

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2023

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... 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... 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 SUZANNA'S KITCHEN , INC., EMPLOYEE STOCK OWNERSHIP PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 11/01/2016
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) SUZANNA'S KITCHEN, INC. 4025 BUFORD HIGHWAY DULUTH, GA 30096
2b Employer Identification Number (EIN) 58-0835483
2c Plan Sponsor's telephone number 770-476-9900
2d Business code (see instructions) 311610

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>WILSON LEWIS</p> <p>6650 SUGARLOAF PKWY. STE. 900 DULUTH, GA 30097</p>	<p>3b Administrator's EIN 58-2466648</p> <p>3c Administrator's telephone number 770-476-1004</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	550
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	302
a(2) Total number of active participants at the end of the plan year	6a(2)	288
b Retired or separated participants receiving benefits	6b	3
c Other retired or separated participants entitled to future benefits	6c	225
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	517
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	524
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	517
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	23

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

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan SUZANNA'S KITCHEN , INC., EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUZANNA'S KITCHEN, INC.	D Employer Identification Number (EIN) 58-0835483	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

TRANSITION FINANCE STRATEGIES, LLC

154 HANSEN RD, STE 102
CHARLOTTESVILLE, VA 22911

13-4238973

(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?
14	PLAN ADMINISTRATOR	44729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADAMS CAPITAL, LLC

600 GALLERY PKWY 1850
ATLANTA, GA 30339

81-1724151

(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?
34	VALUATION COMPANY	35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AGL CPA GROUP

2905 PREMIERE PARKWAY
SUITE 150
DULUTH, GA 30097

47-1077462

(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?
14	AUDITOR	26450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TRUTMAN PEPPER, LLP

P.O. BOX 933652
ATLANTA, GA 31193

58-0946915

(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?
29	LEGAL CONSULTANT	14496	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan SUZANNA'S KITCHEN , INC., EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SUZANNA'S KITCHEN, INC.	D Employer Identification Number (EIN) 58-0835483

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2322517	266978
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3687	579678
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5460291	3159333
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7083049	9258863
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	79058718	97909735
(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	93928262	111174587
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	28431798	24781798
j Other liabilities	1j	581467	176127
k Total liabilities (add all amounts in lines 1g through 1j)	1k	29013265	24957925
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	64914997	86216662

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)	1918164	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1918164
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	291605	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		291605
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2366268	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71411	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2437679
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	19860279	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		24507727

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1657915	
(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)		1657915
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		1125069
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	4000	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	44729	
(4) IQPA audit fees.....	2i(4)	26450	
(5) Investment advisory and investment management fees	2i(5)	47423	
(6) Bank or trust company trustee/custodial fees	2i(6)	505	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	14496	
(9) Valuation/appraisal fees	2i(9)	35475	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	250000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		423078
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3206062

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21301665
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: AGL CPA GROUP, LLC

(2) EIN: 47-1077462

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		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.)		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	
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?		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?		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		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan SUZANNA'S KITCHEN , INC., EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUZANNA'S KITCHEN, INC.	D Employer Identification Number (EIN) 58-0835483	

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): _____		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**SUZANNA’S KITCHEN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
EIN #58-0835483 Plan 002**

**Financial Statements and
Independent Auditors’ Report**

For the year ended October 31, 2024

TABLE OF CONTENTS

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)	14



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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Suzanna's Kitchen, Inc. Employee Stock Ownership Plan

Opinion

We have audited the accompanying financial statements of Suzanna's Kitchen, Inc. Employee Stock Ownership Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended October 31, 2024 and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended October 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

ASL CPA Group, LLC

Duluth, Georgia
March 14, 2025

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of October 31, 2024 and 2023

	As of October 31, 2024			As of October 31, 2023		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Investment in Suzanna's Kitchen, Inc. common stock, at fair value	\$ 49,772,128	\$ 48,137,607	\$ 97,909,735	\$ 34,434,303	\$ 44,624,415	\$ 79,058,718
Investment in stocks and mutual funds, at fair value	9,258,862	-	9,258,862	7,083,049	-	7,083,049
Cash and cash equivalents	3,426,312	-	3,426,312	7,532,808	-	7,532,808
Company stock dividend receivable	-	561,514	561,514	-	-	-
Employer contribution receivable	<u>18,164</u>	<u>-</u>	<u>18,164</u>	<u>3,687</u>	<u>-</u>	<u>3,687</u>
Total assets	62,475,466	48,699,121	111,174,587	49,053,847	44,624,415	93,678,262
Liabilities						
Withholding payable	151,064	-	151,064	42,447	-	42,447
Distribution payable	25,063	-	25,063	539,020	-	539,020
Loan payable	<u>-</u>	<u>24,781,798</u>	<u>24,781,798</u>	<u>-</u>	<u>28,431,798</u>	<u>28,431,798</u>
Total liabilities	<u>176,127</u>	<u>24,781,798</u>	<u>24,957,925</u>	<u>581,467</u>	<u>28,431,798</u>	<u>29,013,265</u>
Net assets available for benefits	<u>\$ 62,299,339</u>	<u>\$ 23,917,323</u>	<u>\$ 86,216,662</u>	<u>\$ 48,472,380</u>	<u>\$ 16,192,617</u>	<u>\$ 64,664,997</u>

The accompanying notes are an integral part of these statements.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
As of October 31, 2024

	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
Additions to net assets attributed to:			
Investment income:			
Net increase in fair value of investment in company	\$ 8,210,628	\$ 10,640,390	\$ 18,851,018
Net increase in fair value of public company stock	1,009,262	-	1,009,262
Dividends on company stock	29,292	2,336,976	2,366,268
Interest and dividend income	<u>363,016</u>	<u>-</u>	<u>363,016</u>
	9,612,198	12,977,366	22,589,564
Employer contributions	18,164	1,900,000	1,918,164
Transfer for debt service	(1,099,607)	1,099,607	-
Allocation of 4,657 shares of common stock of Suzanna's Kitchen, Inc.	<u>7,127,198</u>	<u>(7,127,198)</u>	<u>-</u>
Total additions	15,657,953	8,849,775	24,507,728
Interest expense	-	1,125,069	1,125,069
Distributions	1,657,916	-	1,657,916
Administrative expenses	<u>173,078</u>	<u>-</u>	<u>173,078</u>
Total deductions	<u>1,830,994</u>	<u>1,125,069</u>	<u>2,956,063</u>
Net change in net assets available for benefits	13,826,959	7,724,706	21,551,665
Net assets available for benefits:			
Beginning of year	<u>48,472,380</u>	<u>16,192,617</u>	<u>64,664,997</u>
End of year	<u>\$ 62,299,339</u>	<u>\$ 23,917,323</u>	<u>\$ 86,216,662</u>

The accompanying notes are an integral part of these statements.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE A – DESCRIPTION OF PLAN

The following description of the Suzanna’s Kitchen, Inc. Employee Stock Ownership Plan (the “Plan”) is provided for general information purposes only. More complete information regarding the Plan’s provisions may be found in the Plan document.

General – Suzanna’s Kitchen, Inc. (the “Company”), established the Plan effective as of November 1, 2016. The Plan operates, in relevant part, as a leveraged employee stock ownership plan (ESOP) and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (IRC), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The ESOP committee is appointed by the Company’s Board of Directors and is responsible for oversight of the Plan. The trustees of the Plan consist of three appointed persons by the Company’s Board of Directors.

On March 31, 2017, the Plan purchased 60,360 shares of the Company’s common stock, no par value, for an aggregate purchase price of \$38,000,000 or approximately \$629.56 per share with a loan from the selling shareholder (see Note F). The proceeds of the loan and the common stock are held in a trust established under the Plan. As the Plan makes each payment of debt service, an appropriate percentage of stock will be allocated to eligible employees’ accounts in accordance with applicable regulations under the IRC. Allocated shares are subject to vesting.

On January 31, 2023, the Plan purchased an additional 3,622 shares of the Company’s common stock, no par value, for an aggregate purchase price of \$1,500,000 cash and a \$3,731,798 loan from the selling shareholder (see Note F) at \$1,444.45 per share.

The borrowings are collateralized by the unallocated shares of common stock and are guaranteed by the Company. The lender has no rights against shares of common stock once they are allocated to participants in accordance with the terms of the ESOP. Accordingly, the financial statements of the plan as of October 31, 2024 and 2023, and for the year ended October 31, 2024, present separately the assets and liabilities and changes therein pertaining to the accounts of employees with rights in allocated common stock (allocated), and common stock not yet allocated to employees (unallocated).

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

Contributions – The Company is obligated to make contributions in cash to the Plan which, when aggregated with the Plan’s dividends and interest earnings, equal the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its term loan. Employee contributions are not permitted.

SUZANNA'S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participant accounts – Company contributions, Plan earnings, and forfeitures of terminated participants' nonvested accounts are allocated to individual accounts for each eligible participant on each Plan fiscal year end. Allocations are based on either participants' covered compensation or account balances.

Vesting – Participants become vested gradually based on years of continuous service. Participants are vested at 20 percent after the first two years of service and are fully vested after six years of credited service.

Voting rights – The trustees are entitled to exercise voting rights attributable to the shares held by the Plan. Participants have certain rights to direct the trustees' voting.

Administrative expenses – Certain administrative 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. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses paid by the Plan include Trustees' fees, audit fees, attorney fees, and stock valuation fees.

Benefits – Distributions on account of death, disability, or retirement are made in a lump sum one year after the end of the Plan year following the event. Distributions for other separations from service commence in the year following the event if the participant attained age 59 ½. If the participant has not attained age 59 ½ at the time of resignation or dismissal, distributions are made in the earlier of the Plan year in which the participant attains age 59 ½ or the fifth Plan year following the separation from service and are made in a lump sum or in annual installments over a five-year period, as directed by the Company. The amount to be distributed is based upon the immediately preceding valuation date. Distributions are made in cash or, if the participant elects, in the form of Company common stock plus cash for any fractional share of common stock.

Under the provisions of the Plan, the Company is obligated to repurchase participant shares, which have been distributed under the terms of the Plan if the shares are not publicly traded or if the shares are subject to trading limitations.

Put option – Under Federal income tax regulations, Company stock held by the Plan and its participants is not readily tradable on an established market. It is subject to trading limitations which include a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is not a market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Diversification – Diversification of investments is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into other investments of their choosing. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Since the Plan does not offer investment options other than the Company stock, participants are allowed to transfer their diversification distribution to a qualified retirement account or receive the distribution in cash.

Forfeitures – Forfeited balances on terminated participants’ non-vested accounts are allocated as forfeitures, which are then allocated to eligible participant accounts. There were \$325,195 in cash and 483 shares of Company stock reallocated to eligible participants during the year.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates – The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition – The common shares of the Company are valued at fair value on the last day of the plan year. Fair value is determined by an annual independent appraisal which is a Level 3 fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of benefits – Benefits are recorded when paid.

Net appreciation (depreciation) in fair value of investment – Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of Company common stock.

Administrative expenses – All of the Plan’s administrative expenses are paid directly by the Company, except for certain expenses that were paid by the Plan.

Cash and cash equivalents – The Plan considers all highly liquid investments with original maturities of three months or less to be cash equivalents.

Fair value – FASB ASC 820, *Fair Value Measurements*, defines fair value as 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. In determining fair value, the Plan uses various methods including market, income, and cost approaches. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimizes the use of unobservable inputs.

As a basis for categorizing these inputs, FASB ASC 820 establishes the following hierarchy, which prioritizes the inputs used to measure fair value from market-based assumptions to entity specific assumptions. When available, the Plan measures fair value using Level 1 inputs because they are generally more reliable evidence of fair value. Level 2 inputs are used only when Level 1 inputs are not available, and Level 3 inputs are only used when Level 1 or Level 2 inputs are unavailable.

- Level 1: Inputs based on quoted market prices for identical assets or liabilities in active markets at the measurement date. The fair values of common stock, corporate bonds, mutual funds, and U.S. Government securities are based on quoted market prices.
- Level 2: Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Inputs reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date. The inputs are unobservable in the market and significant to the instrument’s valuation.

SUZANNA'S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair value (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 October 31, 2024 and 2023.

Company stock – Company stock is measured using Level 3 inputs where the fair value of the Company common stock held by the Plan is valued based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years, where 75% was allocated to the income approach and 25% allocated to the market approach. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and fair value of Company assets and liabilities. Plan management has concluded that a market participant would also recognize a discount for lack of marketability. The Plan utilized various unobservable inputs in its calculation of fair value. The Plan utilized a weighted average cost of capital rate of 13.7% to determine discounted cash flow method under the income approach. The Company also utilized a control premium of 25% and a discount for lack of control of 20% under the market approach.

Plan management accumulates the data for the appraiser from the audited financial statements of the Company. The appraiser prepares a preliminary report which plan management, along with the ESOP trustee, reviews in detail, discusses and approves. The results of this process are documented in minutes of the plan fiduciary.

Stock and mutual funds – Mutual funds are valued using quoted market prices in active markets.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair value (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets as of October 31, 2024 and 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>As of October 31, 2024</u>				
Investment in Company stock	\$ -	\$ -	\$ 97,909,735	\$ 97,909,735
Investment in mutual funds	823,354	-	-	823,354
Investment in government securities	5,101,776	-	-	5,101,776
Investment in public company stock	3,333,732	-	-	3,333,732
	<u>\$ 9,258,862</u>	<u>\$ -</u>	<u>\$ 97,909,735</u>	<u>\$ 107,168,597</u>
<u>As of October 31, 2023</u>				
Investment in Company stock	\$ -	\$ -	\$ 79,058,718	\$ 79,058,718
Investment in mutual funds	4,703,767	-	-	4,703,767
Investment in public company stock	2,379,282	-	-	2,379,282
	<u>\$ 7,083,049</u>	<u>\$ -</u>	<u>\$ 79,058,718</u>	<u>\$ 86,141,767</u>

The following table sets forth a summary of changes in fair value of the Plan’s level 3 assets for the year ended October 31, 2024:

Balance, beginning of year	\$ 79,058,718
Change in unrealized gain	<u>18,851,017</u>
Balance, end of year	<u>\$ 97,909,735</u>

Subsequent events – The Plan has evaluated subsequent events through the date the financial statements were issued on March 14, 2025.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE C - TAX STATUS

The Internal Revenue Service (“IRS”) issued an opinion letter dated July 13, 2018 stating that the Plan, as then designed, was in compliance in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan Sponsor and the Plan’s tax counsel believe that the Plan is currently designed and operating in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

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

NOTE D - 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, all liabilities and expenses of the trust fund will be paid, and then the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the plan terms and the IRC.

NOTE E - INVESTMENTS IN COMPANY STOCK

The Plan’s investments in Company stock, at October 31, 2024 and 2023 are presented as follows:

	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
<u>Company Stock as of October 31, 2024:</u>			
Number of shares	32,525	31,457	63,982
Cost	<u>\$ 21,976,758</u>	<u>\$ 21,255,040</u>	<u>\$ 43,231,798</u>
Fair value	<u>\$ 49,772,128</u>	<u>\$ 48,137,607</u>	<u>\$ 97,909,735</u>
<u>Company Stock as of October 31, 2023:</u>			
Number of shares	27,868	36,114	63,982
Cost	<u>\$ 18,829,762</u>	<u>\$ 24,402,036</u>	<u>\$ 43,231,798</u>
Fair value	<u>\$ 34,434,303</u>	<u>\$ 44,624,415</u>	<u>\$ 79,058,718</u>

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE F – LOANS PAYABLE

In March 2017, the Plan entered into a \$38,000,000 loan agreement with the selling shareholder. The agreement provides for the loan to be repaid over 10 years. The loan bears interest at 4.00%.

In January 2023, the Plan entered into a \$3,731,798 loan agreement with the selling shareholder. The agreement provides for the loan to be repaid over 2 years. The loan bears interest at 6.00%.

The proceeds of the loans were used to purchase Company common stock. Unallocated shares are collateral for the loan. Shares are released from collateral and allocated to participants as payments of principal and interest are made. The number of shares released in any year is the number of shares held as collateral, times the ratio of the current year payments divided by the total of this year’s payments, plus all future years’ principal and interest payments. This resulted in 4,657 and 4,694 shares being released and allocated for the Plan years ended October 31, 2024 and 2023, respectively. The future minimum principal payments on the loan as of October 31, 2024 are as follows:

2025	\$ 3,881,798
2026	1,900,000
2027	1,900,000
2028	1,900,000
Thereafter	<u>15,200,000</u>
	<u>\$ 24,781,798</u>

NOTE G – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in Company common stock and has indebtedness guaranteed by the Company. These are related party and party-in-interest transactions. As described in Note A the Plan has a number of service providers. Such parties are parties-in-interest under ERISA.

SUZANNA’S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
NOTES TO FINANCIAL STATEMENTS
For the Year Ended October 31, 2024

NOTE H – RISKS AND UNCERTAINTIES

The Plan’s assets are substantially concentrated in the common stock of the Plan sponsor. It is at least reasonably possible that changes in the values of the stock will occur and that such changes could materially affect participants’ annual account balances and the amounts reported in the statements of net assets available for benefits.

The consequences of the financial and credit market crisis may have a significant downward impact on the Company’s common stock, which would have the impact of drastically lowering the amount of benefits available to participants.

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following represents a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of October 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per Form 5500	\$ 86,216,662	\$ 64,914,997
Less: Deposit to money market account	<u>0</u>	<u>250,000</u>
Net assets available for benefits per financial statements	<u>\$ 86,216,662</u>	<u>\$ 64,664,997</u>

The following represents a reconciliation of change in net assets available for benefits per the financial statements to the form 5500 for the year ended October 31, 2024:

Change in net assets available for benefits per Form 5500	\$ 21,301,665
Less: Deposit to money market account	<u>(250,000)</u>
Change in net assets available for benefits per financial statements	<u>\$ 21,551,665</u>

SUPPLEMENTAL SCHEDULE

SUZANNA'S KITCHEN, INC. EMPLOYEE STOCK OWNERSHIP PLAN
EMPLOYER IDENTIFICATION NUMBER 58-0835483, PLAN 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of October 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Adobe, Inc.	Public company stock	\$ 90,041	\$ 87,672
	Advanced Micro Devices, Inc.	Public company stock	90,604	154,619
	Alphabet, Inc.	Public company stock	89,784	163,475
	Amazon.com, Inc.	Public company stock	90,630	116,507
	American Electric Power Company	Public company stock	15,732	17,989
	Apollo Global Management, Inc.	Public company stock	34,959	40,505
	Apple, Inc.	Public company stock	91,640	175,024
	Bank of America Corp	Public company stock	90,742	101,600
	Blackrock, Inc.	Public company stock	115,047	153,515
	Blackstone Group, Inc.	Public company stock	61,774	109,110
	Broadcom, Inc.	Public company stock	49,131	49,609
	Caterpillar Inc.	Public company stock	9,829	10,523
	Chevron Corp	Public company stock	99,951	91,320
	Consolidated Edison, Inc.	Public company stock	65,742	80,288
	Crowdstrike Holdings Inc.	Public company stock	50,487	39,135
	Duke Energy Corp	Public company stock	65,260	86,141
	Exxon Mobile	Public company stock	99,978	107,202
	General Mills, Inc.	Public company stock	15,634	25,873
	Goldman Sachs Group, Inc.	Public company stock	90,339	134,099
	Home Depot, Inc.	Public company stock	65,546	91,982
	Johnson & Johnson	Public company stock	15,556	16,817
	JPMorgan Chase & Co	Public company stock	102,694	161,775
	KKR & Co Inc.	Public company stock	34,960	36,802
	Marathon Petroleum	Public company stock	99,920	98,757
	Mastercard Inc.	Public company stock	65,541	106,287
	Meta Platforms Inc.	Public company stock	14,233	17,294
	Microsoft Corp	Public company stock	140,301	216,718
	Morgan Stanley	Public company stock	103,289	152,898
	Nextera Energy, Inc.	Public company stock	65,422	94,715
	Nvidia Corp	Public company stock	24,792	102,494
	Palo Alto Networks Inc.	Public company stock	7,093	8,367
	Phillips	Public company stock	55,077	43,176
	Procter & Gamble Co	Public company stock	15,642	20,924
	Southern Company	Public company stock	65,718	94,535
	Truist Financial Corp	Public company stock	15,670	16,592
	Unitedhealth Group, Inc.	Public company stock	65,740	108,416
	Valero Energy Corp	Public company stock	54,992	42,574
	Visa Inc.	Public company stock	65,445	96,683
	JPMorgan Chase & Co	Money market fund	61,718	61,718
	First Trust NASDAQ	Mutual funds	54,292	30,337
	Invesco QQQ	Mutual funds	224,940	304,568
	iShares Cybersecurity	Mutual funds	49,983	65,318
	iShares US Home Construction	Mutual funds	59,988	72,535
	Sector Financial Select	Mutual funds	24,970	35,977
	SPDR S&P 500	Mutual funds	234,334	314,619
	US Treasury Note	Government securities	5,080,447	5,101,776
*	Suzanna's Kitchen, Inc.	63,982 shares of common stock	43,231,798	97,909,735
		Total investments		<u>\$ 107,168,597</u>

* A party in interest as defined by ERISA

See independent auditors' report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Suzanna's Kitchen Employee Stock Ownership Plan

Employer Identification Number: ► 58-0835483

For plan year (beginning/ending): ► 10/31/2024 Plan number: ►

2

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
	Adobe, Inc.	Public company stock	90,041	87,011
	Advanced Micro Devices, Inc.	Public company stock	90,604	152,570
	Alphabet, Inc.	Public company stock	89,784	160,843
	Amazon.com, Inc.	Public company stock	90,630	115,568
	American Electric Power Company,	Public company stock	15,732	18,071
	Apollo Global Management	Public company stock	34,959	40,113
	Apple, Inc.	Public company stock	91,640	173,725
	Bank of America Corp	Public company stock	90,742	100,744
	Blackrock, Inc.	Public company stock	115,047	154,022
	Blackstone Group, Inc.	Public company stock	62,969	108,031
	Broadcom Inc	Public company stock	49,131	49,233
	Caterpillar Inc	Public company stock	9,829	10,534
	Chevron Corp	Public company stock	99,951	91,375
	Consolidated Edison, Inc.	Public company stock	65,742	79,514
	CrowdStrike Holdings Inc	Public company stock	50,487	38,593
	Duke Energy Corp	Public company stock	65,697	86,453
	Exxon Mobile	Public company stock	99,963	106,387
	General Mills, Inc.	Public company stock	15,634	17,141
	Goldman Sachs Group, Inc.	Public company stock	90,339	133,590
	Home Depot, Inc.	Public company stock	65,546	92,138
	Johnson & Johnson	Public company stock	15,556	16,785
	JPMorgan Chase & Co	Public company stock	102,694	160,448
	KKR & Co	Public company stock	34,960	36,634
	Marathon Petroleum	Public company stock	99,920	98,629
	Mastercard Inc.	Public company stock	65,541	103,415
	Meta Platforms Inc	Public company stock	14,233	17,027
	Microsoft Corp	Public company stock	140,301	214,146
	Morgan Stanley	Public company stock	103,289	152,171
	Nextera Energy, Inc.	Public company stock	65,422	95,021
	Nvidia Corp	Public company stock	24,792	100,898
	Palo Alto Networks	Public company stock	7,093	8,288
	Phillips 66	Public company stock	55,077	42,881
	Procter & Gamble Co	Public company stock	15,642	20,813
	Southern Company	Public company stock	65,718	94,307
	Truist Financial Corp	Public company stock	15,670	16,488
	Unitedhealth Group, Inc.	Public company stock	65,740	108,384
	Valero Energy Corp	Public company stock	54,992	42,691
	Visa Inc.	Public company stock	65,445	95,651

	JPMorgan Chase & Co	Money market fund	63,100	63,100
	Pimco Income Fund	Mutual funds	644,171	853,655
	Fixed Income	Mutual funds	5,080,447	5,101,776
	Truist	Money market fund	3,159,333	3,159,333
	Truist	Cash	266,978	266,978
	* Suzanna's Kitchen, Inc.	63982 shares of common stock	43,231,798	97,909,735