

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: MAUI JIM, INC., 1 ALOHA LN, PEORIA, IL 61615
2b Employer Identification Number (EIN): 37-1173264
2c Plan Sponsor's telephone number: 309-691-3700
2d Business code (see instructions): 424300

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	919
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	651
	6a(2)	611
	6b	7
	6c	284
	6d	902
	6e	0
	6f	902
	6g(1)	906
	6g(2)	893
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2S 2T 3H 3D 2R

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAUI JIM, INC.	D Employer Identification Number (EIN) 37-1173264	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	42386	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)

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX STOCK I - SS&C GIDS, I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP NEW HORIZONS - T. ROWE PRICE S 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE GILEAD FD CL I 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE HEALTHCARE AND LIFE SCIEN 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAUI JIM, INC.</u>	D Employer Identification Number (EIN) <u>37-1173264</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3306692</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAUI JIM, INC.	D Employer Identification Number (EIN) 37-1173264

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5717514	87153
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4707597	5736610
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	4384	0
(B) Common	1c(4)(B)	2306579	3708204
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	548211	594372
(9) Value of interest in common/collective trusts	1c(9)	4584683	3306692
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	126641206	129133512
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	144510174	142566543
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	20613
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	20613
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	144510174	142545930

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1765624	
(B) Participants.....	2a(1)(B)	4050606	
(C) Others (including rollovers).....	2a(1)(C)	33195	
(2) Noncash contributions.....	2a(2)	0	5849425
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	232703	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	33767	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		266470
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	257	
(B) Common stock.....	2b(2)(B)	48077	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6943686	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6992020
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	284685	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	311656	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	741314	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	95242
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	10982331
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	24899831

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26817884
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	26817884
f Corrective distributions (see instructions)	2f	3808
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	42383
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	42383
j Total expenses. Add all expense amounts in column (b) and enter total	2j	26864075

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-1964244
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		9947
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAUI JIM, INC.</u>	D Employer Identification Number (EIN) <u>37-1173264</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

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): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

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

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**MAUI JIM, INC. 401(K) RETIREMENT
AND SAVINGS PLAN AND TRUST**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**



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**MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
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AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

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INDEPENDENT AUDITORS' REPORT

Administrative Committee
Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust
Peoria, Illinois

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust, 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 December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust'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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section:

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust 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 Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Administrative Committee
Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust

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 Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust'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 Maui Jim, Inc. 401(k) Retirement and Savings Plan and Trust'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 Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and the schedule of delinquent employee contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



CliftonLarsonAllen LLP

Peoria, Illinois
September 29, 2025

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
Collective Fund	\$ 3,306,692	\$ 4,584,683
Mutual Funds	134,073,269	130,676,334
Self-Directed Brokerage Accounts	4,505,057	2,983,432
Total Investments at Fair Value	141,885,018	138,244,449
RECEIVABLES		
Company's Contribution	87,153	5,717,514
Notes Receivable from Participants	610,434	551,245
Total Receivables	697,587	6,268,759
Total Assets	142,582,605	144,513,208
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	20,613	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 142,561,992	\$ 144,513,208

See accompanying Notes to Financial Statements.

**MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS:

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 11,791,916
Interest and Dividend Income	<u>7,224,723</u>
Total Investment Income	19,016,639

**INTEREST INCOME ON NOTES RECEIVABLE
FROM PARTICIPANTS**

46,795

CONTRIBUTIONS

Company	1,765,624
Participants'	4,050,606
Rollover	<u>33,195</u>
Total Contributions	<u>5,849,425</u>

Total Additions 24,912,859

DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS 26,821,692

ADMINISTRATIVE EXPENSES 42,383

Total Deductions 26,864,075

NET DECREASE (1,951,216)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year 144,513,208

End of Year \$ 142,561,992

See accompanying Notes to Financial Statements.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of the Maui Jim, Inc. (the Company) 401(k) Retirement and Savings Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective January 1, 1995. The Plan has been amended throughout the years to comply with tax legislation and most recently amended effective January 31, 2024. The Plan excludes leased employees, nonresident aliens, employees covered by a collective bargaining agreement, and temporary employees. Any full-time employee is eligible on the later of the first day of the month following the employee performing one month of service or upon turning 21 years of age. Part-time or casual employees are eligible to participate on the first day of the month following completion of 1,000 hours of service. Part-time or casual employees are also eligible if they have worked at least 500 hours for three consecutive years. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors is responsible for the oversight of the Plan.

Contributions

Each year, participants may voluntarily contribute up to 90% of pre-tax annual compensation, as defined in the Plan. The Plan includes a Roth option to allow contributions to be made on an after-tax basis. The Plan currently offers a self-directed brokerage option for participants with individual account balances greater than \$10,000. The Company makes a matching contribution equal to 50% of the participant's contributions up to a maximum of 6% of a participant's eligible compensation in a Plan year. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. For automatically enrolled participants, the Plan allows for automatic increases of deferral percentages and is automatically increased by 1% annually as a pre-tax deferral contribution until a deferral rate of 10% is reached. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

An additional profit sharing amount may be contributed at the option of the Company's Board of Directors and is invested in accordance with each participant's investment elections. An employee will receive an allocation only if he or she is an active employee of the Company on the last day of the Plan year. The Company made a discretionary contribution of \$-0- for the year ended December 31, 2024.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching and discretionary contributions, an allocation of Plan earnings or losses, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and, if applicable, rollover contributions, plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of participant accounts, plus actual earnings thereon, is based on years of credited service, as indicated by the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 Year	0%
1 Year	20%
2 Years	40%
3 Years	60%
4 Years	80%
5 Years or More	100%

In the event of a participant's death, permanent disability, or cessation of employment on or after the normal retirement date, the participant's share in the Plan becomes fully vested and nonforfeitable.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments

Upon termination of service due to death, disability, retirement, or termination of service for other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or periodic installments over a period not to extend later than the life expectancy of the participant or the participant and designated beneficiary. All payments for balances of \$1,000 or less are payable in the form of a lump sum amount equal to the value of a participant's vested account balance. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name. Any distribution to a participant who has a benefit which exceeds \$5,000 shall require such participant's consent.

Forfeited Accounts

Forfeited nonvested accounts will be used to reduce future Company contributions or reallocated to participant accounts. Unused forfeitures included in net assets available for benefits were approximately \$301,000 and \$370,000 as of December 31, 2024 and 2023, respectively. The ending forfeiture balance as of December 31, 2024 was allocated to participants and was reflected in participant accounts three days after year-end. Approximately \$46,000 of forfeitures were used to reduce Company contributions and approximately \$700 of forfeitures were used to reduce expenses for the year ended December 31, 2024.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's 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. See Note 4 for discussion of fair value measurements.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments 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. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in the connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Fidelity Management Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, and the supplemental schedule of assets (held at end of year) as of December 31, 2024.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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.

Common Stock and Preferred Stock: Common stock and preferred stock is valued based on unadjusted quoted process for identical assets in active markets.

Collective Fund: Valued at the NAV of units of a bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Self-Directed Brokerage Accounts: Accounts primarily consist of mutual funds, common stock, and preferred stock.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 134,073,269	\$ -	\$ -	\$ 134,073,269
Collective Fund	-	3,306,692	-	3,306,692
Self-Directed Brokerage Accounts	4,505,057	-	-	4,505,057
Total Investments at Fair Value	\$ 138,578,326	\$ 3,306,692	\$ -	\$ 141,885,018

	2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 130,676,334	\$ -	\$ -	\$ 130,676,334
Collective Fund	-	4,584,683	-	4,584,683
Self-Directed Brokerage Accounts	2,983,432	-	-	2,983,432
Total Investments at Fair Value	\$ 133,659,766	\$ 4,584,683	\$ -	\$ 138,244,449

NOTE 5 PLAN TERMINATION

Although it has not expressed 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, the participants would become 100% vested in their Company contributions.

NOTE 6 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter from the IRS indicating that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination 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.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds, common stock, and a collective fund managed by Fidelity Management Trust Company, who is the qualified institution of the Plan and, therefore, these investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 RISKS AND UNCERTAINTIES

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 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.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per Financial Statements	\$ 142,561,992	\$ 144,513,208
Less: Loans Deemed Distributed not yet Offset	<u>(16,062)</u>	<u>(3,034)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 142,545,930</u>	<u>\$ 144,510,174</u>

The following is reconciliation of the change in net assets per the financial statements to Form 5500 for the year ended December 31, 2024:

Change in Net Assets Available for Benefits per Financial Statements	\$ (1,951,216)
Change in Loans Deemed Distributed not yet Offset	<u>(13,028)</u>
Change in Net Assets Available for Benefits per Form 5500	<u>\$ (1,964,244)</u>

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 NONEXEMPT TRANSACTION

During the year ended December 31, 2024, the Company failed to remit an employee deferral contribution for a certain payroll period within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT EMPLOYEE CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> Yes	\$ 9,947	\$ -	\$ -	\$ -

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Collective Fund:</u>			
	Morley	Stable Value Fund	\$	3,306,692
	<u>Mutual Funds:</u>			
	T. Rowe Price	Retirement 2020		1,239,374
	T. Rowe Price	Retirement 2030		7,557,576
	T. Rowe Price	Retirement 2040		8,377,956
	T. Rowe Price	Retirement 2050		6,441,494
	T. Rowe Price	Retirement 2060		4,825,108
	T. Rowe Price	Capital Appreciation		15,700,863
	T. Rowe Price	All Cap Opportunities Fund		13,133,126
	Dodge & Cox	Stock Fund		15,263,139
	Dodge & Cox	Income Fund		5,221,650
	Vanguard	Short-Term Inv Grade Fund		3,411,176
	American	Cap World G&I R6		6,304,149
	T. Rowe Price	New Horizons Fund		7,796,973
*	Fidelity	Small Cap Value		5,462,680
*	Fidelity	US Bond Index		499,473
*	Fidelity	500 Index Fund		25,545,704
*	Fidelity	Small Cap Index		611,490
*	Fidelity	International Index		990,993
	Invesco	Exchange Traded Fund		6,770
	iShares Inc	Index Fund		9,290
	Vanguard Intl	Equity Index Fund		12,508
	iShares	Bitcoin		6,352
	iShares	S&P Global Fund		26,816
	iShares	S&P Global Healthcare		9,772
	iShares	S&P Global Energy Sector		12,627
	iShares	Dow Jones US Financial Sector Index		9,811
	iShares	Dow Jones US Broker Dealers		6,999
	iShares	Dow Jones US Medical Devices		3,902
	iShares	Europe Financial Sector		3,439
	iShares	JPN Exchange Traded Fund		2,653
	iShares	Global Exchange Traded Fund		4,088
	SPDR	Consumer Staples Sector ETF		7,152
	SPDR	Cyclicals Staples Sector ETF		12,536
	SPDR	Industrial Staples Sector ETF		15,353
	Invesco	S&P 500 Exchange Traded Fund		16,664
	Invesco	QQQ Trust ETF, Series 1		56,808
	Grayscale	Ethereum Trust ETF		4,944
	Grayscale	Bitcoin Trust ETF		9,337
	Grayscale	Bitcoin Trust BTC		82,754
	Grayscale	Ethereum TR ETH SHS		52,429

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Mutual Funds (Continued):</u>			
	Crown Castle International Corp	Exchange Traded Fund		\$ 3,444
	Eventide Healthcare and Life Sciences	External Fund		191,238
	Eventide Gilead Fund	External Fund		173,449
	Vanguard Total Stock Market Index	External Fund		11,608
	Vanguard Total Bond	External Fund		8,030
	Vanguard Total Intl Stock Index	External Fund		4,529
		Total Mutual Funds		129,148,226
	<u>Common Stock</u>			
	ASML Holdings	Common Stock		15,509
	Abbot Limited	Common Stock		11,941
	Abbott Laboratories	Common Stock		6,027
	Adobe Systems Inc	Common Stock		7,560
	Advanced Micro Devices Inc	Common Stock		184,678
	Alphabet Inc	Common Stock		154,339
	Amazon.com Inc	Common Stock		44,097
	Anheuser-Busch	Common Stock		2,852
	Apple Computer In	Common Stock		227,094
	Astrazeneca	Common Stock		4,916
	BP	Common Stock		3,360
	BNP Paribas Sponsored	Common Stock		5,526
	Banco Bilbao Vizcaya Argentaria	Common Stock		6,374
	Banco Santander Cent Hispano	Common Stock		5,234
	Bank of America Corp	Common Stock		12,335
	BHP Billiton Ltd	Common Stock		7,634
	Boeing Co	Common Stock		26,550
	Booking Hldgs Inc	Common Stock		15,029
	Broadcom Inc	Common Stock		217,923
	C S X Corp	Common Stock		3,495
	Canadian Natural Resources	Common Stock		7,630
	Capital One Financial Corp	Common Stock		15,361
	Caterpillar Inc	Common Stock		36,855
	Cheesecake factory	Common Stock		4,830
	Chevron/Texaco Corp	Common Stock		15,123
	Citigroup Inc	Common Stock		14,583
	Coinbase Global Inc	Common Stock		30,293
	Compagnie Financiere	Common Stock		11,400
	ConocoPhillips	Common Stock		9,340
	Costco Wholesale Corp	Common Stock		59,447
	Crowdstrike Hldgs	Common Stock		18,819
	Cummins Engine Co Inc	Common Stock		7,248

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Common Stock (Continued):</u>			
	Danaher Corp	Common Stock	\$	3,245
	Deere & Company	Common Stock		8,739
	Deutsche Post	Common Stock		4,153
	Edwards Lifesciences Corp	Common Stock		5,854
	Enphase Energy Inc	Common Stock		2,404
	Exxon Mobil Corp	Common Stock		16,199
	Facebook Inc	Common Stock		186,178
	Fanuc Ltd	Common Stock		5,607
	Ford Motor Company	Common Stock		288,080
	Freeport McMoran Copper & Gold	Common Stock		10,314
	Gamestop Corp	Common Stock		878
	GSK	Common Stock		4,009
	Goldman Sachs Group Inc	Common Stock		17,070
	Home Depot Inc	Common Stock		17,282
	Honest Co Inc	Common Stock		4,505
	Illinois Tool Works	Common Stock		9,315
	ING Group	Common Stock		5,087
	Intesa Sanpaolo	Common Stock		5,868
	Intuitive Surgical Inc	Common Stock		5,742
	Intuit Inc	Common Stock		14,699
	J P Morgan Chase & Co	Common Stock		14,777
	Johnson & Johnson	Common Stock		5,260
	Johnson Control International	Common Stock		14,987
	Klaviyo Inc	Common Stock		102,228
	Lam Research Corp	Common Stock		8,222
	Las Vegas Sands Corp	Common Stock		4,949
	Lilly Eli & Co	Common Stock		103,728
	Linde PLC Com	Common Stock		33,189
	Marvell Technology Group Ltd	Common Stock		201,420
	Mastercard Inc	Common Stock		8,536
	Medtronic PLC	Common Stock		2,412
	Merck & Co Inc	Common Stock		8,746
	Microsoft Corp	Common Stock		160,802
	Microstrategy Inc	Common Stock		43,443
	Morgan Stanley Dean Witter & Co	Common Stock		13,439
	Murata Manufacturing Co	Common Stock		2,493
	Nestle Sponsored	Common Stock		6,128
	Netflix Company Inc	Common Stock		16,935
	Nike Inc	Common Stock		3,751
	Nordea BK	Common Stock		4,824
	Nucor Corp	Common Stock		21,354
	NVIDIA Corp	Common Stock		408,353
	Oracle Corporation	Common Stock		42,431
	Palantir Technologies Inc	Common Stock		24,958
	Palo Alto Networks Inc	Common Stock		72,784
	Payoneer Global Inc	Common Stock		3,012
	Pepsico Inc	Common Stock		6,317
	Procter & Gamble Co	Common Stock		14,323
	Qualcomm Inc	Common Stock		42,576

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Common Stock (Continued):</u>			
	Recursion Pharmaceuticals Inc	Common Stock	\$	6,760
	RLI Corp	Common Stock		60,295
	Raytheon Technologies Corp	Common Stock		11,647
	Rio Tinto Sponsored	Common Stock		5,457
	Rivian Automotive Inc	Common Stock		11,850
	Roche Holdings Limited	Common Stock		5,720
	Salesforce Company Inc	Common Stock		85,958
	SAP AG Spon ADR	Common Stock		5,417
	Schwab Charles Corp	Common Stock		9,853
	Servicenow Inc	Common Stock		6,361
	Shell Sponsored	Common Stock		8,359
	Shopify Inc	Common Stock		104,784
	Sony Corp	Common Stock		10,015
	Sofi Technologies	Common Stock		5,138
	Soundhound AI Inc	Common Stock		1,004
	Starbucks Corp	Common Stock		7,280
	Stryker Corp	Common Stock		8,847
	Super Micro Computer Inc	Common Stock		3,048
	Taiwan Semiconductor Man. Co. Ltd	Common Stock		29,748
	Tesla Motors	Common Stock		20,192
	Thermo Electron Corp	Common Stock		7,325
	Tokyo Electron	Common Stock		3,624
	Total Fina	Common Stock		5,287
	Toyota Motors Corp	Common Stock		8,652
	Uber Technologies Inc	Common Stock		1,508
	Unilever	Common Stock		8,204
	Union Pacific Corp	Common Stock		7,455
	Unitedhealth Group	Common Stock		7,248
	Visa Inc	Common Stock		11,901
	Wal-Mart Stores Inc	Common Stock		19,979
		Total Common Stock		<u>3,708,204</u>
	<u>Interest-bearing cash</u>			
*	Fidelity	Government Money Market		5,690,345
*	Fidelity	Cash Reserves		46,265
		Total Interest-bearing cash		<u>5,736,610</u>
*	Participants	Participant Loans		
		Interest Rates from 4.25% to 9.50% with Maturities through 2043	-	<u>594,372</u>
				<u>\$ 142,479,390</u>

* Denotes party-in-interest as defined by ERISA.

** Not applicable - participant directed investments.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Collective Fund:</u>			
	Morley	Stable Value Fund	\$	3,306,692
	<u>Mutual Funds:</u>			
	T. Rowe Price	Retirement 2020		1,239,374
	T. Rowe Price	Retirement 2030		7,557,576
	T. Rowe Price	Retirement 2040		8,377,956
	T. Rowe Price	Retirement 2050		6,441,494
	T. Rowe Price	Retirement 2060		4,825,108
	T. Rowe Price	Capital Appreciation		15,700,863
	T. Rowe Price	All Cap Opportunities Fund		13,133,126
	Dodge & Cox	Stock Fund		15,263,139
	Dodge & Cox	Income Fund		5,221,650
	Vanguard	Short-Term Inv Grade Fund		3,411,176
	American	Cap World G&I R6		6,304,149
	T. Rowe Price	New Horizons Fund		7,796,973
*	Fidelity	Small Cap Value		5,462,680
*	Fidelity	US Bond Index		499,473
*	Fidelity	500 Index Fund		25,545,704
*	Fidelity	Small Cap Index		611,490
*	Fidelity	International Index		990,993
	Invesco	Exchange Traded Fund		6,770
	iShares Inc	Index Fund		9,290
	Vanguard Intl	Equity Index Fund		12,508
	iShares	Bitcoin		6,352
	iShares	S&P Global Fund		26,816
	iShares	S&P Global Healthcare		9,772
	iShares	S&P Global Energy Sector		12,627
	iShares	Dow Jones US Financial Sector Index		9,811
	iShares	Dow Jones US Broker Dealers		6,999
	iShares	Dow Jones US Medical Devices		3,902
	iShares	Europe Financial Sector		3,439
	iShares	JPN Exchange Traded Fund		2,653
	iShares	Global Exchange Traded Fund		4,088
	SPDR	Consumer Staples Sector ETF		7,152
	SPDR	Cyclicals Staples Sector ETF		12,536
	SPDR	Industrial Staples Sector ETF		15,353
	Invesco	S&P 500 Exchange Traded Fund		16,664
	Invesco	QQQ Trust ETF, Series 1		56,808
	Grayscale	Ethereum Trust ETF		4,944
	Grayscale	Bitcoin Trust ETF		9,337
	Grayscale	Bitcoin Trust BTC		82,754
	Grayscale	Ethereum TR ETH SHS		52,429

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Mutual Funds (Continued):</u>			
	Crown Castle International Corp	Exchange Traded Fund		\$ 3,444
	Eventide Healthcare and Life Sciences	External Fund		191,238
	Eventide Gilead Fund	External Fund		173,449
	Vanguard Total Stock Market Index	External Fund		11,608
	Vanguard Total Bond	External Fund		8,030
	Vanguard Total Intl Stock Index	External Fund		4,529
		Total Mutual Funds		<u>129,148,226</u>
	<u>Common Stock</u>			
	ASML Holdings	Common Stock		15,509
	Abbot Limited	Common Stock		11,941
	Abbott Laboratories	Common Stock		6,027
	Adobe Systems Inc	Common Stock		7,560
	Advanced Micro Devices Inc	Common Stock		184,678
	Alphabet Inc	Common Stock		154,339
	Amazon.com Inc	Common Stock		44,097
	Anheuser-Busch	Common Stock		2,852
	Apple Computer In	Common Stock		227,094
	Astrazeneca	Common Stock		4,916
	BP	Common Stock		3,360
	BNP Paribas Sponsored	Common Stock		5,526
	Banco Bilbao Vizcaya Argentaria	Common Stock		6,374
	Banco Santander Cent Hispano	Common Stock		5,234
	Bank of America Corp	Common Stock		12,335
	BHP Billiton Ltd	Common Stock		7,634
	Boeing Co	Common Stock		26,550
	Booking Hldgs Inc	Common Stock		15,029
	Broadcom Inc	Common Stock		217,923
	C S X Corp	Common Stock		3,495
	Canadian Natural Resources	Common Stock		7,630
	Capital One Financial Corp	Common Stock		15,361
	Caterpillar Inc	Common Stock		36,855
	Cheesecake factory	Common Stock		4,830
	Chevron/Texaco Corp	Common Stock		15,123
	Citigroup Inc	Common Stock		14,583
	Coinbase Global Inc	Common Stock		30,293
	Compagnie Financiere	Common Stock		11,400
	ConocoPhillips	Common Stock		9,340
	Costco Wholesale Corp	Common Stock		59,447
	Crowdstrike Hldgs	Common Stock		18,819
	Cummins Engine Co Inc	Common Stock		7,248

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Common Stock (Continued):</u>			
	Danaher Corp	Common Stock	\$	3,245
	Deere & Company	Common Stock		8,739
	Deutsche Post	Common Stock		4,153
	Edwards Lifesciences Corp	Common Stock		5,854
	Enphase Energy Inc	Common Stock		2,404
	Exxon Mobil Corp	Common Stock		16,199
	Facebook Inc	Common Stock		186,178
	Fanuc Ltd	Common Stock		5,607
	Ford Motor Company	Common Stock		288,080
	Freeport McMoran Copper & Gold	Common Stock		10,314
	Gamestop Corp	Common Stock		878
	GSK	Common Stock		4,009
	Goldman Sachs Group Inc	Common Stock		17,070
	Home Depot Inc	Common Stock		17,282
	Honest Co Inc	Common Stock		4,505
	Illinois Tool Works	Common Stock		9,315
	ING Group	Common Stock		5,087
	Intesa Sanpaolo	Common Stock		5,868
	Intuitive Surgical Inc	Common Stock		5,742
	Intuit Inc	Common Stock		14,699
	J P Morgan Chase & Co	Common Stock		14,777
	Johnson & Johnson	Common Stock		5,260
	Johnson Control International	Common Stock		14,987
	Klaviyo Inc	Common Stock		102,228
	Lam Research Corp	Common Stock		8,222
	Las Vegas Sands Corp	Common Stock		4,949
	Lilly Eli & Co	Common Stock		103,728
	Linde PLC Com	Common Stock		33,189
	Marvell Technology Group Ltd	Common Stock		201,420
	Mastercard Inc	Common Stock		8,536
	Medtronic PLC	Common Stock		2,412
	Merck & Co Inc	Common Stock		8,746
	Microsoft Corp	Common Stock		160,802
	Microstrategy Inc	Common Stock		43,443
	Morgan Stanley Dean Witter & Co	Common Stock		13,439
	Murata Manufacturing Co	Common Stock		2,493
	Nestle Sponsored	Common Stock		6,128
	Netflix Company Inc	Common Stock		16,935
	Nike Inc	Common Stock		3,751
	Nordea BK	Common Stock		4,824
	Nucor Corp	Common Stock		21,354
	NVIDIA Corp	Common Stock		408,353
	Oracle Corporation	Common Stock		42,431
	Palantir Technologies Inc	Common Stock		24,958
	Palo Alto Networks Inc	Common Stock		72,784
	Payoneer Global Inc	Common Stock		3,012
	Pepsico Inc	Common Stock		6,317
	Procter & Gamble Co	Common Stock		14,323
	Qualcomm Inc	Common Stock		42,576

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	<u>Common Stock (Continued):</u>			
	Recursion Pharmaceuticals Inc	Common Stock	\$	6,760
	RLI Corp	Common Stock		60,295
	Raytheon Technologies Corp	Common Stock		11,647
	Rio Tinto Sponsored	Common Stock		5,457
	Rivian Automotive Inc	Common Stock		11,850
	Roche Holdings Limited	Common Stock		5,720
	Salesforce Company Inc	Common Stock		85,958
	SAP AG Spon ADR	Common Stock		5,417
	Schwab Charles Corp	Common Stock		9,853
	Servicenow Inc	Common Stock		6,361
	Shell Sponsored	Common Stock		8,359
	Shopify Inc	Common Stock		104,784
	Sony Corp	Common Stock		10,015
	Sofi Technologies	Common Stock		5,138
	Soundhound AI Inc	Common Stock		1,004
	Starbucks Corp	Common Stock		7,280
	Stryker Corp	Common Stock		8,847
	Super Micro Computer Inc	Common Stock		3,048
	Taiwan Semiconductor Man. Co. Ltd	Common Stock		29,748
	Tesla Motors	Common Stock		20,192
	Thermo Electron Corp	Common Stock		7,325
	Tokyo Electron	Common Stock		3,624
	Total Fina	Common Stock		5,287
	Toyota Motors Corp	Common Stock		8,652
	Uber Technologies Inc	Common Stock		1,508
	Unilever	Common Stock		8,204
	Union Pacific Corp	Common Stock		7,455
	Unitedhealth Group	Common Stock		7,248
	Visa Inc	Common Stock		11,901
	Wal-Mart Stores Inc	Common Stock		19,979
		Total Common Stock		<u>3,708,204</u>
	<u>Interest-bearing cash</u>			
*	Fidelity	Government Money Market		5,690,345
*	Fidelity	Cash Reserves		46,265
		Total Interest-bearing cash		<u>5,736,610</u>
*	Participants	Participant Loans		
		Interest Rates from 4.25% to 9.50% with Maturities through 2043	-	<u>594,372</u>
				<u>\$ 142,479,390</u>

* Denotes party-in-interest as defined by ERISA.

** Not applicable - participant directed investments.

MAUI JIM, INC. 401(K) RETIREMENT AND SAVINGS PLAN AND TRUST
E.I.N. 37-1173264 PLAN NO. 001
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT EMPLOYEE CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> Yes	\$ 9,947	\$ -	\$ -	\$ -