ 71,066,473        | \$ 71,066,473                                                           | \$ -                                                   | \$ -                                               |
| Investments at FV  | <u>\$ 71,066,473</u> | <u>\$ 71,066,473</u>                                                    | <u>\$ -</u>                                            | <u>\$ -</u>                                        |
| September 30, 2022 |                      |                                                                         |                                                        |                                                    |
| Mutual funds       | \$ 60,245,292        | \$ 60,245,292                                                           | \$ -                                                   | \$ -                                               |
| Investments at FV  | <u>\$ 60,245,292</u> | <u>\$ 60,245,292</u>                                                    | <u>\$ -</u>                                            | <u>\$ -</u>                                        |

### NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan is invested in a synthetic investment contract with Empower Annuity Insurance Company (formerly Prudential Insurance Company of America) totaling \$10,199,421 and \$12,504,997 at September 30, 2023 and 2022, respectively. The account is credited with earnings at guaranteed crediting rates and debited for participant withdrawals and administrative expenses.

As described in Note 2, the contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The group annuity contract is reinsured and administered by Empower Insurance Company of America (EICA).

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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The underlying assets held by the contract is a combination of an investment in the Prudential Core Conservative Intermediate Bond Fund of Prudential Trust Company's Collective Trust and a group annuity wrapper with Empower Annuity Insurance Company (formerly Prudential Insurance Company of America). The contract provides a guarantee that the credit rate will not fall below 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract credit rates. A formula is provided for the contract to adjust renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed quarterly for resetting as determined by Empower Annuity Insurance Company.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

In general, issuers may terminate the contract if the Plan representative announces its intention to terminate, cancel, or merge the Plan, the qualification status of participant employer or plan changes, breach of material obligations under the contract and misrepresentation by the contract holder, failure of the underlying portfolio to conform to the pre-established investment guidelines, or competing fund transfer or violation of equity wash or equivalent rules in place. The plan administrator does not believe that any events which would allow the issuer to terminate the contract are probable of occurring. There are not any events that would limit the ability of the Plan to transact at contract value so long as the Synthetic GIC contract remains in force.

### NOTE 6 - RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

For the years ended September 30, 2023 and 2022, certain Plan investments were managed by Empower Trust Company LLC, Prudential Bank & Trust, FSB, and Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company). Empower Trust Company and Prudential Bank & Trust, FSB were the Trustees and record-keepers for the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan to Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company) amounted to \$99,385 and \$108,187 for the years ended September 30, 2023 and 2022, respectively.

Stifel Nicolaus and Company provided investment counsel for the Plan and was a 3(38) investment manager over the investments in the Plan, for the years ended September 30, 2023 and 2022, and related transactions also qualify as party in interest transactions. Fees paid by the Plan to Stifel Nicolaus & Company or its affiliates totaled \$63,721 and \$57,453 for the years ended September 30, 2023 and 2022, respectively.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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Of the total recordkeeping, custodial, and advisory fees paid by the Plan for 2023 and 2022, \$173,356 and \$165,640, respectively, is included in administrative expenses on the statements of changes in net assets available for benefits. All other investment related fees are included in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

### NOTE 7 - PLAN TERMINATION

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

### NOTE 8 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 9, 2022, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Services. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 9 - RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

See accompanying notes to financial statements.

## **SUPPLEMENTAL SCHEDULE**

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

Form 5500 - Schedule H, Line 4i-  
Schedule of Assets (Held at End of Year)

Plan #001

EIN: 38-2908992

| (a) | (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, and Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | AllianceBernstein                                            | AB Global Bond Advisor                                                                                                | **       | \$ 4,908,310         |
|     | American Funds                                               | American Funds Capital World Growth and Income Fund R6                                                                | **       | 652,366              |
|     | American Funds                                               | American Funds New World R6                                                                                           | **       | 4,691,715            |
|     | Dimensional Fund Advisors                                    | DFA US Large Cap Value I                                                                                              | **       | 5,322,790            |
|     | Franklin Templeton Distributors Inc.                         | Franklin Small Cap Growth Advisor                                                                                     | **       | 1,000,623            |
|     | Fidelity Investments                                         | Fidelity Puritan Fund                                                                                                 | **       | 595,143              |
|     | Fidelity Investments                                         | Fidelity 500 Index Fund                                                                                               | **       | 10,373,996           |
|     | Fidelity Investments                                         | Fidelity Mid Cap Index                                                                                                | **       | 3,867,236            |
|     | Fidelity Investments                                         | Fidelity Small Cap Index                                                                                              | **       | 2,701,319            |
|     | Fidelity Investments                                         | Fidelity Large Cap Index                                                                                              | **       | 6,175,795            |
|     | Invesco                                                      | Invesco Small Cap Value Fund Class Y                                                                                  | **       | 945,487              |
|     | Metropolitan West                                            | Metropolitan West Total Return Bond Fund Class                                                                        | **       | 10,808,885           |
|     | MFS                                                          | MFS International Value Fund Class R3                                                                                 | **       | 10,991,627           |
|     | Vanguard Group of Investment Companies                       | Vanguard Inflation Protected Securities Fund                                                                          | **       | 2,061,495            |
|     | Vanguard Group of Investment Companies                       | Vanguard Mid-Cap Growth Index Fund Admiral Shares                                                                     | **       | 2,940,131            |
|     | Vanguard Group of Investment Companies                       | Vanguard High-Yield Corporate Fund Admiral Shares                                                                     | **       | 396,744              |
|     | Vanguard Group of Investment Companies                       | Vanguard Mid-Cap Value IN                                                                                             | **       | 2,632,811            |
|     | Total Investments at Fair Value                              |                                                                                                                       |          | 71,066,473           |
| *   | Prudential                                                   | Prudential Stable Value Fund                                                                                          | **       | 10,199,421           |
|     | TOTAL                                                        |                                                                                                                       |          | <u>\$ 81,265,894</u> |

\* Denotes Party-in-interest.

\*\* Cost information is not required for participant-directed investments and therefore is not included.

**Request Foods, Inc.**  
**Profit Sharing and Savings Plan**

FINANCIAL STATEMENTS

September 30, 2023 and 2022

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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## Independent Auditors' Report

To the Plan Trustee and Participants of  
Request Foods, Inc. Profit Sharing and Savings Plan

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

We have performed an audit of the accompanying financial statements of Request Foods, Inc. Profit Sharing and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2023 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Request Foods, Inc. Profit Sharing and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Request Foods, Inc. Profit Sharing and Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Request Foods, Inc. Profit Sharing and Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Request Foods, Inc. Profit Sharing and Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing

procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



Grand Rapids, Michigan  
March 19, 2024

## REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

*Statements of Net Assets Available  
for Benefits*

*September 30,*

|                                   | <i>2023</i>          | <i>2022</i>          |
|-----------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                     |                      |                      |
| Investments at fair value         | \$ 71,066,473        | \$ 60,245,292        |
| Investment at contract value      | 10,199,421           | 12,504,997           |
| Receivable - employer             | <u>2,038,749</u>     | <u>1,917,729</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 83,304,643</u> | <u>\$ 74,668,018</u> |

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

*Statements of Changes in Net Assets Available  
for Benefits*

*For the Years Ended  
September 30,*

|                                                                 | <i>2023</i>                 | <i>2022</i>                 |
|-----------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS:</b>                                               |                             |                             |
| Contributions:                                                  |                             |                             |
| Participant contributions                                       | \$ 4,499,391                | \$ 4,191,767                |
| Employer matching                                               | 2,542,169                   | 2,322,003                   |
| Employer profit sharing                                         | 2,038,749                   | 1,939,418                   |
| Rollover contributions                                          | <u>136,731</u>              | <u>972,512</u>              |
| Total Contributions                                             | <u>9,217,040</u>            | <u>9,425,700</u>            |
| Investment income:                                              |                             |                             |
| Interest and dividends                                          | 1,279,468                   | 965,964                     |
| Net appreciation (depreciation) in fair<br>value of investments | <u>7,629,904</u>            | <u>(16,476,270)</u>         |
| Total Investment Income (Loss)                                  | <u>8,909,372</u>            | <u>(15,510,306)</u>         |
| Total Additions                                                 | <u>18,126,412</u>           | <u>(6,084,606)</u>          |
| <b>DEDUCTIONS</b>                                               |                             |                             |
| Benefits paid to participants                                   | 9,316,431                   | 6,595,567                   |
| Administrative expenses                                         | <u>173,356</u>              | <u>165,640</u>              |
| Total Deductions                                                | <u>9,489,787</u>            | <u>6,761,207</u>            |
| INCREASE (DECREASE) IN NET ASSETS                               | 8,636,625                   | (12,845,813)                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                       |                             |                             |
| Beginning of year                                               | <u>74,668,018</u>           | <u>87,513,831</u>           |
| End of year                                                     | <u><u>\$ 83,304,643</u></u> | <u><u>\$ 74,668,018</u></u> |

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Request Foods, Inc. Profit Sharing and Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan is a defined contribution plan covering all eligible employees of Request Foods, Inc. (the "Company") who have completed 30 days of service with respect to employee elective contributions and matching contributions. Employees are eligible for all other employer contributions upon the completion of one full year of service, if they have worked at least 1,000 hours within the Plan year, and if they are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, EAICA acquired all shares of Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, FSB. On October 3, 2022, Prudential Retirement Insurance and Annuity Company was renamed Empower Annuity Insurance Company.

**Contributions** - A participant may make elective pre-tax and Roth payroll reduction contributions in amounts not to exceed the maximum allowable under the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit plans, defined contribution plans, or other eligible plans (rollover). The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate in the plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions are automatically invested in a designated allocation of funds until changed by the participant. The Plan includes an automatic annual escalation provision of 1%, up to 10% of eligible compensation, unless the participant affirmatively elects to not participate or elects a deferral other than 4%. The Plan provides for matching Company contributions as determined by the Company. The Company's matching contribution for the years ended September 30, 2023 and 2022, for each eligible participant was 100% of participant contributions, up to 4% of each participant's eligible compensation, and 50% of participant contributions, in excess of 4% and up to 6% of each participant's eligible compensation. The

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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Plan further provides for discretionary non-elective and profit-sharing contributions. For each the years ended September 30, 2023 and 2022, profit sharing contributions were 4% of eligible participant's compensation up to the maximum allowed by the Internal Revenue Service. The participants are able to direct current contributions and redistribute accumulated contributions between various investment options offered by the Plan.

**Participant Accounts** - Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of (a) the Company's profit-sharing contributions and (b) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investments** - Participants direct the investment of their contributions into various investment options offered by the Plan.

**Vesting** - Participants are vested immediately in their elective contributions, authorized rollovers, matching Company contributions, and discretionary Company non-elective contributions, plus actual earnings thereon. Vesting of the profit-sharing contribution is based on years of service. After six years of vested service, participants are fully vested.

**Payment of Benefits** - Funds may be withdrawn from a participant's account upon the occurrence of one of the following: hardship, death, normal retirement, total disability, termination of employment, transfer of employment, or attainment of age required minimum distribution age according to IRS rules. Normal retirement is defined as age 60 for participants who joined the Plan before October 1, 2021 and the later of age 60 or five years of service for participants who join the Plan on October 1, 2021 or later. Upon termination of service, a participant may elect to receive either a lump-sum amount or a direct transfer to another plan equal to the value of the vested interest in his or her account.

**Forfeited Accounts** - At September 30, 2023 and 2022, forfeited non-vested accounts totaled \$27,417 and \$79,553, respectively. These accounts are used to reduce employer contributions and Plan expenses. Employer contributions and plan expenses were reduced by \$138,198 and \$93,258 for the years ended September 30, 2023 and 2022, respectively.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value (except for the fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

**Administrative Expenses** - Some administrative expenses of the Plan are paid by the Plan Sponsor as provided in the Plan document. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments on the Statement of Changes in Net Assets Available for Benefits.

During 2023 and 2022, Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company (PRIAC) prior to being renamed October 3, 2022) provided certain administrative services to the Plan pursuant to a service agreement between the Company and Empower Annuity Insurance Company. Empower Annuity Insurance Company receives revenue from the asset management charge assessed on the Plan's assets.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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If the asset management charge collected exceeds the amount that is owed under the service agreement, Empower Annuity Insurance Company remits the excess to the Plan Expense Account on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. At September 30, 2023 and 2022, nonvested expense reimbursement accounts totaled \$1,174 and \$182, respectively. These accounts will be used to reduce Plan expenses.

Plan expenses were reduced \$23,881 and \$41,426 from the expense reimbursement account for the years ended September 30, 2023 and 2022, respectively.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Reclassifications** - Certain amounts as reported in the 2022 financial statements and footnotes have been reclassified to conform with the 2023 presentation.

**Subsequent Events** – Effective December 1, 2023 the Plan was amended to allow loans. The Plan has evaluated subsequent events through March 19, 2024, the date the financial statements were available to be issued.

### NOTE 3 - CERTIFIED INVESTMENTS

All information related to investments in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2023 and net appreciation in fair value of investments, interest and dividends for the period from April 1, 2023 to September 30, 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Trust Company, LLC and Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company), the Trustees of the Plan. All information related to investments in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2022 and net appreciation (depreciation) in fair value of investments, interest and dividends for the period from October 1, 2021 to March 31, 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Bank & Trust, FSB and Prudential Retirement Insurance and Annuity Company, the Trustees of the Plan. As noted in Note 1, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. No assets were transferred as a result of the acquisition.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

#### *Level 1 Fair Value Measurements*

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

#### *Level 2 Fair Value Measurements*

Inputs to the valuation methodology includes quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

#### *Level 3 Fair Value Measurements*

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2023 and 2022.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are presented as level 1 in the fair value measurements table.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023 and 2022:

|                    |                      | Fair Value Measurements at<br>Report Date Using:                        |                                                        |                                                    |
|--------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                    |                      | Quoted Prices<br>in Active Markets<br>for Identical<br>Assets (Level 1) | Significant<br>Other Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                    | Fair Value           |                                                                         |                                                        |                                                    |
| September 30, 2023 |                      |                                                                         |                                                        |                                                    |
| Mutual funds       | \$ 71,066,473        | \$ 71,066,473                                                           | \$ -                                                   | \$ -                                               |
| Investments at FV  | <u>\$ 71,066,473</u> | <u>\$ 71,066,473</u>                                                    | <u>\$ -</u>                                            | <u>\$ -</u>                                        |
| September 30, 2022 |                      |                                                                         |                                                        |                                                    |
| Mutual funds       | \$ 60,245,292        | \$ 60,245,292                                                           | \$ -                                                   | \$ -                                               |
| Investments at FV  | <u>\$ 60,245,292</u> | <u>\$ 60,245,292</u>                                                    | <u>\$ -</u>                                            | <u>\$ -</u>                                        |

## NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan is invested in a synthetic investment contract with Empower Annuity Insurance Company (formerly Prudential Insurance Company of America) totaling \$10,199,421 and \$12,504,997 at September 30, 2023 and 2022, respectively. The account is credited with earnings at guaranteed crediting rates and debited for participant withdrawals and administrative expenses.

As described in Note 2, the contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The group annuity contract is reinsured and administered by Empower Insurance Company of America (EICA).

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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The underlying assets held by the contract is a combination of an investment in the Prudential Core Conservative Intermediate Bond Fund of Prudential Trust Company's Collective Trust and a group annuity wrapper with Empower Annuity Insurance Company (formerly Prudential Insurance Company of America). The contract provides a guarantee that the credit rate will not fall below 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract credit rates. A formula is provided for the contract to adjust renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed quarterly for resetting as determined by Empower Annuity Insurance Company.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

In general, issuers may terminate the contract if the Plan representative announces its intention to terminate, cancel, or merge the Plan, the qualification status of participant employer or plan changes, breach of material obligations under the contract and misrepresentation by the contract holder, failure of the underlying portfolio to conform to the pre-established investment guidelines, or competing fund transfer or violation of equity wash or equivalent rules in place. The plan administrator does not believe that any events which would allow the issuer to terminate the contract are probable of occurring. There are not any events that would limit the ability of the Plan to transact at contract value so long as the Synthetic GIC contract remains in force.

### NOTE 6 - RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

For the years ended September 30, 2023 and 2022, certain Plan investments were managed by Empower Trust Company LLC, Prudential Bank & Trust, FSB, and Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company). Empower Trust Company and Prudential Bank & Trust, FSB were the Trustees and record-keepers for the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan to Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company) amounted to \$99,385 and \$108,187 for the years ended September 30, 2023 and 2022, respectively.

Stifel Nicolaus and Company provided investment counsel for the Plan and was a 3(38) investment manager over the investments in the Plan, for the years ended September 30, 2023 and 2022, and related transactions also qualify as party in interest transactions. Fees paid by the Plan to Stifel Nicolaus & Company or its affiliates totaled \$63,721 and \$57,453 for the years ended September 30, 2023 and 2022, respectively.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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Of the total recordkeeping, custodial, and advisory fees paid by the Plan for 2023 and 2022, \$173,356 and \$165,640, respectively, is included in administrative expenses on the statements of changes in net assets available for benefits. All other investment related fees are included in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

### NOTE 7 - PLAN TERMINATION

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

### NOTE 8 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 9, 2022, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Services. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 9 - RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

See accompanying notes to financial statements.

## **SUPPLEMENTAL SCHEDULE**

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

Form 5500 - Schedule H, Line 4i-  
Schedule of Assets (Held at End of Year)

Plan #001

EIN: 38-2908992

| (a)   | (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including                                  | (d) Cost | (e) Current   |
|-------|--------------------------------------------------------------|---------------------------------------------------------------------------|----------|---------------|
|       |                                                              | Maturity Date, Rate of Interest,<br>Collateral, and Par or Maturity Value |          | Value         |
|       | AllianceBernstein                                            | AB Global Bond Advisor                                                    | **       | \$ 4,908,310  |
|       | American Funds                                               | American Funds Capital World Growth and Income Fund R6                    | **       | 652,366       |
|       | American Funds                                               | American Funds New World R6                                               | **       | 4,691,715     |
|       | Dimensional Fund Advisors                                    | DFA US Large Cap Value I                                                  | **       | 5,322,790     |
|       | Franklin Templeton Distributors Inc.                         | Franklin Small Cap Growth Advisor                                         | **       | 1,000,623     |
|       | Fidelity Investments                                         | Fidelity Puritan Fund                                                     | **       | 595,143       |
|       | Fidelity Investments                                         | Fidelity 500 Index Fund                                                   | **       | 10,373,996    |
|       | Fidelity Investments                                         | Fidelity Mid Cap Index                                                    | **       | 3,867,236     |
|       | Fidelity Investments                                         | Fidelity Small Cap Index                                                  | **       | 2,701,319     |
|       | Fidelity Investments                                         | Fidelity Large Cap Index                                                  | **       | 6,175,795     |
|       | Invesco                                                      | Invesco Small Cap Value Fund Class Y                                      | **       | 945,487       |
|       | Metropolitan West                                            | Metropolitan West Total Return Bond Fund Class                            | **       | 10,808,885    |
|       | MFS                                                          | MFS International Value Fund Class R3                                     | **       | 10,991,627    |
|       | Vanguard Group of Investment Companies                       | Vanguard Inflation Protected Securities Fund                              | **       | 2,061,495     |
|       | Vanguard Group of Investment Companies                       | Vanguard Mid-Cap Growth Index Fund Admiral Shares                         | **       | 2,940,131     |
|       | Vanguard Group of Investment Companies                       | Vanguard High-Yield Corporate Fund Admiral Shares                         | **       | 396,744       |
|       | Vanguard Group of Investment Companies                       | Vanguard Mid-Cap Value IN                                                 | **       | 2,632,811     |
|       | Total Investments at Fair Value                              |                                                                           |          | 71,066,473    |
| *     | Prudential                                                   | Prudential Stable Value Fund                                              | **       | 10,199,421    |
| TOTAL |                                                              |                                                                           |          | \$ 81,265,894 |

\* Denotes Party-in-interest.

\*\* Cost information is not required for participant-directed investments and therefore is not included.

**Request Foods, Inc.**  
**Profit Sharing and Savings Plan**

FINANCIAL STATEMENTS

September 30, 2023 and 2022

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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Grand Rapids, MI 49546

616.957.0691  
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### Independent Auditors' Report

To the Plan Trustee and Participants of  
Request Foods, Inc. Profit Sharing and Savings Plan

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

We have performed an audit of the accompanying financial statements of Request Foods, Inc. Profit Sharing and Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2023 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Request Foods, Inc. Profit Sharing and Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Request Foods, Inc. Profit Sharing and Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Request Foods, Inc. Profit Sharing and Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Request Foods, Inc. Profit Sharing and Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing

procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

VBA CPA

Grand Rapids, Michigan  
March 19, 2024

## REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

*Statements of Net Assets Available  
for Benefits*

*September 30,*

|                                   | <i>2023</i>          | <i>2022</i>          |
|-----------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                     |                      |                      |
| Investments at fair value         | \$ 71,066,473        | \$ 60,245,292        |
| Investment at contract value      | 10,199,421           | 12,504,997           |
| Receivable - employer             | <u>2,038,749</u>     | <u>1,917,729</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 83,304,643</u> | <u>\$ 74,668,018</u> |

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

*Statements of Changes in Net Assets Available  
for Benefits*

*For the Years Ended  
September 30,*

|                                                                 | <i>2023</i>          | <i>2022</i>          |
|-----------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS:                                                      |                      |                      |
| Contributions:                                                  |                      |                      |
| Participant contributions                                       | \$ 4,499,391         | \$ 4,191,767         |
| Employer matching                                               | 2,542,169            | 2,322,003            |
| Employer profit sharing                                         | 2,038,749            | 1,939,418            |
| Rollover contributions                                          | <u>136,731</u>       | <u>972,512</u>       |
| Total Contributions                                             | <u>9,217,040</u>     | <u>9,425,700</u>     |
| Investment income:                                              |                      |                      |
| Interest and dividends                                          | 1,279,468            | 965,964              |
| Net appreciation (depreciation) in fair<br>value of investments | <u>7,629,904</u>     | <u>(16,476,270)</u>  |
| Total Investment Income (Loss)                                  | <u>8,909,372</u>     | <u>(15,510,306)</u>  |
| Total Additions                                                 | <u>18,126,412</u>    | <u>(6,084,606)</u>   |
| DEDUCTIONS                                                      |                      |                      |
| Benefits paid to participants                                   | 9,316,431            | 6,595,567            |
| Administrative expenses                                         | <u>173,356</u>       | <u>165,640</u>       |
| Total Deductions                                                | <u>9,489,787</u>     | <u>6,761,207</u>     |
| INCREASE (DECREASE) IN NET ASSETS                               | 8,636,625            | (12,845,813)         |
| NET ASSETS AVAILABLE FOR BENEFITS:                              |                      |                      |
| Beginning of year                                               | <u>74,668,018</u>    | <u>87,513,831</u>    |
| End of year                                                     | <u>\$ 83,304,643</u> | <u>\$ 74,668,018</u> |

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Request Foods, Inc. Profit Sharing and Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan is a defined contribution plan covering all eligible employees of Request Foods, Inc. (the "Company") who have completed 30 days of service with respect to employee elective contributions and matching contributions. Employees are eligible for all other employer contributions upon the completion of one full year of service, if they have worked at least 1,000 hours within the Plan year, and if they are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, EAICA acquired all shares of Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, FSB. On October 3, 2022, Prudential Retirement Insurance and Annuity Company was renamed Empower Annuity Insurance Company.

**Contributions** - A participant may make elective pre-tax and Roth payroll reduction contributions in amounts not to exceed the maximum allowable under the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit plans, defined contribution plans, or other eligible plans (rollover). The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate in the plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions are automatically invested in a designated allocation of funds until changed by the participant. The Plan includes an automatic annual escalation provision of 1%, up to 10% of eligible compensation, unless the participant affirmatively elects to not participate or elects a deferral other than 4%. The Plan provides for matching Company contributions as determined by the Company. The Company's matching contribution for the years ended September 30, 2023 and 2022, for each eligible participant was 100% of participant contributions, up to 4% of each participant's eligible compensation, and 50% of participant contributions, in excess of 4% and up to 6% of each participant's eligible compensation. The

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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Plan further provides for discretionary non-elective and profit-sharing contributions. For each the years ended September 30, 2023 and 2022, profit sharing contributions were 4% of eligible participant's compensation up to the maximum allowed by the Internal Revenue Service. The participants are able to direct current contributions and redistribute accumulated contributions between various investment options offered by the Plan.

**Participant Accounts** - Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of (a) the Company's profit-sharing contributions and (b) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investments** - Participants direct the investment of their contributions into various investment options offered by the Plan.

**Vesting** - Participants are vested immediately in their elective contributions, authorized rollovers, matching Company contributions, and discretionary Company non-elective contributions, plus actual earnings thereon. Vesting of the profit-sharing contribution is based on years of service. After six years of vested service, participants are fully vested.

**Payment of Benefits** - Funds may be withdrawn from a participant's account upon the occurrence of one of the following: hardship, death, normal retirement, total disability, termination of employment, transfer of employment, or attainment of age required minimum distribution age according to IRS rules. Normal retirement is defined as age 60 for participants who joined the Plan before October 1, 2021 and the later of age 60 or five years of service for participants who join the Plan on October 1, 2021 or later. Upon termination of service, a participant may elect to receive either a lump-sum amount or a direct transfer to another plan equal to the value of the vested interest in his or her account.

**Forfeited Accounts** - At September 30, 2023 and 2022, forfeited non-vested accounts totaled \$27,417 and \$79,553, respectively. These accounts are used to reduce employer contributions and Plan expenses. Employer contributions and plan expenses were reduced by \$138,198 and \$93,258 for the years ended September 30, 2023 and 2022, respectively.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value (except for the fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

**Administrative Expenses** - Some administrative expenses of the Plan are paid by the Plan Sponsor as provided in the Plan document. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments on the Statement of Changes in Net Assets Available for Benefits.

During 2023 and 2022, Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company (PRIAC) prior to being renamed October 3, 2022) provided certain administrative services to the Plan pursuant to a service agreement between the Company and Empower Annuity Insurance Company. Empower Annuity Insurance Company receives revenue from the asset management charge assessed on the Plan's assets.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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If the asset management charge collected exceeds the amount that is owed under the service agreement, Empower Annuity Insurance Company remits the excess to the Plan Expense Account on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. At September 30, 2023 and 2022, nonvested expense reimbursement accounts totaled \$1,174 and \$182, respectively. These accounts will be used to reduce Plan expenses.

Plan expenses were reduced \$23,881 and \$41,426 from the expense reimbursement account for the years ended September 30, 2023 and 2022, respectively.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Reclassifications** - Certain amounts as reported in the 2022 financial statements and footnotes have been reclassified to conform with the 2023 presentation.

**Subsequent Events** – Effective December 1, 2023 the Plan was amended to allow loans. The Plan has evaluated subsequent events through March 19, 2024, the date the financial statements were available to be issued.

### NOTE 3 - CERTIFIED INVESTMENTS

All information related to investments in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2023 and net appreciation in fair value of investments, interest and dividends for the period from April 1, 2023 to September 30, 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Trust Company, LLC and Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company), the Trustees of the Plan. All information related to investments in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2022 and net appreciation (depreciation) in fair value of investments, interest and dividends for the period from October 1, 2021 to March 31, 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Bank & Trust, FSB and Prudential Retirement Insurance and Annuity Company, the Trustees of the Plan. As noted in Note 1, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. No assets were transferred as a result of the acquisition.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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### NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

#### *Level 1 Fair Value Measurements*

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

#### *Level 2 Fair Value Measurements*

Inputs to the valuation methodology includes quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

#### *Level 3 Fair Value Measurements*

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2023 and 2022.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are presented as level 1 in the fair value measurements table.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023 and 2022:

|                    |                      | Fair Value Measurements at<br>Report Date Using:                        |                                                        |                                                    |
|--------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                    |                      | Quoted Prices<br>in Active Markets<br>for Identical<br>Assets (Level 1) | Significant<br>Other Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                    | Fair Value           |                                                                         |                                                        |                                                    |
| September 30, 2023 |                      |                                                                         |                                                        |                                                    |
| Mutual funds       | \$ 71,066,473        | \$ 71,066,473                                                           | \$ -                                                   | \$ -                                               |
| Investments at FV  | <u>\$ 71,066,473</u> | <u>\$ 71,066,473</u>                                                    | <u>\$ -</u>                                            | <u>\$ -</u>                                        |
| September 30, 2022 |                      |                                                                         |                                                        |                                                    |
| Mutual funds       | \$ 60,245,292        | \$ 60,245,292                                                           | \$ -                                                   | \$ -                                               |
| Investments at FV  | <u>\$ 60,245,292</u> | <u>\$ 60,245,292</u>                                                    | <u>\$ -</u>                                            | <u>\$ -</u>                                        |

## NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan is invested in a synthetic investment contract with Empower Annuity Insurance Company (formerly Prudential Insurance Company of America) totaling \$10,199,421 and \$12,504,997 at September 30, 2023 and 2022, respectively. The account is credited with earnings at guaranteed crediting rates and debited for participant withdrawals and administrative expenses.

As described in Note 2, the contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The group annuity contract is reinsured and administered by Empower Insurance Company of America (EICA).

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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The underlying assets held by the contract is a combination of an investment in the Prudential Core Conservative Intermediate Bond Fund of Prudential Trust Company's Collective Trust and a group annuity wrapper with Empower Annuity Insurance Company (formerly Prudential Insurance Company of America). The contract provides a guarantee that the credit rate will not fall below 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract credit rates. A formula is provided for the contract to adjust renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed quarterly for resetting as determined by Empower Annuity Insurance Company.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

In general, issuers may terminate the contract if the Plan representative announces its intention to terminate, cancel, or merge the Plan, the qualification status of participant employer or plan changes, breach of material obligations under the contract and misrepresentation by the contract holder, failure of the underlying portfolio to conform to the pre-established investment guidelines, or competing fund transfer or violation of equity wash or equivalent rules in place. The plan administrator does not believe that any events which would allow the issuer to terminate the contract are probable of occurring. There are not any events that would limit the ability of the Plan to transact at contract value so long as the Synthetic GIC contract remains in force.

### NOTE 6 - RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

For the years ended September 30, 2023 and 2022, certain Plan investments were managed by Empower Trust Company LLC, Prudential Bank & Trust, FSB, and Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company). Empower Trust Company and Prudential Bank & Trust, FSB were the Trustees and record-keepers for the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan to Empower Annuity Insurance Company (formerly Prudential Retirement Insurance and Annuity Company) amounted to \$99,385 and \$108,187 for the years ended September 30, 2023 and 2022, respectively.

Stifel Nicolaus and Company provided investment counsel for the Plan and was a 3(38) investment manager over the investments in the Plan, for the years ended September 30, 2023 and 2022, and related transactions also qualify as party in interest transactions. Fees paid by the Plan to Stifel Nicolaus & Company or its affiliates totaled \$63,721 and \$57,453 for the years ended September 30, 2023 and 2022, respectively.

See accompanying notes to financial statements.

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

## *Notes to Financial Statements*

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Of the total recordkeeping, custodial, and advisory fees paid by the Plan for 2023 and 2022, \$173,356 and \$165,640, respectively, is included in administrative expenses on the statements of changes in net assets available for benefits. All other investment related fees are included in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

### NOTE 7 - PLAN TERMINATION

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

### NOTE 8 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 9, 2022, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Services. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 9 - RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

See accompanying notes to financial statements.

## **SUPPLEMENTAL SCHEDULE**

# REQUEST FOODS, INC. PROFIT SHARING AND SAVINGS PLAN

Form 5500 - Schedule H, Line 4i-  
Schedule of Assets (Held at End of Year)

Plan #001

EIN: 38-2908992

| (a) | (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, and Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | AllianceBernstein                                            | AB Global Bond Advisor                                                                                                | **       | \$ 4,908,310         |
|     | American Funds                                               | American Funds Capital World Growth and Income Fund R6                                                                | **       | 652,366              |
|     | American Funds                                               | American Funds New World R6                                                                                           | **       | 4,691,715            |
|     | Dimensional Fund Advisors                                    | DFA US Large Cap Value I                                                                                              | **       | 5,322,790            |
|     | Franklin Templeton Distributors Inc.                         | Franklin Small Cap Growth Advisor                                                                                     | **       | 1,000,623            |
|     | Fidelity Investments                                         | Fidelity Puritan Fund                                                                                                 | **       | 595,143              |
|     | Fidelity Investments                                         | Fidelity 500 Index Fund                                                                                               | **       | 10,373,996           |
|     | Fidelity Investments                                         | Fidelity Mid Cap Index                                                                                                | **       | 3,867,236            |
|     | Fidelity Investments                                         | Fidelity Small Cap Index                                                                                              | **       | 2,701,319            |
|     | Fidelity Investments                                         | Fidelity Large Cap Index                                                                                              | **       | 6,175,795            |
|     | Invesco                                                      | Invesco Small Cap Value Fund Class Y                                                                                  | **       | 945,487              |
|     | Metropolitan West                                            | Metropolitan West Total Return Bond Fund Class                                                                        | **       | 10,808,885           |
|     | MFS                                                          | MFS International Value Fund Class R3                                                                                 | **       | 10,991,627           |
|     | Vanguard Group of Investment Companies                       | Vanguard Inflation Protected Securities Fund                                                                          | **       | 2,061,495            |
|     | Vanguard Group of Investment Companies                       | Vanguard Mid-Cap Growth Index Fund Admiral Shares                                                                     | **       | 2,940,131            |
|     | Vanguard Group of Investment Companies                       | Vanguard High-Yield Corporate Fund Admiral Shares                                                                     | **       | 396,744              |
|     | Vanguard Group of Investment Companies                       | Vanguard Mid-Cap Value IN                                                                                             | **       | 2,632,811            |
|     | Total Investments at Fair Value                              |                                                                                                                       |          | 71,066,473           |
| *   | Prudential                                                   | Prudential Stable Value Fund                                                                                          | **       | 10,199,421           |
|     | TOTAL                                                        |                                                                                                                       |          | <u>\$ 81,265,894</u> |

\* Denotes Party-in-interest.

\*\* Cost information is not required for participant-directed investments and therefore is not included.