

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan THE JUICE PLUS 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1973
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE JUICE PLUS COMPANY, LLC 140 CRESCENT DRIVE COLLIERVILLE, TN 38017	2b	Employer Identification Number (EIN) 20-4819292
		2c	Plan Sponsor's telephone number 901-850-3000
		2d	Business code (see instructions) 339900

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.	02/15/2024	ALISON PIERALISI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2024	ALISON PIERALISI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 386
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 244 6a(2) 216 6b 24 6c 95 6d 335 6e 1 6f 336 6g 335 6h 19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023	
A Name of plan THE JUICE PLUS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JUICE PLUS COMPANY, LLC	D Employer Identification Number (EIN) 20-4819292

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	516818-01	126	05/01/2022	04/30/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	777396
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	5484734	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	18215	
	(4) Transferred from separate account.....	7c(4)	8200195	
	(5) Other (specify below)	7c(5)	26505	

▶ **FORFEITURE**

(6) Total additions.....	7c(6)	13729649
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	13729649
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	205263	
(2) Administration charge made by carrier.....	7e(2)	2201	
(3) Transferred to separate account.....	7e(3)	12744789	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions.....	7e(5)	12952253
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	777396
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan THE JUICE PLUS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JUICE PLUS COMPANY, LLC	D Employer Identification Number (EIN) 20-4819292	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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)

GLOBAL RETIREMENT PARTNERS LLC

4340 REDWOOD HWY
SUITE B60
SAN RAFAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	24990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACUFF & ASSOCIATES INC

320 SEVEN SPRINGS WY STE 115
BRENTWOOD, TN 37027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	6690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	4675	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan THE JUICE PLUS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE JUICE PLUS COMPANY, LLC	D Employer Identification Number (EIN) 20-4819292	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: FRS WESTERN ASSET CORE PLUS BOND CL			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 82-4391232-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 806715	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND II FEE CLASS			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-4126288-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44686	
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-7271347-741	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 756901	
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-7271348-742	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 402100	
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-7271346-740	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 847115	
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND CLASS R1			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11390	
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND FEE CLASS R1			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-4126247-549	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50548	

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 38-7271349-743	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217450
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 38-7271345-739	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302319
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 38-7271351-745	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4341
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 38-7271350-744	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187248
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023						
A Name of plan THE JUICE PLUS 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 001 </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 THE JUICE PLUS COMPANY, LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) 20-4819292 </td> </tr> </table>		D Employer Identification Number (EIN) 20-4819292			
D Employer Identification Number (EIN) 20-4819292						

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	1080	577266
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)	1512144	1378679
(2) Participant contributions.....		1b(2)	16901	19750
(3) Other.....		1b(3)	57338	41846
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	1932310	790877
(2) U.S. Government securities		1c(2)		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)		
(B) All other		1c(3)(B)	3746312	2579408
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common.....		1c(4)(B)	25209912	19951921
(5) Partnership/joint venture interests		1c(5)	5251444	6367552
(6) Real estate (other than employer real property)		1c(6)	2444898	2279400
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)	433087	447331
(9) Value of interest in common/collective trusts.....		1c(9)	0	3630812
(10) Value of interest in pooled separate accounts.....		1c(10)	7878490	0
(11) Value of interest in master trust investment accounts.....		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	964733	5241453
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	143784	750575
(15) Other		1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	49592433	44056870

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	49592433	44056870
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1940992	
(B) Participants	2a(1)(B)	1135955	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3076947
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3355	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	118406	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	32864	
(F) Other	2b(1)(F)	11816	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		166441
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	387473	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	395516	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		782989
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	12381767	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11172452	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1209315
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-951378	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-951378

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		147298
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-299084
(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)		-45748
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4086780
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9349731	
(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)		9349731
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	272612	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		272612
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9622343
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-5535563
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: JACKSON, HOWELL & ASSOCIATES, PLLC

(2) EIN: 20-3538074

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan THE JUICE PLUS 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JUICE PLUS COMPANY, LLC		D Employer Identification Number (EIN) 20-4819292
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 39-0989781		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
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): _____

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

The Juice Plus 401(k) Plan

FINANCIAL REPORT

April 30, 2023

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JACKSON, HOWELL & ASSOCIATES, PLLC
CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS CONSULTANTS



MEMBERS:

DAVID L. JACKSON, CPA
CYNTHIA C. ROBB, CPA

MEMBERS AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants
The Juice Plus 401(k) Plan
Collierville, Tennessee

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

We have performed an audit of the financial statements of The Juice Plus 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of April 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year then ended April 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (DOL) 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 of 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 DOL Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification letters from qualified institutions as of April 30, 2023 and 2022 and for the year ended April 30, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 (GAAP).

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Juice Plus 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our audits. 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 GAAP, 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 The Juice Plus 401(k) Plan's ability to continue as a going concern within one year after the date that the financial statements are issued (or within one year after the financial statements are available to be issued when applicable).

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 provision, 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements. In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits 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 GAAP.

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 GAAP.

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

Other Matter

Supplementary Schedule Required by ERISA

The supplementary schedule of assets (held at end of year) as of April 30, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL 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 supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplementary schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplementary schedule, we evaluated whether the supplementary schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Cordova, Tennessee
February 14, 2024

Jackson Howell & Associates, LLC

The Juice Plus 401(k) Plan
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
April 30

	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
Investments at fair value:		
Common stocks	\$19,951,921	\$ 25,209,912
Limited partnerships	5,032,838	4,651,444
Corporate bonds	2,579,408	3,746,312
Mutual funds	5,241,453	964,733
Collective trust funds	3,630,812	-
Pooled separate accounts	-	7,878,490
REIT/ Tangible	2,279,400	2,444,898
Alternatives	1,334,714	600,000
Money market funds	790,877	1,932,310
Fixed annuities	<u>750,575</u>	<u>-</u>
	41,591,998	47,428,099
Fully benefit responsive contract	-	143,784
Receivables:		
Employer contributions	1,378,679	1,512,144
Participant contributions	19,750	16,901
Accrued interest and dividends	38,951	47,236
Notes receivable from participants	447,331	433,087
Other	<u>2,895</u>	<u>10,102</u>
	1,887,606	2,019,470
Cash and cash equivalents	<u>577,266</u>	<u>1,080</u>
TOTAL ASSETS	44,056,870	49,592,433
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$44,056,870</u>	<u>\$49,592,433</u>

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

The Juice Plus 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Year Ended April 30, 2023

Deductions to net assets attributed to:

Investment income (loss):

Net appreciation in fair value
of investments

\$ 60,403

Interest

133,577

Dividends

782,989

976,969

Less: investment expenses

272,612

704,357

Interest income on notes receivable from participants

32,864

Contributions:

Employer contributions

1,940,992

Participant contributions

1,135,955

3,076,947

TOTAL ADDITIONS

3,814,168

Deductions from net assets attributed to:

Benefits paid to participants

9,349,731

TOTAL DEDUCTIONS

9,349,731

NET DECREASE

(5,535,563)

Net assets available for benefits:

Beginning of year

49,592,433

End of year

\$44,056,870

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

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

NOTE A - PLAN DESCRIPTION

The following description of The Juice Plus 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan was most recently amended and restated effective May 1, 2022.

General

The Juice Plus+ Company, LLC (Company) established the Plan as a defined contribution plan covering all eligible employees. Employees of companies affiliated with The Juice Plus+ Company, LLC through significant common ownership also participate in the Plan on similar terms. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

For 2022, participants may contribute up to the lesser of \$20,500 or a specific percentage of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 or older are eligible to make catch-up contributions (maximum catch-up contribution for 2022 is \$6,500). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their elective deferrals, safe harbor, and employer matching contributions into various investment options offered by the Plan. The Plan currently offers mutual funds, collective trust funds, a fixed annuity, and an insurance investment contract as investment options for participants. Contributions are subject to certain limitations.

For the year ended April 30, 2023, the Company's safe harbor non-elective contributions were allocated to all eligible participants in an amount equal to 3% of compensation.

For the year ended April 30, 2023, the Company's employer matching contributions were allocated based on 50% of elective deferrals up to 2% of compensation.

Each year, the Company may elect to make a profit sharing contribution to the Plan at the discretion of the Board of Directors. The amount elected to the Plan by the Company for the year ended April 30, 2023 was \$1,150,000.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's matching, safe harbor, and profit sharing contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on the participants' eligible compensation 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.

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE A - PLAN DESCRIPTION - CONTINUED

Vesting

Participants are immediately vested in their deferral contributions and the Company's safe harbor contributions, plus earnings thereon. Participants become vested in the Company's matching contributions and discretionary profit sharing contributions and related earnings based upon years of service, with 100% vesting occurring after six years of credited service. In the event of death, disability, normal retirement age (65), or if the Plan is discontinued, participants become 100% vested in all account balances.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 8.25% to 13% which are commensurate with local prevailing rates as determined by the Plan administration. Principle and interest are paid ratably through payroll deductions.

Payment of Benefits

Benefits are distributed in the plan year following the participant's retirement or break in service. Distributions may be made in lump-sum, monthly installments, or a combination thereof.

Forfeited Accounts

At April 30, 2023, forfeited nonvested accounts totaled \$160,863. These accounts will be used to offset future employer contributions or to pay plan expenses. During the year ended April 30, 2023, forfeitures in the amount of \$35,982 and \$0 were used to reduce the employer and profit-sharing contributions, respectively.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Cash and Cash Equivalents

Highly liquid debt instruments with a maturity of three months or less from the date of purchase are considered to be cash equivalents.

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive contract, which is 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. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors. See Note D 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.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through February 14, 2024, the date the financial statements were available to be issued.

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE C - INFORMATION CERTIFIED BY THE CUSTODIANS (UNAUDITED)

The following is a summary of the Plan's information as of April 30, 2023 and 2022, and for the year ended April 30, 2023, included throughout the Plan's financial statements and ERISA-required supplementary schedule, obtained by management and agreed to or derived from information certified by Transamerica Financial Life Insurance Company (TFLIC) and Empower, the custodians of the Plan. TFLIC certified investments held at May 17, 2022 and April 30, 2022, and Empower certified investments at April 30, 2023. TFLIC certified investment income for the period May 1, 2022 to May 17, 2022, and Empower certified investment income for the period May 18, 2022 to April 30, 2023. The Plan Administrator has obtained certifications from the custodians that the information provided to the Plan Administrator by the custodians related to the following information is complete and accurate:

	<u>2023</u>	<u>2022</u>
Investments	\$ 8,724,848	\$ 8,022,274
Investment income		
Net depreciation in fair value of investments	(197,534)	
Interest and dividends	175,652	

NOTE D - 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 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 Inputs to the valuation methodology include:
- 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.

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

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

The asset's 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 used need to maximize the use of 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 April 30, 2023 and 2022.

Common stocks: Valued at the closing price reported in the active market in which the individual securities are traded.

Limited partnerships: Investments in other funds are reported in the Partnership's statement of financial condition at fair value. Fair value ordinarily represents the Partnership's proportionate share of each other fund's net asset value determined for each fund in accordance with such fund's valuation policies and reported at the time of the Partnership's valuation by the management of the other fund. Generally, the fair value of the Partnership's investment in another fund represents the amount that the Partnership could reasonably expect to receive from such fund if the Partnership's investment was redeemed at the time of the valuation, based on information reasonably available at the time the valuation is made and that the Partnership believes to be reliable (Exception - a portion of the fair value of the investments in NFC Insurance Partners, LLC, RCP Secondary Opportunity Fund IV, LP and Parabellum Partners I Offshore, Ltd., respectively, is valued using the net asset value (NAV) reported by the funds as a practical expedient and, therefore, has not been classified in the fair value hierarchy. The NAV portion of the limited partnerships have unfunded commitments and the redemption frequency can range from daily to monthly.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

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 Securities and Exchange Commission. 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.

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

Fixed annuities: Fixed annuity options are reported daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider.

Pooled separate accounts: Valued at the net asset value (NAV) of units of shares held by the Plan. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the fund minus the fund's liabilities, divided by the number of participation units outstanding.

Alternative Investments: Certain alternative investments are illiquid and not valued daily. Estimated valuations are as of the most recent date available.

Money market funds: Valued based on quoted market prices for those or similar investments.

Collective trust funds - Redeemed at the day's computed net asset value (NAV) measurement date. The NAV is used as a practical expedient to estimate fair value. CCT's may hold a variety of underlying assets. The collective trust funds have no unfunded commitments, the redemption frequency is daily, and there are no redemption notice periods.

REITs/Tangibles - Certain REIT investments are generally illiquid and not valued daily. Estimated valuations are as of the most recent date available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2023 and 2022:

	<u>Assets at Fair Value as of April 30, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 19,951,921	\$ -	\$ -	\$19,951,921
Limited partnerships	1,113,015	1,284,039	1,791,796	4,188,850
Corporate bonds	2,579,408	-	-	2,579,408
Mutual funds	5,241,453	-	-	5,241,453
Fixed annuities	-	750,575	-	750,575
Alternatives	-	-	1,334,714	1,334,714
REITs/Tangibles	-	2,279,400	-	2,279,400
Money market funds	<u>790,877</u>	<u>-</u>	<u>-</u>	<u>790,877</u>
Total assets in the fair value hierarchy	<u>\$ 29,676,674</u>	<u>\$4,314,014</u>	<u>\$3,126,510</u>	37,117,198
Investments measured at NAV*				<u>4,474,800</u>
Total investments				<u>\$41,591,998</u>

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE D - FAIR VALUE MEASUREMENTS - CONTINUED

	<u>Assets at Fair Value as of April 30, 2022</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$25,209,912	\$ -	\$ -	\$25,209,912
Limited partnerships	1,071,778	1,306,038	2,085,707	4,463,523
Corporate bonds	3,746,312	-	-	3,746,312
Mutual funds	964,733	-	-	964,733
Alternatives	-	-	600,000	600,000
REITs/Tangibles	-	2,444,898	-	2,444,898
Money market funds	<u>1,932,310</u>	<u>-</u>	<u>-</u>	<u>1,932,310</u>
Total assets in the fair value hierarchy	<u>\$32,925,045</u>	<u>\$3,750,936</u>	<u>\$2,685,707</u>	39,361,688
Investments measured at NAV				<u>8,066,411</u>
Total investments				<u>\$47,428,099</u>

*In accordance with generally accepted accounting principles, certain investments that are measured at a fair value using the NAV per share (or its equivalent) practical expedient have not been classified in their fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Level 3 Gains and Losses

The changes in the fair value of the Plan's level 3 assets for the year ended April 30, 2023 include transfers in totaling \$1,584,595 and transfers out totaling \$972,583. Gains and losses (realized and unrealized) included in changes in net assets for the year ended April 30, 2023 are reported in net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTE E - INVESTMENT CONTRACT

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Transamerica Financial Life Insurance Company (TFLIC) totaling \$0 for the year ended April 30, 2023 and \$143,784 for the year ended April 30, 2022. TFLIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE E - INVESTMENT CONTRACT - CONTINUED

is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the schedule maturity date.

The contract meets the fully benefit-responsive investment contract 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 TFLIC, 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 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.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability for the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to contract at contract value with the participants.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments in mutual funds, collective trust funds, and a fixed annuity are managed by Empower. Empower is the custodian of these assets, as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments.

NOTE G - AMOUNTS OWED TO WITHDRAWN PARTICIPANTS

As of April 30, 2023, the amount of net assets available for benefits that were in accounts of participants that are no longer employees of the plan sponsor totaled \$9,838,227. Of those balances, no amount had been requested to be paid to the participants.

The Juice Plus 401(k) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE H - PLAN TERMINATION

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

NOTE I - TAX STATUS

The Company has adopted a prototype profit-sharing plan that qualifies as tax exempt under Section 401(a) of the Internal Revenue Code according to a letter dated November 30, 2020. The Plan trustees and administrator believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE J - RISKS AND UNCERTAINTIES

The Plan maintains its cash in bank deposit accounts, which, at times, may exceed federally insured limits. As of April 30, 2023 and 2022, the Plan had \$440,660 and \$0 in excess of FDIC insured limits, respectively. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash.

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

The Juice Plus 401(k) Plan
20-4819292 Plan Number 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
April 30, 2023

Schedule H, Part IV, Item 4i -

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Common Stocks:			
Abbvie Incorporated	1,288 Shares	\$ 107,061	\$ 194,643
Acushnet Holdings Corp	74 Shares	2,528	3,710
Adient Plc Co	100 Shares	2,193	3,694
Advance Auto Parts	1,283 Shares	218,096	161,055
Aes Corp	660 Shares	18,887	15,616
Akamai Technologies Inc	281 Shares	26,823	23,034
Albemarle Corp	30 Shares	6,651	5,564
Allegion Pub Ltd Co	307 Shares	30,135	33,917
Allele Inc New	74 Shares	5,007	4,616
Ally Finl Incorporated	7,188 Shares	198,229	189,619
Alphabet Incorporated	2,240 Shares	88,595	240,442
Altria Group	4,309 Shares	223,983	204,721
Amazon Com	2,193 Shares	202,706	231,252
Amer Electric Pwr Co	380 Shares	38,377	35,120
American Eq Invt Life Hldg C	101 Shares	1,708	3,893
Amgen	732 Shares	167,938	175,490
Ansys Inc	140 Shares	20,559	43,949
Arconic Corporation	130 Shares	2,643	3,218
Array Technologies Inc	502 Shares	10,154	10,266
Asbury Automotive Group Inc	182 Shares	29,000	35,210
Ashland Inc Com	40 Shares	2,924	4,064
Aspen Technology Inc	189 Shares	30,722	33,453
Assurant Inc	30 Shares	3,904	3,694
AT&T Incorporated	11,623 Shares	234,113	205,378
Atkore Inc	59 Shares	1,062	7,453
Atmos Energy Corp	316 Shares	36,085	36,068
Autodesk	1,186 Shares	154,690	231,021
Avanos Medical Inc	97 Shares	3,213	2,865
Avery Dennison Corporation	165 Shares	29,460	28,789
Avient Corporation	93 Shares	3,923	3,581
Axis Capital Holdings Ltd	51 Shares	2,809	2,884
Bank Of Nt Butterfield & Son Ltd	105 Shares	2,320	2,702
Barnes Group Incorporated	96 Shares	3,699	4,035
Belden Inc	27 Shares	2,169	2,130
Bentley Sys Inc Com Cl B	1,304 Shares	52,748	55,498
Berkley W R Corp	612 Shares	18,367	36,059

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Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Common Stocks - Continued:			
Berry Global Group Inc	96 Shares	2,290	5,550
Best Buy	2,287 Shares	183,078	170,427
Bjs Whsl Club Hldgs Inc	390 Shares	29,191	29,784
Black Hills Corp	90 Shares	4,534	5,876
Booz Allen Hamilton Hldg	281 Shares	21,216	26,897
Bread Financial Holdings Inc	58 Shares	2,115	1,601
Bright Horizons Family Sol	237 Shares	32,002	18,040
Bristol-Myers Squibb	2,491 Shares	128,359	166,324
Broadcom Inc	756 Shares	354,709	473,634
Bruker Corporation	385 Shares	31,294	30,465
C M S Energy Corp	135 Shares	8,329	8,405
Caci International Inc Cl A	14 Shares	3,651	4,386
Canadian Pacific Kansa F	421 Shares	31,368	33,192
Centene	2,864 Shares	175,269	197,416
Centerpoint Energy Inc	1,065 Shares	33,817	32,451
Cf Industries	2,885 Shares	151,935	206,508
Charles River Labs Intl Inc	320 Shares	37,738	60,838
Chemed Corporation	64 Shares	30,666	35,280
Cheniere Energy Inc	1,965 Shares	299,854	300,645
Chevron	1,071 Shares	90,796	180,549
Chipotle Mexican Grill	164 Shares	103,646	339,090
Choice Hotels Intl Inc New	257 Shares	28,494	32,773
Church & Dwight Co Inc	354 Shares	15,829	34,380
Ciena Corp New	542 Shares	22,658	24,954
Cirrus Logic Inc	48 Shares	1,321	4,118
Clearway Energy	5,743 Shares	131,488	174,415
Cnx Resourc Corp	161 Shares	1,528	2,500
Coca Cola	3,027 Shares	165,439	194,182
Columbia Banking Sys Inc	205 Shares	3,886	4,379
Columbia Sportswear Co	45 Shares	3,328	3,759
Conagra Brands	4,888 Shares	152,021	185,548
Concentrix Corp	20 Shares	869	1,930
Conocophillips	2,147 Shares	197,723	220,905
Constellation Energy Cor	93 Shares	7,822	7,198
Cooper Co Inc New	210 Shares	37,966	80,105
Copart Inc	493 Shares	10,434	38,972
Corning Incorporated	5,542 Shares	214,848	184,105
Cracker Barrel Old Ctry	34 Shares	3,911	3,609

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Schedule H, Part IV, Item 4i - Continued

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Value
Common Stocks - Continued:			
Cummins Incorporated	824 Shares	156,145	193,673
Darden Restaurants	215 Shares	31,645	32,665
Decker Outdoor Corp	87 Shares	27,235	41,703
Delek Us Hldgs Inc	64 Shares	1,345	1,392
Delta Air Lines	6,369 Shares	255,265	218,520
Digi Interntnl	482 Shares	18,184	14,537
Diodes Inc	423 Shares	18,196	33,713
Disney Walt Company	2,320 Shares	248,840	237,800
Dolby Cla A Com Stk	321 Shares	23,325	26,864
Dow Incorporated	3,533 Shares	186,507	192,195
Dt Midstream Inc	267 Shares	12,978	13,155
Duke Energy Corporation	1,801 Shares	150,642	178,083
Dycom Industries Inc	72 Shares	5,988	6,669
East West Bancorp	96 Shares	2,435	4,962
Eastman Chemical	2,156 Shares	145,448	181,686
Emcor Group Inc	193 Shares	28,762	33,003
Enbridge Inc	850 Shares	34,956	33,796
Enphase Energy Inc	80 Shares	11,893	13,136
Entegris Inc	306 Shares	20,607	22,926
Eog Res Incorporated	1,541 Shares	149,859	184,103
Equifax Inc	207 Shares	27,366	43,135
Essent Group Ltd Com	96 Shares	4,213	4,077
Exponent Inc	414 Shares	30,322	38,109
Fair Isaac & Co Inc	48 Shares	14,459	34,942
Fedex	1,224 Shares	150,738	278,803
First Fincl Bncp	163 Shares	2,484	3,374
First Interstate Banc Sys	110 Shares	2,855	2,815
Fiserv	2,084 Shares	211,963	254,498
Flextronics Intl Ltd	216 Shares	1,818	4,443
Floor & Decor Hldgs Inc	346 Shares	33,166	34,372
Flowers Foods Inc	92 Shares	2,504	2,531
Fnb Corporation	571 Shares	5,479	6,555
Fortinet Inc	240 Shares	7,209	15,132
Fuller H B & Company	70 Shares	2,615	4,632
Generac Holdings Inc	1,049 Shares	146,213	107,229
Gilead Sciences	2,421 Shares	161,723	199,030

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Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Common Stocks - Continued:			
Goldman Sachs Group	679 Shares	107,425	233,196
Granite Construction	118 Shares	4,673	4,499
Group I Automotive Inc	23 Shares	3,518	5,163
H&E Equipment Svcs Inc	80 Shares	1,304	2,920
Hancock Whitney Corp	188 Shares	4,446	6,866
Hanover Insurance			
Group Inc	28 Shares	2,476	3,348
Hologic Inc	370 Shares	30,992	31,824
Hope Bancorp, Inc	228 Shares	3,557	2,075
Hostess Brands Inc Cl A	131 Shares	3,075	3,375
Huntsman Corp	137 Shares	1,780	3,670
Ibm	1,317 Shares	144,014	166,482
Idex Corporation Delaware	147 Shares	22,555	30,329
Integer Holdings Corp	63 Shares	4,348	5,188
Integra Lifesciences Crp New	87 Shares	4,141	4,813
Interactive Brokers Group			
Cl A	563 Shares	29,581	43,830
Interpublic Group	5516 Shares	138,675	197,087
Iqvia Hldgs	1,180 Shares	313,359	222,111
Itt Inc	78 Shares	2,764	6,586
J&J Snack Foods	34 Shares	3,721	5,209
Jack Henry & Assoc Inc	244 Shares	28,062	39,855
Johnson & Johnson	1,071 Shares	147,573	175,323
JP Morgan Chase	1,506 Shares	144,820	208,189
Kb Home	79 Shares	1,973	3,462
Kbr Inc	83 Shares	1,913	4,709
Keysight Technologies Inc	175 Shares	11,034	25,312
Kinder Morgan Inc	2,097 Shares	34,800	35,964
Kirby Corp	173 Shares	11,188	12,428
Kkr & Company	4,745 Shares	244,591	251,817
Lci Inds	93 Shares	12,007	10,505
Lennox Intl Inc	131 Shares	21,507	36,930
Leonardo Drs Inc	157 Shares	2,040	2,363
Liberty Energy Inc Com Cl A	247 Shares	3,875	3,164
Lilly Eli & Company	671 Shares	175,155	265,622
Lithium Amers Corp	271 Shares	6,443	5,415
Lockheed Martin	411 Shares	152,571	190,889
Louisiana Pacific Corp	83 Shares	1,344	4,958

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Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Common Stocks - Continued:			
Lowes	1,170 Shares	137,379	243,161
Lpl Finl Hldgs Inc Com	198 Shares	28,242	41,350
Magnolia Oil & Gas Corp Cl A	211 Shares	3,008	4,456
Martin Marietta Matls	718 Shares	154,404	260,778
Mastec Inc	181 Shares	11,120	16,075
Mastercard Inc	708 Shares	71,127	269,061
Matador Res Co	62 Shares	3,142	3,040
Match Group	2,425 Shares	124,887	89,483
Merck & Company	2,432 Shares	203,325	280,823
Meritage Home Corp	38 Shares	1,360	4,866
Metlife Incorporated	3,261 Shares	156,624	199,997
Mettler Toledo Intl	28 Shares	9,800	41,762
Microsoft Corp	54 Shares	12,057	16,592
Monolithic Pwr Systems Inc	68 Shares	5,345	31,414
Monster Beverage	4,878 Shares	119,164	273,168
Morgan Stanley	2,309 Shares	105,416	207,741
Murphy Oil Corp	119 Shares	4,088	4,368
Ncr Corporation	97 Shares	2,616	2,162
Netapp Incorporated	2,771 Shares	171,900	174,268
Netscout Systems Inc	123 Shares	2,887	3,347
Neurocrine Biosciences Inc	254 Shares	23,430	25,664
New Fortress Energy A	445 Shares	18,806	13,479
Newell Brands	13,274 Shares	172,043	161,279
Nexstar Media Group Inc	12 Shares	1,953	2,081
Nextera Energy Inc	559 Shares	44,548	42,836
Nisource Inc	1,051 Shares	33,038	29,911
Nordson Cp	220 Shares	24,817	47,588
Norfolk Southern Co	63 Shares	16,231	12,791
Nrg Energy Incorporated	6,066 Shares	169,205	207,275
Nuvasive Inc	42 Shares	2,568	1,808
Oge Energy Corporation	4,844 Shares	188,021	181,844
Oneok Inc	476 Shares	28,766	31,135
Oreilly Automotive	293 Shares	217,564	268,772
P G & E Corp	1,774 Shares	25,113	30,353
Packaging Corporation	1,572 Shares	183,490	212,629
Palo Alto Networks	1,659 Shares	83,101	302,701
Patterson -Uti Energy Inc	242 Shares	1,021	2,708

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Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Common Stocks - Continued:			
Paycom Software Inc	82 Shares	8,319	23,810
Pepsico Incorporated	1,094 Shares	139,934	208,834
Performance Food Group	48 Shares	1,314	3,009
Pfizer Incorporated	4,146 Shares	163,787	161,238
Plains Gp Hldgs L P	1,207 Shares	15,324	16,174
Pool Corp	237 Shares	33,075	83,263
Power Integrations Inc	52 Shares	4,628	3,785
Prestige Consmr Hlthcare Inc	42 Shares	2,589	2,584
Primoris Services Co	350 Shares	8,999	8,855
Qualys Inc Com	210 Shares	19,082	23,717
Quanta Services Inc	293 Shares	28,061	49,705
Raymond James Fincl Inc	2,282 Shares	124,460	206,589
Regal Rexnord Corporation	30 Shares	1,838	3,905
Regions Financial	8,730 Shares	182,991	159,410
Republic Services	253 Shares	26,407	36,589
Resmed Inc	132 Shares	8,088	31,807
Rollins Inc	665 Shares	14,552	28,096
Ryerson Holding Corp	17 Shares	657	642
Saia Inc	225 Shares	59,488	66,998
Salesforce Incorporated	1,318 Shares	232,930	261,452
Sandy Spring Bancorp	74 Shares	1,789	1,664
Schlumberger Limited	4,513 Shares	175,601	222,717
Selective Insurance Group	46 Shares	1,446	4,431
Sempra	34 Shares	5,267	5,287
Service Corp Intl	31 Shares	691	2,176
Servicenow Incorporated	570 Shares	103,903	261,869
Shoals Technologies Grou	809 Shares	18,677	16,900
Siteone Landscape Sply Inc	303 Shares	18,216	44,765
Skyworks Solutions Inc	2,448 Shares	198,566	259,243
Smucker J M Company	1,307 Shares	139,179	201,814
Snap On Incorporated	859 Shares	123,226	222,833
Solaredge Tech	53 Shares	12,449	15,138
Southwest Gas Holdings Inc	47 Shares	2,381	2,632
Sps Commerce Inc Com	221 Shares	35,911	32,553
State Str Corporation	2,526 Shares	133,853	182,529
Steris Plc	155 Shares	13,059	29,225
Steven Madden Ltd	98 Shares	2,152	3,434
Stewart Information Svcs	61 Shares	4,079	2,541

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Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Common Stocks - Continued:			
Stifel Financial Corporation	119 Shares	3,067	7,136
Summit Matls Inc Cl A	104 Shares	1,789	2,851
Synovus Financial Corp	131 Shares	3,228	4,035
Take Two Inter Software	186 Shares	23,394	23,118
Targa Resources Corp	464 Shares	22,852	35,046
Tc Energy Corp	580 Shares	28,809	24,093
Td Synnex Corporation	28 Shares	1,311	2,493
Tegna Inc Com	47 Shares	791	804
Teledyne Tech Inc	171 Shares	62,814	70,862
Teradyne Inc	436 Shares	14,319	39,842
Terex Cp New Del	60 Shares	3,348	2,675
Texas Instrs	1,159 Shares	123,152	193,785
Texas Roadhouse Inc Cl A	35 Shares	1,217	3,872
The Scotts Miracle- Gro Company	413 Shares	31,428	27,593
Thor Industries Inc	305 Shares	18,814	24,101
Timken Co	39 Shares	3,180	2,997
T-Mobile Us Inc	1,955 Shares	280,566	281,325
Trane Technologies Plc F	34 Shares	5,921	6,318
Tricon Cap Group Inc Npv	336 Shares	2,985	2,698
Ttm Tech Inc	340 Shares	3,710	4,015
Ultra Beauty Inc	79 Shares	30,810	43,563
Unifirst Cp	28 Shares	3,415	4,583
United Parcel Service	1,091 Shares	190,936	196,173
Valley Natl Bancorp	590 Shares	5,063	5,534
Valmont Industries	44 Shares	13,157	12,785
Verizon Communications	4,847 Shares	244,739	188,209
Vertex Pharmaceuticals	775 Shares	146,863	264,066
Vertiv Holdings Company	17,179 Shares	347,158	256,311
Viavi Solutions Inc Com	297 Shares	2,911	2,661
Visa Incorporated Com	1,123 Shares	122,185	261,356
Vishay Intertech Inc	127 Shares	1,728	2,704
Vistra Energy Corp	1,277 Shares	24,026	30,469
Vodafone Group	2,320 Shares	37,059	27,724
Voya Financial	3,446 Shares	164,137	263,550
Washington Federal Inc	86 Shares	2,531	2,411
Waste Management Inc	215 Shares	27,781	35,701

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Schedule H, Part IV, Item 4i - Continued

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Value
Common Stocks - Continued:			
Watsco Inc	119 Shares	36,378	41,219
Webster Fincl Corp	177 Shares	4,694	6,602
Werner Enterprises Inc	108 Shares	2,716	4,878
Wesco Intl Inc	37 Shares	943	5,328
West Pharm Svcs Inc	98 Shares	21,656	35,402
Williams Cos Inc	498 Shares	13,351	15,064
Williams Sonoma	224 Shares	14,359	27,113
Willscot Mobile Mini Hold	595 Shares	31,495	27,013
Zebra Tech Cl-A	125 Shares	26,062	36,004
Zurn Elkay Water Solns	150 Shares	2,175	3,333
TOTAL COMMON STOCKS		15,685,182	19,951,921
Limited Partnerships:			
Archview Offshore Fund Ltd		23,573	2,404
Carlyle - Cemof Ii		39,578	65,860
Mgg Sf Evergreen Fund Cayman Lp		804,802	1,066,738
Midocean Absolute Return		980,000	1,282,788
Nfc Insurance Partners		1,000,000	1,454,031
Parabellum Partners		9,332	380,868
Southpaw Credit Opportunity Fund		16,479	15,359
Rcp Fund Iv		580,000	635,488
Parabellum Partners Iii Offshore, Ltd		280,474	129,302
TOTAL LIMITED PARTNERSHIPS		3,734,238	5,032,838
Corporate Bonds:			
Adobe Inc	80,000 Face Value	81,151	71,058
2.300%; Matures 02/01/2030			
Aecom	29,000 Face Value	29,131	28,490
5.125%; Matures 03/15/2027			
American Airlines 2015-1			
Class A Pass Through Tr	50,000 Face Value	50,000	26,999
3.375%; Matures 11/01/2028			
American Airlines 2021-1			
Class B Pass Through Tr	3,000 Face Value	2,493	2,523
3.950%; Matures 01/11/2032			
American Tower Corp	65,000 Face Value	64,296	61,442
3.950%; Matures 03/15/2029			

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Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Corporate Bonds - Continued:			
American Tower Corp 2.900%; Matures 01/15/2030	15,000 Face Value	14,934	13,198
Amerigas Partners 5.875%; Matures 08/20/2026	29,000 Face Value	29,922	28,023
Apache Corp 4.250%; Matures 01/15/2030	31,000 Face Value	32,628	28,369
Apple Inc 1.650%; Matures 02/08/2031	5,000 Face Value	4,999	4,209
Apple Inc 1.700%; Matures 08/05/2031	75,000 Face Value	74,843	62,698
At&T Inc 4.350%; Matures 03/01/2029	20,000 Face Value	22,224	19,635
Atmos Energy Corp 1.500%; Matures 01/15/2031	80,000 Face Value	80,242	64,494
Automatic Data Processing Inc 1.250%; Matures 09/01/2030	75,000 Face Value	72,427	61,816
B&G Foods Inc 5.250%; Matures 09/15/2027	31,000 Face Value	31,652	27,157
Bank Of America Corp Fxd To 032028 Var Thrafr 3.970%; Matures 03/05/2029	75,000 Face Value	75,000	71,138
Bank Of New York Mellon Corp/The 1.650%; Matures 01/28/2031	80,000 Face Value	79,970	64,352
Beazer Homes Usa Inc 7.250%; Matures 10/15/2029	25,000 Face Value	27,219	24,013
Boyd Gaming Corp 4.750%; Matures 12/01/2027	30,000 Face Value	27,448	28,937
Cco Holdings Llc / Cco Holdings Capital Corp 4.500%; Matures 05/01/2032	31,000 Face Value	30,942	25,525
Central Garden & Pet Co 4.125%; Matures 10/15/2030	31,000 Face Value	29,977	26,591
Charter Communications Operati Ng Llc 4.200%; Matures 03/15/2028	30,000 Face Value	27,957	28,425

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Schedule H, Part IV, Item 4i - Continued

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Value
Corporate Bonds - Continued:			
Cheniere Energy Prtnrs Lp 4.500%; Matures 10/01/2029	20,000 Face Value	20,940	18,840
Citigroup Inc Fxd To 012030 Var Thrafr 2.6660% 2.666%; Matures 01/29/2031	50,000 Face Value	53,264	42,906
Comcast Corp 1.500%; Matures 02/15/2031	75,000 Face Value	70,221	60,610
Continental Airlines 4.000%; Matures 04/29/2026	65,000 Face Value	65,813	34,996
Corecivic Inc 4.750%; Matures 10/15/2027	25,000 Face Value	22,559	21,669
Crown Castle Inc 3.100%; Matures 11/15/2029	95,000 Face Value	94,820	85,344
Csc Holdings Llc 5.250%; Matures 06/01/2024	29,000 Face Value	28,565	28,363
Delta Air Lines Inc 3.750%; Matures 10/28/2029	31,000 Face Value	30,970	27,880
Dpl Inc 4.350%; Matures 04/15/2029	31,000 Face Value	33,501	28,235
Duke Energy Florida Llc 3.800%; Matures 07/15/2028	25,000 Face Value	24,954	24,404
Duke Energy Ohio Inc 2.125%; Matures 06/01/2030;	25,000 Face Value	26,762	21,169
Encompass Health Corp 4.500%; Matures 02/01/2028	26,000 Face Value	26,250	24,521
Encompass Health Corp 4.625%; Matures 04/01/2031	5,000 Face Value	5,000	4,497
Exxon Mobil Corp 2.440%; Matures 08/16/2029	75,000 Face Value	75,710	68,600
Ford Motor Co 4.346%; Matures 12/08/2026	100,000 Face Value	100,795	97,013
Ford Motor Co 7.450%; Matures 07/16/2031	28,000 Face Value	29,652	29,459
General Dynamics Corp 3.750%; Matures 05/15/2028	80,000 Face Value	79,550	78,368
Goodyear Tire & Rubber Co/The 5.625%; Matures 04/30/2033	31,000 Face Value	32,170	26,781

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Schedule H, Part IV, Item 4i - Continued

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Value
Corporate Bonds - Continued:			
Howmet Aerospace Inc 5.950%; Matures 02/01/2037	25,000 Face Value	30,063	25,426
Huntsman Int Llc 4.500%; Matures 05/01/2029	90,000 Face Value	98,721	84,546
Intel Corp 2.000%; Matures 08/12/2031	80,000 Face Value	79,971	66,117
Jetblue Airways Corporation 7.750%; Matures 05/15/2030	31,000 Face Value	32,548	24,891
Jpmorgan Chase & Co Fxd To 042031 Var Thrafr 2.5800% 2.580%; Matures 04/22/2032	20,000 Face Value	20,583	16,851
Jpmorgan Chase & Co Fxd To 112031 Var Thrafr 2.545% 2.545%; Matures 11/08/2032	60,000 Face Value	60,000	49,896
Kb Home 6.875%; Matures 06/15/2027	25,000 Face Value	26,320	25,754
Kimberly-Clark Corp 2.000%; Matures 11/02/2031	80,000 Face Value	79,669	67,884
Lamar Media Corp 4.875%; Matures 01/15/2029	30,000 Face Value	31,517	28,603
Lear Corp 2.600%; Matures 01/15/2032	75,000 Face Value	74,937	59,988
Merck & Co Inc 2.150%; Matures 12/10/2031	45,000 Face Value	44,907	38,384
Mgm Resorts Int 4.750%; Matures 10/15/2028	31,000 Face Value	32,324	28,928
Nrg Energy Inc 5.750%; Matures 01/15/2028	28,000 Face Value	29,696	27,285
Olin Corp 5.000%; Matures 02/01/2030	28,000 Face Value	29,723	26,180
Penske Automotive Group Inc 3.750%; Matures 06/15/2029	31,000 Face Value	31,086	27,022

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<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Corporate Bonds - Continued:			
Pnc Fin Services Grp Inc/ The Fxd To 042031 Var Thftr 2.307%	80,000 Face Value	80,064	65,935
2.307%; Matures 04/23/2032			
Progressive Corp/The 3.200%; Matures 03/26/2030	80,000 Face Value	91,416	73,958
Royal Caribbean Cruises Ltd6,000 Face Value		5,500	5,590
7.500%; Matures 10/15/2027			
Royal Caribbean Cruises Ltd24,000 Face Value		22,814	19,570
3.700%; Matures 03/15/2028			
Seagate Hdd Cayman 5.750%; Matures 12/01/2034	31,000 Face Value	36,295	27,477
Service Corp Int 7.500%; Matures 04/01/2027	26,000 Face Value	28,803	27,078
Simon Property Group 3.250%; Matures 11/30/2026	25,000 Face Value	24,611	23,805
Sunoco Lp / Sunoco Finance Corp	28,000 Face Value	29,225	27,581
5.875%; Matures 03/15/2028			
Teleflex Inc 4.625%; Matures 11/15/2027	29,000 Face Value	29,198	27,979
Tenet Healthcare Corp 6.875%; Matures 11/15/2031	21,000 Face Value	21,840	20,753
Transdigm Inc 4.875%; Matures 05/01/2029	31,000 Face Value	30,678	28,173
United Rentals North America Inc	31,000 Face Value	31,775	27,749
4.000%; Matures 07/15/2030			
Us Bancorp 3.100%; Matures 04/27/2026	25,000 Face Value	24,818	23,429
Us Bancorp 3.000%; Matures 07/30/2029	70,000 Face Value	73,574	61,469
Yum! Brands Inc 5.375%; Matures 04/01/2032	29,000 Face Value	26,147	28,360
TOTAL CORPORATE BONDS		2,969,774	2,579,408

The Juice Plus 401(k) Plan
20-4819292 Plan Number 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
April 30, 2023

Schedule H, Part IV, Item 4i - Continued

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Value
Alternative Investments:			
Apple Hospitality Reit Inc	173 Shares	2,639	2,576
Indep Rlty Tr Inc Com	256 Shares	3,678	4,262
Kite Rlty Group Tr	164 Shares	1,780	3,398
Life Storage Inc	10 Shares	478	1,344
Lxp Industrial Trust	395 Shares	3,440	3,713
Mssb Pooled Acct #1		1,281,761	1,281,761
Ntl Health Inv Inc	51 Shares	2,939	2,538
Outfront Media Inc Com Npv	224 Shares	4,013	3,732
Rpt Realty Com Sh Ben Int	241 Shares	3,181	2,241
Spirit Realty Capital Inc	86 Shares	2,691	3,308
Sun Communities Inc	186 Shares	26,991	25,841
TOTAL ALTERNATIVE INVESTMENTS		1,333,591	1,334,714
Mutual Funds:			
AB	Large Cap Growth Z	**	150,847
American Funds	American Balanced R6	**	2,876
American Funds	New Perspective R6	**	14,472
American Funds	New World R6	**	176,962
Axonic Strat Income	101,940 Shares	925,622	895,031
Blackrock	Health Sciences Opps K	**	4,022
Blackrock	Tech Opps K	**	33,751
Dfa	Inflation-Prot. Sec I	**	803
Fidelity	500 Index	**	471,117
Fidelity	Advisor Small Cap Value Z	**	72,877
Fidelity	Mid Cap Index	**	142,107
Fidelity	Small Cap Index	**	82,511
Fidelity	Us Bond Index	**	774,855
Fidelity	Value K	**	69,957
Goldman Sachs	Inter Eq Esg R6	**	213,100
Jpmorgan	Large Cap Growth R6	**	135,814
Pgim Jennison	International Opps R6	**	882
Pgim Jennison	Utility R6	**	12,833
Pimco	Income Instl	**	890,008
Pimco	Stocksplus Intl	**	202,036
Schwab	Fdmtl Us Lg Co Idx	**	291,194
Schwab	Us Large-Cap Growth Idx	**	72,819

The Juice Plus 401(k) Plan
20-4819292 Plan Number 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
April 30, 2023

Schedule H, Part IV, Item 4i - Continued

<u>(a) (b) Identity of Issue</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Value</u>
Mutual Funds - Continued:			
T. Rowe	Price Value I	**	137,666
Tiaa-Cref	Real Estate Sec Instl	**	389,951
Stone Ridge Tr Ii	68 Shares	3,140	2,962
TOTAL MUTUAL FUNDS		928,762	5,241,453
REITs / Tangibles:			
Amern Tower Corp	69 Shares	16,701	14,103
Equinix Inc	27 Shares	20,200	19,550
Hannon Armstr Sus	288 Shares	7,426	8,173
Starwood Real Estate	87,607 Shares	2,000,000	2,237,574
TOTAL REITS / TANGIBLES		2,044,327	2,279,400
Money Market Funds:			
Green Square (Schwab) 4632-0241 - U.S. Treasury			240,000
Green Square (Schwab) 4632-0241 - Cash	14,376		
Green Square (Schwab) 3885-6785 - Cash	85,585		
Raymond James 27229768 - Cash			37,287
Raymond James 27229546 - Cash			129,330
Mssb - Cincinnati Asset Mgmnt - Cash	228,747		
Kayne Anderson Smid - Cash			41,921
Mssb - Delaware - Cash			9,532
Mssb - Pooled Acct #1			4,099
TOTAL MONEY MARKET FUNDS			790,877
Fixed Annuities:			
* Empower	Fixed Account Series Class V	**	750,575
TOTAL FIXED ANNUITIES			750,575

The Juice Plus 401(k) Plan
20-4819292 Plan Number 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
April 30, 2023

Schedule H, Part IV, Item 4i - Continued

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Value
	Collective Trust Funds:			
	Great Gray Trust	Core Plus Bond Cl G1	**	806,715
	Great Gray Trust	Large Cap Valu R1	**	11,390
	Great Gray Trust	Mid Cap Growth R2	**	50,548
	Great Gray Trust	Small Cap Growth R1	**	44,686
	Great Gray Trust	T Rowe Price Ret Blend 2035 1	**	302,319
	Great Gray Trust	T Rowe Price Ret Blend 2040 1	**	847,115
	Great Gray Trust	T Rowe Price Ret Blend 2045 1	**	756,901
	Great Gray Trust	T Rowe Price Ret Blend 2050 1	**	402,100
	Great Gray Trust	T Rowe Price Ret Blend 2055 1	**	217,450
	Great Gray Trust	T Rowe Price Ret Blend 2060 1	**	187,248
	Great Gray Trust	T Rowe Price	**	4,340
	TOTAL COLLECTIVE TRUSTS			3,630,812
	*Notes receivable from participants	8.25% - 13.0%		447,331
	TOTAL			<u>\$42,039,329</u>

* = Identified party in interest to the Plan.

**= Historical cost information is not required by ERISA for participant -directed investments

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
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1a	Name of plan	1b	Three-digit plan number (PN) ▶	
		1c	Effective date of plan	
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b	Employer Identification Number (EIN)	
		2c	Plan Sponsor's telephone number	
		2d	Business code (see instructions)	

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)
a(2) Total number of active participants at the end of the plan year		6a(2)
b Retired or separated participants receiving benefits.....		6b
c Other retired or separated participants entitled to future benefits		6c
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☐ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

[illegible]