

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h2 style="text-align: center;">2024</h2>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

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

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

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

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

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

special extension (enter description)

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

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

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/13/2026	SUSAN VANDEGRIFT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	307
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	175
	<b>6a(2)</b>	165
	<b>6b</b>	51
	<b>6c</b>	68
	<b>6d</b>	284
	<b>6e</b>	0
	<b>6f</b>	284
	<b>6g(1)</b>	311
	<b>6g(2)</b>	284
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>THE JUICE PLUS 401(K) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE JUICE PLUS COMPANY, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-4819292</b></p>	

**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.

**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	89	05/01/2024	04/30/2025

**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.

<b>(a) Total amount of commissions paid</b>	<b>(b) Total amount of fees paid</b>

**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

(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	

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	501612
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 704786
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 75408
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 14512
	(4) Transferred from separate account .....	<b>7c(4)</b> 290938
	(5) Other (specify below)..... ▶ <b>FORFEITURES</b>	<b>7c(5)</b> 57866
	(6) Total additions .....	<b>7c(6)</b> 438724
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 1143510
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 385867
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 2467
	(3) Transferred to separate account .....	<b>7e(3)</b> 253564
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 641898	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 501612

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>THE JUICE PLUS 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE JUICE PLUS COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-4819292</b>	

**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)

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	36570	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)

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	10228	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ARES RETIREMENT PLAN SERVICES LLC

5100 POPLAR AVE STE 810  
MEMPHIS, TN 38137

(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	8704	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

<b>A</b> Name of plan <u>THE JUICE PLUS 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE JUICE PLUS COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>20-4819292</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH FUND II FEE CLASS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-4126288-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80531</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RET BLND SLC TRST 2045</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-7271347-741</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>799512</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RET BLND SLC TRST 2050</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-7271348-742</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>754551</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RET BLND SLC TRST 2040</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-7271346-740</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1028345</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE FUND CLASS R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-4065329-426</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24235</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND FEE CLASS R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-4126247-549</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RET BLND SLC TRST 2055</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
<b>c</b> EIN-PN <u>38-7271349-743</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>341323</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLND SLC TRST 2035

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 38-7271345-739	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265160
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLND SLC TRST 2065

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 38-7271351-745	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9076
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLND SLC TRST 2060

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 38-7271350-744	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249067
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND II CLASS R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 38-7304118-183	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76888
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GRW FUND II FEE CLASS R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 31-4139848-626	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57751
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VLU FND III FEE CLASS R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 38-7289846-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81751
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>THE JUICE PLUS 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE JUICE PLUS COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-4819292</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	630552	117689
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1121956	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	68371	59713
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	526937	445496
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	936452	747287
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	4254089	3358652
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	16097038	14719130
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5564911	6338281
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	2017171	1852337
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	305176	317086
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	3433044	3768190
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7201754	6323677
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	677805	501612
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	42835256	38549150
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	42835256	38549150

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	626510	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	815620	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	166363	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1608493
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	25261	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	175530	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	23305	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	3317	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		227413
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	528922	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	323610	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		852532
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	8448970	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	6792988	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		1655982
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	239738	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		318177
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		360783
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5263118

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	9257875	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		9257875
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	291349	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		291349
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		9549224

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-4286106
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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** as part of Schedule H because:

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>THE JUICE PLUS 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE JUICE PLUS COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-4819292</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**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.**

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

<b>Part II</b>	<b>Funding Information</b> (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)? .....  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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

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

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

**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:

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

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

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

**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 08 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

<p style="text-align: center;"><b>SCHEDULE MEP (Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="font-size: large;"><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p style="font-size: small;">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)</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p>	<p style="text-align: right; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2024</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

<p><b>A</b> Name of plan <span style="margin-left: 20px;">THE JUICE PLUS 401(K) PLAN</span></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
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<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <span style="margin-left: 20px;">THE JUICE PLUS COMPANY, LLC</span></p>	<p><b>D</b> Administrator's EIN <span style="margin-left: 40px;">20-4819292</span></p>
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**Part I** **Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II** **Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <span style="margin-left: 20px;">JPTC, INC.</span>	<b>2b</b> EIN <span style="margin-left: 20px;">27-1139806</span>	<b>2c</b> Percentage of Total Contributions for the Plan Year <span style="margin-left: 40px;">0.00</span>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <span style="margin-left: 40px;">0</span>
<b>2a</b> Name of Participating Employer <span style="margin-left: 20px;">NSA HOLDINGS, INC.</span>	<b>2b</b> EIN <span style="margin-left: 20px;">62-0815963</span>	<b>2c</b> Percentage of Total Contributions for the Plan Year <span style="margin-left: 40px;">0.00</span>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <span style="margin-left: 40px;">0</span>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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**The Juice Plus 401(k) Plan**

**FINANCIAL REPORT**

**April 30, 2025**

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



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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 audits 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 of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year then ended April 30, 2025, 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 Juice Plus 401(k) Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification letters from a qualified institution as of April 30, 2025 and 2024, and for the year ended April 30, 2025, 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 relating 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objective is 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 Juice Plus 401(k) 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 Juice Plus 401(k) 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 accounting principles generally accepted in the United States of America.

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

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

#### ***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of April 30, 2025 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's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 supplemental 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 supplemental schedule, we evaluated whether the supplemental 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's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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 12, 2026

*Jackson, Howell & Associates, LLC*

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

<b>ASSETS</b>	<u>2025</u>	<u>2024</u>
Investments at fair value:		
Common stocks	\$ 14,719,130	\$ 16,097,038
Limited partnerships	4,065,918	3,645,918
Corporate bonds	3,358,652	4,254,089
U.S. Treasuries	747,287	936,452
Mutual funds	6,323,677	7,201,754
Collective trust funds	3,768,190	3,433,044
REIT/Tangible	1,852,337	2,017,171
Alternatives	2,272,363	1,918,993
Money market funds	445,496	526,937
Fixed annuities	501,612	677,805
	<u>38,054,662</u>	<u>40,709,201</u>
Receivables:		
Employer contributions	-	1,121,956
Accrued interest and dividends	56,183	65,292
Notes receivable from participants	317,086	305,176
Other	3,530	3,079
	<u>376,799</u>	<u>1,495,503</u>
Cash and cash equivalents	<u>117,689</u>	<u>630,552</u>
<b>TOTAL ASSETS</b>	<b>38,549,150</b>	<b>42,835,256</b>
<b>TOTAL LIABILITIES</b>	<u>-</u>	<u>-</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u>\$ 38,549,150</u></b>	<b><u>\$ 42,835,256</u></b>

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, 2025**

ADDITIONS TO NET ASSETS ATTRIBUTED TO :

Investment income (loss):

Net appreciation in fair value of investments	\$ 2,574,680
Interest	204,108
Dividends	852,532
	3,631,320
Less: Investment expenses	291,349
	3,339,971

Interest income on notes receivable from participants	23,305
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Contributions:

Employer contributions	626,510
Participant contributions	815,620
Participant rollover contributions	166,363
	1,608,493

TOTAL ADDITIONS	4,971,769
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	9,257,875
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TOTAL DEDUCTIONS	9,257,875
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NET DECREASE	(4,286,106)
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Net assets available for benefits:

Beginning of year	42,835,256
End of year	\$ 38,549,150

The accompanying notes are an integral part of these financial statements

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

**A. NOTE - 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, 2023.

**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 2024, participants may contribute up to the lesser of \$23,000 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 2024 is \$7,500). 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 and a fixed annuity as investment options for participants. Contributions are subject to certain limitations.

For the year ended April 30, 2025, 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, 2025, 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 Company elected not to make a profit-sharing contribution for the year ended April 30, 2025.

**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 THE FINANCIAL STATEMENTS - CONTINUED**

**A. NOTE - 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 13.5% which are commensurate with local prevailing rates as determined by the Plan administration. Principal 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, 2025 and 2024, forfeited nonvested accounts totaled \$256,302 and \$33,901, respectively. These accounts will be used to reduce future employer contributions or to pay plan administrative expenses. During 2025, employer contributions were reduced by \$41,991 from forfeited nonvested accounts, in accordance with plan provisions.

**B. NOTE - SUMMARY OF 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 THE FINANCIAL STATEMENTS - CONTINUED**

**B. NOTE - SUMMARY OF ACCOUNTING POLICIES - CONTINUED**

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's 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. Interest income is recorded on the accrual basis. 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) in fair value of investments.

**Subsequent Events**

The Plan has evaluated subsequent events through February 12, 2026, the date the financial statements were available to be issued.

## The Juice Plus 401(k) Plan

### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

#### C. NOTE - INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The following is a summary of the Plan's information as of April 30, 2025 and 2024, and for the year ended April 30, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified by Empower, the custodian of the Plan. The Plan Administrator has obtained certification from the custodian that the information provided to the Plan Administrator by the custodian related to the following information is complete and accurate:

	<u>2025</u>	<u>2024</u>
Investments	\$ 9,650,147	\$ 10,387,323
Investment income:		
Net appreciation in fair value of investments	678,964	
Interest and dividends	323,610	

#### D. NOTE - 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, *Fair Value Measurement*, 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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the techniques used at April 30, 2025 and 2024.

## The Juice Plus 401(k) Plan

### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

#### D. NOTE - FAIR VALUE MEASUREMENTS - CONTINUED

*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 and RCP Secondary Opportunity Fund IV, LP, 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.

*U.S Treasuries:* Marketable debt securities issued by the U.S. Government that have fixed interest rates and maturity periods.

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

*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.

**The Juice Plus 401(k) Plan**

**NOTES TO THE FINANCIAL STATEMENTS - CONTINUED**

**D. NOTE - FAIR VALUE MEASUREMENTS - CONTINUED**

*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, 2025 and 2024:

**Assets at Fair Value as of April**

<b>30, 2025</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Common stocks	\$ 14,719,130	\$ -	\$ -	\$ 14,719,130
Limited partnerships	714,591	-	1,942,174	2,656,765
Corporate bonds	3,358,652	-	-	3,358,652
U.S. treasuries	747,287	-	-	747,287
Mutual funds	6,323,677	-	-	6,323,677
Fixed annuities	-	501,612	-	501,612
Alternatives	-	-	2,272,363	2,272,363
REIT's/Tangibles	-	1,852,337	-	1,852,337
Money market funds	445,496	-	-	445,496
Total assets in the fair value hierarchy	26,308,833	2,353,949	4,214,537	32,877,319
Investments measured at NAV*	-	-	-	5,177,343
Total investments	<u>\$ 26,308,833</u>	<u>\$ 2,353,949</u>	<u>\$ 4,214,537</u>	<u>\$ 38,054,662</u>

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

**D. NOTE - FAIR VALUE MEASUREMENTS - CONTINUED**

**Assets at Fair Value as of April**

<b>30, 2024</b>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 16,097,038	\$ -	\$ -	\$ 16,097,038
Limited partnerships	1,581,009	-	1,975,449	3,556,458
Corporate bonds	4,254,089	-	-	4,254,089
U.S. treasuries	936,452	-	-	936,452
Mutual funds	7,201,754	-	-	7,201,754
Fixed annuities	-	677,805	-	677,805
Alternatives	-	-	1,918,993	1,918,993
REITs/Tangibles	-	2,017,171	-	2,017,171
Money market funds	526,937	-	-	526,937
Total assets in the fair value hierarchy	<u>30,597,279</u>	<u>2,694,976</u>	<u>3,894,442</u>	<u>37,186,697</u>
Investments measured at NAV*	-	-	-	3,522,504
Total investments	<u>\$ 30,597,279</u>	<u>\$ 2,694,976</u>	<u>\$ 3,894,442</u>	<u>\$ 40,709,201</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, 2025 include transfers in totaling \$330,212 and transfers out totaling \$666,013. Gains and losses (realized and unrealized) included in changes in net assets for the year ended April 30, 2025 are reported in net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

**E. NOTE - 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.

## **The Juice Plus 401(k) Plan**

### **NOTES TO THE FINANCIAL STATEMENTS - CONTINUED**

#### **F. NOTE - AMOUNTS OWED TO WITHDRAWN PARTICIPANTS**

As of April 30, 2025, the amount of net assets available for benefits that were in accounts of participants that are no longer employees of the plan sponsor totaled \$6,237,351. Of those balances, no amount had been requested to be paid to the participants.

#### **G. NOTE - 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.

#### **H. NOTE - TAX STATUS**

The Plan adopted a pre-approved plan offered by ARES Retirement Plan Services, LLC. The pre-approved plan received an IRS Opinion Letter dated November 30, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

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

#### **I. NOTE - RISKS AND UNCERTAINTIES**

The Plan maintains its cash in bank deposit accounts, which, at times, may exceed federally insured limits. As of April 30, 2025 and 2024, the Plan had \$0 and \$380,552 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**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 20-4819292 Plan Number: 001**  
**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
COMMON STOCKS:				
	AES CORPORATION	9,538 SHARES	\$ 104,060	\$ 95,380
	ABBVIE INCORPORATED	885 SHARES	78,738	172,664
	ALLY FINL INC.	4,384 SHARES	120,901	143,181
	ALPHABET INC.	1,402 SHARES	58,191	222,638
	ALTRIA GROUP INC.	3,234 SHARES	152,920	191,291
	AMAZON COM	1,269 SHARES	115,270	234,029
	AMGEN INC.	583 SHARES	130,937	169,606
	AT&T INC.	8,560 SHARES	158,580	237,112
	AUTODESK INC.	841 SHARES	109,692	230,644
	BRISTOL MYERS SQUIBB	3,462 SHARES	181,559	173,792
	BROADCOM INC.	1,411 SHARES	87,350	271,575
	CHENIERE ENERGY INC.	1,155 SHARES	178,950	266,932
	CHEVRON CORP.	1,071 SHARES	90,796	145,720
	CHIPOTLE INC	3,900 SHARES	65,648	197,028
	CIENA CORP.	2,801 SHARES	245,606	188,115
	CLEARWAY INC.	6,490 SHARES	160,015	190,417
	COCA COLA CO.	2,395 SHARES	130,897	173,757
	COMERICA INC.	3,045 SHARES	126,531	163,669
	CONAGRA INC.	5,744 SHARES	180,353	141,934
	CONOCOPHILLIPS	2,194 SHARES	210,233	195,529
	CORNING INC.	3,976 SHARES	154,138	176,455
	CROWN HLDGS INC.	2,804 SHARES	246,191	270,109
	CVS HEALTH CORP.	1,513 SHARES	103,217	100,932

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
COMMON STOCKS - CONTINUED:				
	DELTA AIRLINES INC.	4,440 SHARES	177,952	184,837
	DEVON ENERGY CORP.	4,693 SHARES	203,599	142,714
	DISNEY WALT	2,446 SHARES	250,051	222,464
	DOW INC.	4,364 SHARES	214,071	133,495
	DUKE ENERGY CORP	1,510 SHARES	128,125	184,250
	EASTMAN CHEMICAL	1,720 SHARES	119,485	132,440
	ENTERGY CORP.	2,252 SHARES	106,925	187,299
	ELI LILLY & CO.	246 SHARES	64,215	221,142
	FEDEX CORP.	802 SHARES	98,768	168,685
	FISERV INC.	1,137 SHARES	115,644	209,856
	GENERAC HLDGS INC.	1,435 SHARES	155,892	164,135
	GILEAD SCIENCES INC.	2,194 SHARES	146,745	233,749
	GOLDMAN SACHS INC.	431 SHARES	68,189	235,994
	HOME DEPOT INC.	497 SHARES	150,620	179,164
	IBM	905 SHARES	103,692	218,847
	INTERPUBLIC INC.	6,342 SHARES	162,492	159,311
	JOHNSON & JOHNSON	1,071 SHARES	147,573	167,408
	KINDER MORGAN INC.	5,866 SHARES	169,281	154,276
	KKR INC.	1,733 SHARES	89,331	198,030
	LOCKHEED MARTIN CORP.	231 SHARES	103,588	110,360
	LOWE'S INC.	919 SHARES	107,907	205,452

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
COMMON STOCKS - CONTINUED:				
	MARTIN MARIETTA INC.	426 SHARES	88,817	223,215
	MASTERCARD INC.	488 SHARES	42,094	267,453
	MERCK & CO.	3,012 SHARES	258,018	256,622
	METLIFE INC.	3,026 SHARES	155,648	228,070
	MONSTER BEVERAGE	4,179 SHARES	103,446	251,241
	MORGAN STANLEY	1,503 SHARES	80,037	173,476
	NORWEGIAN CRUISE HLDG	10,538 SHARES	258,261	168,924
	NVIDIA CORP.	1,974 SHARES	256,480	215,008
	O'REILLY AUTOMOTIVE	194 SHARES	144,053	274,549
	PACKAGING CORP.	849 SHARES	99,099	157,583
	PALO ALTO NETWORKS	1,438 SHARES	34,768	268,805
	PEPSICO INC.	1,188 SHARES	156,251	161,069
	RAYMOND JAMES FINL	1,616 SHARES	105,017	221,457
	SALESFORCE INC.	900 SHARES	159,057	241,839
	SERVICENOW INC.	258 SHARES	47,030	246,393
	SMUCKER J M CO.	1,407 SHARES	150,915	163,592
	SNAP ON INC.	528 SHARES	83,166	165,692
	STATE STR CORP.	1,881 SHARES	101,462	165,716
	TAPESTRY INC.	2,550 SHARES	94,914	180,158
	TARGA RES CORP.	1,174 SHARES	242,663	200,637
	TEXAS INSTRS INC.	871 SHARES	97,092	139,404

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**  
**EIN: 20-4819292 Plan Number: 001**  
**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<b>COMMON STOCKS - CONTINUED:</b>				
	T-MOBILE US INC.	989 SHARES	142,667	244,234
	TRAVEL PLUS LEISURE CO.	3,273 SHARES	169,312	143,783
	UNITED PARCEL SERVICE	1,349 SHARES	225,924	128,560
	UNUM GROUP	2,716 SHARES	128,812	210,925
	VERIZON COMMS. INC.	4,372 SHARES	221,087	192,630
	VERTEX PHARMACEUTICALS	495 SHARES	93,803	252,203
	VERTIV HOLDINGS CO.	2,493 SHARES	37,149	212,852
	VISA INC.	737 SHARES	115,410	254,634
	VOYA FINANCIAL INC.	3,277 SHARES	161,937	193,998
	XCEL ENERGY INC.	2,797 SHARES	153,891	197,748
	ZIONS BANCORPORATION	3,341 SHARES	87,759	150,243
		<b>TOTAL COMMON STOCKS</b>	<b>10,370,957</b>	<b>14,719,130</b>
<b>LIMITED PARTNERSHIPS:</b>				
	CARLYLE - CEMOF II		32,097	61,759
	MGG EVERGREEN FUND		898,561	1,372,130
	NFC INSURANCE PARTNERS		100,000	1,063,403
	PARABELLUM OFFSHORE III		217,015	235,358
	RCP FUND IV		1,029,653	1,314,304
	SOUTHPAW CREDIT FUND		16,479	18,964
		<b>TOTAL LIMITED PARTNERSHIPS:</b>	<b>2,293,805</b>	<b>4,065,918</b>

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
CORPORATE BONDS:				
	AECOM	40,000 FACE VALUE	39,445	39,902
	5.125%; MATURES 03/15/2027			
	ALLY FINANCIAL INC.	45,000 FACE VALUE	36,584	38,095
	4.700% PERPETUAL MATURITY			
	AMERICAN AIRLINES	10,000 FACE VALUE	10,000	5,079
	3.375%; MATURES 11/01/2028			
	AMERICAN AIRLINES	2,000 FACE VALUE	1,206	1,150
	4.100%; MATURES 07/15/2029			
	AMERICAN AIRLINES	48,000 FACE VALUE	38,020	34,794
	3.950%; MATURES 01/11/2032			
	AMERICAN TOWER CORP	45,000 FACE VALUE	44,513	43,866
	3.950%; MATURES 03/15/2029			
	AMERICAN TOWER CORP	15,000 FACE VALUE	14,934	13,868
	2.900%; MATURES 01/15/2030			
	AMERIGAS PARTNERS	38,000 FACE VALUE	36,748	36,330
	5.750%; MATURES 05/20/2027			
	ATMOS ENERGY CORP	55,000 FACE VALUE	55,167	46,515
	1.500%; MATURES 01/15/2031			
	AUTOMATIC DATA PROCESSING	40,000 FACE VALUE	40,118	38,895
	4.450%; MATURES 09/09/2034			
	B&G FOODS INC	24,000 FACE VALUE	24,565	22,634
	5.250%; MATURES 09/15/2027			
	BANK OF AMERICA	55,000 FACE VALUE	55,000	54,228
	3.970%; MATURES 03/05/2029			
	BANK OF NEW YORK MELLON	45,000 FACE VALUE	44,983	38,581
	1.650%; MATURES 01/28/2031			
	BEAZER HOMES USA INC	38,000 FACE VALUE	38,852	36,872
	7.250%; MATURES 10/15/2029			
	CCO HOLDINGS LLC	45,000 FACE VALUE	39,427	39,938
	4.500%; MATURES 05/01/2032			

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**  
**EIN: 20-4819292 Plan Number: 001**  
**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
CORPORATE BONDS - CONTINUED:				
	CENTRAL GARDEN & PET CO 4.125%; MATURES 10/15/2030	40,000 FACE VALUE	35,967	36,558
	CHARLES SCHWAB CORP 5.375%; PERPETUAL MATURITY	35,000 FACE VALUE	34,040	34,890
	CHARTER COMMUNICATIONS 4.200%; MATURES 03/15/2028	30,000 FACE VALUE	27,957	29,450
	CITIGROUP INC 7.125%; PERPETUAL MATURITY	39,000 FACE VALUE	39,473	38,452
	CITIGROUP INC 2.666%; MATURES 01/29/2031	35,000 FACE VALUE	37,284	31,742
	COMCAST CORP 1.500%; MATURES 02/15/2031	45,000 FACE VALUE	42,133	37,962
	CONOCOPHILLIPS CO 5.050%; MATURES 09/15/2033	100,000 FACE VALUE	97,336	99,853
	CORECIVIC INC 4.750%; MATURES 10/15/2027	33,000 FACE VALUE	29,961	32,120
	CORECIVIC INC 8.250%; MATURES 04/15/2029	6,000 FACE VALUE	6,337	6,337
	CROWN CASTLE INC 3.100%; MATURES 11/15/2029	50,000 FACE VALUE	49,906	46,423
	DPL INC 4.350%; MATURES 04/15/2029	23,000 FACE VALUE	24,590	21,946
	DUKE ENERGY OHIO INC 5.250%; MATURES 04/01/2033	100,000 FACE VALUE	102,564	101,484
	ENCOMPASS HEALTH CORP 4.500%; MATURES 02/01/2028	18,000 FACE VALUE	18,210	17,743

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
CORPORATE BONDS - CONTINUED:				
	ENCOMPASS HEALTH CORP 4.625%; MATURES 04/01/2031	5,000 FACE VALUE	5,000	4,759
	ENTERGY LOUISIANA LLC 4.000%; MATURES 03/15/2033	100,000 FACE VALUE	93,011	93,235
	ENTERGY CORP 7.125%; MATURES 12/01/2064	21,000 FACE VALUE	21,525	21,114
	EOG RESOURCES INC 3.900%; MATURES 04/01/2035	100,000 FACE VALUE	88,984	90,435
	EQUINIX INC 3.900%; MATURES 04/15/2032	100,000 FACE VALUE	88,764	93,472
	FORD MOTOR CO 4.346%; MATURES 12/08/2026	65,000 FACE VALUE	65,561	63,736
	GEO GROUP INC 10.250%; MATURES 04/15/2031	35,000 FACE VALUE	38,273	38,243
	GOODYEAR TIRE & RUBBER CO 5.625%; MATURES 04/30/2033	40,000 FACE VALUE	37,487	36,860
	HUNTSMAN INTERNATIONAL LLC 4.500%; MATURES 05/01/2029	75,000 FACE VALUE	81,921	70,723
	INTEL CORP 2.000%; MATURES 08/12/2031	60,000 FACE VALUE	59,978	50,111
	JETBLUE AIRWAYS CORPORATION 8.000%; MATURES 11/15/2027	11,000 FACE VALUE	6,778	5,567
	JETBLUE AIRWAYS CORPORATION 7.750%; MATURES 05/15/2030	44,000 FACE VALUE	35,757	25,964
	JPMORGAN CHASE 2.545%; MATURES 11/08/2032	20,000 FACE VALUE	20,000	17,410
	JPMORGAN CHASE 5.350%; MATURES 06/01/2034	90,000 FACE VALUE	91,580	91,335

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**  
**EIN: 20-4819292 Plan Number: 001**  
**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
CORPORATE BONDS - CONTINUED:				
	KB HOME 7.250%; MATURES 07/15/2030	36,000 FACE VALUE	37,146	36,851
	LEAR CORP 2.600%; MATURES 01/15/2032	70,000 FACE VALUE	69,941	59,091
	LOCKHEED MARTIN CORP 4.750%; MATURES 02/15/2034	100,000 FACE VALUE	96,572	98,662
	MERCK & CO INC 2.150%; MATURES 12/10/2031	30,000 FACE VALUE	29,938	26,084
	MGM RESORTS INTERNATIONAL 6.500%; MATURES 04/15/2032	40,000 FACE VALUE	40,150	39,392
	NEWELL BRANDS INC 6.625%; MATURES 05/15/2032	2,000 FACE VALUE	1,795	1,775
	NEWELL BRANDS INC 6.875%; MATURES 04/01/2036	42,000 FACE VALUE	39,496	36,995
	OLIN CORP 5.000%; MATURES 02/01/2030	40,000 FACE VALUE	39,010	37,560
	PACKAGING CORP OF AMERICA 5.700%; MATURES 12/01/2033	100,000 FACE VALUE	100,498	102,849
	PECO ENERGY CO 4.900%; MATURES 06/15/2033	100,000 FACE VALUE	101,336	100,043
	PENSKE AUTOMOTIVE GROUP INC 3.750%; MATURES 06/15/2029	35,000 FACE VALUE	31,181	32,465
	PFIZER 4.750%; MATURES 05/19/2033	85,000 FACE VALUE	84,842	83,943
	PNC FIN SERVICES GRP 2.307%; MATURES 04/23/2032	45,000 FACE VALUE	45,036	38,786
	PROGRESSIVE CORP 3.200%; MATURES 03/26/2030	20,000 FACE VALUE	22,854	18,972
	PROGRESSIVE CORP 6.250%; MATURES 12/01/2032	90,000 FACE VALUE	97,686	97,974

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**  
**EIN: 20-4819292 Plan Number: 001**  
**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
CORPORATE BONDS - CONTINUED				
	PUBLIC STORAGE OPERATING CO	110,000 FACE VALUE	107,393	111,764
	5.100%; MATURES 08/01/2033			
	RANGE RESOURCES	41,000 FACE VALUE	42,486	42,089
	8.250%; MATURES 01/15/2029			
	ROYAL CARIBBEAN CRUISES	6,000 FACE VALUE	5,500	6,334
	7.500%; MATURES 10/15/2027			
	SBA COMMUNICATIONS CORP	37,000 FACE VALUE	32,375	34,282
	3.125%; MATURES 02/01/2029			
	SEAGATE HDD CAYMAN	35,000 FACE VALUE	35,340	33,815
	5.750%; MATURES 12/01/2034			
	SERVICE CORP INTERNATIONAL	10,000 FACE VALUE	11,443	10,313
	7.500%; MATURES 04/01/2027			
	SERVICE CORP INTERNATIONAL	25,000 FACE VALUE	21,496	22,861
	4.000%; MATURES 05/15/2031			
	SIMON PROPERTY GROUP	25,000 FACE VALUE	24,611	24,609
	3.250%; MATURES 11/30/2026			
	SM ENERGY CO	40,000 FACE VALUE	40,050	38,404
	6.500%; MATURES 07/15/2028			
	SUBURBAN PROPANE PARTNERS	40,000 FACE VALUE	39,442	39,853
	5.875%; MATURES 03/01/2027			
	SUNOCO LP	36,000 FACE VALUE	33,560	34,120
	4.500%; MATURES 05/15/2029			
	TELEFLEX INC	35,000 FACE VALUE	33,859	34,247
	4.625%; MATURES 11/15/2027			
	TENET HEALTHCARE CORP	25,000 FACE VALUE	25,930	25,782
	6.875%; MATURES 11/15/2031			
	TENET HEALTHCARE CORP	3,000 FACE VALUE	3,000	3,010
	6.125%; MATURES 06/15/2030			

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
CORPORATE BONDS - CONTINUED:				
	TENET HEALTHCARE CORP 6.750%; MATURES 05/15/2031	8,000 FACE VALUE	8,170	8,200
	TRANSDIGM INC 4.875%; MATURES 05/01/2029	40,000 FACE VALUE	37,858	38,557
	TEGNA INC 5.000%; MATURES 09/15/2029	14,000 FACE VALUE	13,126	13,016
	UNITED RENTALS NORTH AMERICA 4.000%; MATURES 07/15/2030	20,000 FACE VALUE	20,500	18,654
	UNION PACIFIC CORP 5.100%; MATURES 02/20/2035	100,000 FACE VALUE	100,380	100,621
	US BANCORP 3.000%; MATURES 07/30/2029	55,000 FACE VALUE	57,808	51,322
	US BANCORP 5.424%; MATURES 02/12/2036	25,000 FACE VALUE	25,000	25,031
	VERISK ANALYTICS INC 5.250%; MATURES 06/05/2034	65,000 FACE VALUE	63,939	65,202
	YUM! BRANDS INC 5.375%; MATURES 04/01/2032	37,000 FACE VALUE	34,200	36,453
		TOTAL CORPORATE BONDS	3,416,648	3,358,652
U.S. TREASURIES:				
	U.S TREASURY 4.25%; MATURES 05/31/2025	250,000 FACE VALUE	248,506	249,902
	U.S TREASURY MATURES 06/26/2025	250,000 FACE VALUE	244,874	248,351
	U.S TREASURY 2.875%; MATURES 07/31/2025	250,000 FACE VALUE	248,145	249,034
		TOTAL U.S. TREASURIES	741,525	747,287

**The Juice Plus 401(k) Plan**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

<b>(a)</b>	<b>(b) Identity of issue, borrower, lessor, or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>ALTERNATIVE INVESTMENTS:</b>				
	MSSB POOLED ACCT #1		2,272,363	2,272,363
		TOTAL	2,272,363	2,272,363
		ALTERNATIVE INVESTMENTS		
<b>MUTUAL FUNDS:</b>				
	AMERICAN FUNDS	BALANCED R6 **		9,694
	AMERICAN FUNDS	PERSPECTIVE R6 **		26,996
	AMERICAN FUNDS	NEW WORLD R6 **		296,268
	AXONIC STRATEGIC INCOME	51,883 SHARES	460,000	464,868
	BLACKROCK	TECH OPPTS K **		272,695
	FIDELITY	500 INDEX **		829,885
	FIDELITY	BLUE CHIP R6 **		140,295
	FIDELITY	MID CAP INDEX **		227,966
	FIDELITY	SMALL CAP INDEX **		158,523
	FIDELITY	US BOND INDEX **		504,215
	GOLDMAN SACHS	INTL EQ ESG R6 **		299,036
	JPMORGAN	CORE BOND R6 **		29,023
	LOOMIS SAYLES	BOND Y **		494,467
	PGIM	JENNISON OPPTS R6 **		7,618
	PGIM	JENNISON UTIL. R6 **		35,568
	PGIM	US REAL EST. R6 **		162,333
	PIMCO	INCOME INSTL **		1,014,868
	PIMCO	INCOME INSTL	470,000	478,464
	PIMCO	STOCKSPLUS INTL **		270,424
	SCHWAB	US LARGE CO IDX **		173,329
	SCHWAB	LARGE CAP IDX **		129,281
	T. ROWE PRICE	MID CAP VALUE I **		108,279
	T. ROWE PRICE	VALUE I **		189,582
		TOTAL MUTUAL FUNDS	930,000	6,323,677

**The Juice Plus 401(k) Plan**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**

**EIN: 20-4819292 Plan Number: 001**

**As of April 30, 2025**

<b>(a)</b>	<b>(b) Identity of issue, borrower, lessor, or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>REIT'S/TANGIBLES:</b>				
	STARWOOD REAL ESTATE	87,607.483 SHARES	2,000,000	1,852,337
<hr/>			<hr/>	<hr/>
TOTAL REITS/TANGIBLES			2,000,000	1,852,337
<b>MONEY MARKET FUNDS:</b>				
	CHARLES SCHWAB	GREEN SQUARE - MONEY MARKET		147,132
	RAYMOND JAMES	MONEY MARKET		49,515
	RAYMOND JAMES	MONEY MARKET		143,906
	MORGAN STANLEY	POOLED ACCT #1 - MONEY MARKET		63,267
	MORGAN STANLEY	CINCINNATI ASSET MGMT - MONEY MARKET		41,676
<hr/>			<hr/>	<hr/>
TOTAL MONEY MARKETS				445,496
<b>FIXED ANNUITIES:</b>				
*	EI FIXED ACCOUNT SERIES CLASS V	SERIES CLASS V	**	501,612
<hr/>			<hr/>	<hr/>
TOTAL FIXED ANNUITIES				501,612

**The Juice Plus 401(k) Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued**  
**EIN: 20-4819292 Plan Number: 001**  
**As of April 30, 2025**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
COLLECTIVE TRUST FUNDS:				
	GREAT GRAY	LARGE CAP GROWTH FUND	**	57,751
	GREAT GRAY	LARGE CAP VALUE FUND	**	24,235
	GREAT GRAY	MID CAP GROWTH FUND II	**	76,888
	GREAT GRAY	SMALL CAP GROWTH FUND	**	80,531
	GREAT GRAY	VALUE FUND III	**	81,751
	GREAT GRAY	T ROWE-RET BLEND 2035 1	**	265,161
	GREAT GRAY	T ROWE-RET BLEND 2040 1	**	1,028,345
	GREAT GRAY	T ROWE-RET BLEND 2045 1	**	799,512
	GREAT GRAY	T ROWE-RET BLEND 2050 1	**	754,551
	GREAT GRAY	T ROWE-RET BLEND 2055 1	**	341,323
	GREAT GRAY	T ROWE-RET BLEND 2060 1	**	249,067
	GREAT GRAY	T-ROWE-RET BLEND 2065 1	**	9,075
		TOTAL COLLECTIVE TRUST FUNDS		3,768,190
*	Notes receivable from participants	8.25% - 13.5%		317,086
		TOTAL	\$22,025,298	\$ 38,371,748

\* =Identified party in interest to the Plan

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