

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- 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 <u>MAUI SODA & ICE WORKS, LTD. PENSION PLAN</u> | 1b Three-digit plan number (PN) ▶ | <u>001</u> |
| | 1c Effective date of plan | <u>04/01/1973</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAUI SODA & ICE WORKS, LTD.</u> <u>P.O. BOX 1170</u> <u>WAILUKU, HI 96793</u> | 2b Employer Identification Number (EIN) | <u>99-0063817</u> |
| | 2c Sponsor's telephone number | <u>808-244-7951</u> |
| | 2d Business code (see instructions) | <u>312110</u> |
| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. <u>COMMITTEE</u> <u>P.O. BOX 1170</u> <u>WAILUKU, HI 96793</u> | 3b Administrator's EIN | <u>99-0184072</u> |
| | 3c Administrator's telephone number | <u>808-244-7951</u> |
| 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 | |
| 5a Total number of participants at the beginning of the plan year | 5a | <u>69</u> |
| b Total number of participants at the end of the plan year | 5b | <u>69</u> |
| c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 5c(1) | |
| c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c(2) | |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) | <u>17</u> |
| d(2) Total number of active participants at the end of the plan year | 5d(2) | <u>16</u> |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e | <u>0</u> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | JILL SUGIMOTO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562305. (See instructions.)

| Part III Financial Information | | | |
|---------------------------------------|---|------------------------------|------------------------|
| 7 | | (a) Beginning of Year | (b) End of Year |
| 7 | Plan Assets and Liabilities | | |
| a | Total plan assets | 7a 14700385 | 16672923 |
| b | Total plan liabilities | 7b | |
| c | Net plan assets (subtract line 7b from line 7a) | 7c 14700385 | 16672923 |
| 8 | | (a) Amount | (b) Total |
| 8 | Income, Expenses, and Transfers for this Plan Year | | |
| a | Contributions received or receivable from: | | |
| | (1) Employers | 8a(1) 900000 | |
| | (2) Participants | 8a(2) | |
| | (3) Others (including rollovers) | 8a(3) | |
| b | Other income (loss) | 8b 1562098 | |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 2462098 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d 489560 | |
| e | Certain deemed and/or corrective distributions (see instructions) . | 8e | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | |
| g | Other expenses | 8g | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | 489560 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | 1972538 |
| j | Transfers to (from) the plan (see instructions) | 8j | |

| Part IV Plan Characteristics | |
|-------------------------------------|--|
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |

| Part V Compliance Questions | | | | |
|------------------------------------|--|------------|-----------|---------------|
| 10 | | Yes | No | Amount |
| 10 | During the plan year: | | | |
| a | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | X | |
| c | Was the plan covered by a fidelity bond? | 10c | X | 800000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | X | |
| e | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
| | | |

Part VIII IRS Compliance Questions

14a 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

14b 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

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

| | | |
|---|--|--|
| SCHEDULE SB (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> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>MAUI SODA & ICE WORKS, LTD. PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAUI SODA & ICE WORKS, LTD.</u> | D Employer Identification Number (EIN) <u>99-0063817</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>14700385</u> |
| | b Actuarial value | 2b | <u>14895666</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>26</u> | <u>5613460</u> |
| | b For terminated vested participants | <u>26</u> | <u>1128478</u> |
| | c For active participants | <u>17</u> | <u>5114103</u> |
| | d Total | <u>69</u> | <u>11856041</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.15 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>194139</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>194139</u> |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | |
|--|--|
| SIGN HERE Signature of actuary <u>TIMOTHY G. BOWEN</u> Type or print name of actuary <u>OCTOBER THREE CONSULTING LLC</u> Firm name <u>233 SOUTH WACKER DR</u> <u>CHICAGO, IL 60606-7147</u> Address of the firm | <u>10/13/2025</u> Date <u>23-07204</u> Most recent enrollment number <u>206-498-6971</u> Telephone number (including area code) |
|--|--|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 2055969 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 2055969 |
| 10 | Interest on line 9 using prior year's actual return of <u>15.24</u> % | 0 | 313330 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 621397 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> % | | 32810 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 654207 |
| d | Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 0 | 2369299 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 105.65 % |
| 15 | Adjusted funding target attainment percentage | 15 | 125.63 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 100.14 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| 01/03/2024 | 75000 | 0 | 07/08/2024 | 75000 | 0 |
| 02/06/2024 | 75000 | 0 | 08/07/2024 | 75000 | 0 |
| 03/06/2024 | 75000 | 0 | 09/04/2024 | 75000 | 0 |
| 04/02/2024 | 75000 | 0 | 10/09/2024 | 75000 | 0 |
| 05/06/2024 | 75000 | 0 | 11/08/2024 | 75000 | 0 |
| 06/11/2024 | 75000 | 0 | 12/03/2024 | 75000 | 0 |
| | | | Totals ▶ | 18(b) | 900000 |
| | | | | 18(c) | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|--------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 879051 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

| | | | | |
|---|---|--|-------------------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 65 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

| | | | | |
|---|--|--|--|-----------|
| Part VI Miscellaneous Items | | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 26 Demographic and benefit information | | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | | 27 |

| | | | | |
|---|--|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | | |
| 28 Unpaid minimum required contributions for all prior years | | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | | | | 30 0 |

| | | | | |
|--|---------------------|--------------------|---------------|-------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c) | | | | 31a 194139 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 194139 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | | 34 0 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | | | 0 | |
| 36 Additional cash requirement (line 34 minus line 35) | | | | 36 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | | 37 879051 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 879051 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

| | | | | |
|---|--|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | | |

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Plan Name: Maui Soda & Ice Works, Ltd. Pension Plan
EIN: 99-0063817
Plan Number: 001
Plan Year: January 1, 2024 to December 31, 2024

| | <u>PPA Funding</u> |
|------------------------|----------------------------------|
| ACTUARIAL COST METHOD | Accrued Benefit (Unit Credit) |
| ASSET VALUATION METHOD | See Below |

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Plan Name: Maui Soda & Ice Works, Ltd. Pension Plan
EIN: 99-0063817
Plan Number: 001
Plan Year: January 1, 2024 to December 31, 2024

| | <u>PPA Funding</u> |
|--|--|
| Segmented Interest Rates | |
| Segment 1 (0-5 years) | 4.75% |
| Segment 2 (5-20 years) | 4.87% |
| Segment 3 (20+ years) | 5.59% |
| Applicable Month | September |
| Effective Interest Rate | 5.15% |
| Future Pay Increases | 3.00% |
| Mortality | 2024 Optional Combined Table for Small Plans |
| Additional Mortality Improvement | None Assumed |
| Disability | None Assumed |
| Termination | Sarason T-5 |
| Assumed Retirement Age (Active) | Age 65 |
| Assumed Retirement Age (Terminated Vested) | Age 65 |
| Percent Married | 75% |
| Age Difference in Participant & Spouse | Males three years older than females |
| Administrative Expense | Anticipated Administrative Expenses |

FASB ASC

7.00%

7.00%

7.00%

N/A

7.00%

Pri-2012 Amount-Weighted
Mortality

None Assumed

None Assumed

Age 65

Age 65

100%

Males two years older than females

N/A

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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


▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | | |
|---|--|---|-----|
| A Name of plan MAUI SODA & ICE WORKS, LTD. PENSION PLAN | | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAUI SODA & ICE WORKS, LTD. | | D Employer Identification Number (EIN) 99-0063817 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | | |
| 2 Assets: | | | |
| a Market value | 2a | 14,700,385 | |
| b Actuarial value | 2b | 14,895,666 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 26 | 5,613,460 | 5,613,460 |
| b For terminated vested participants | 26 | 1,128,478 | 1,128,478 |
| c For active participants | 17 | 5,114,103 | 5,114,103 |
| d Total | 69 | 11,856,041 | 11,856,041 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | | 5.15% |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | | 194,139 |
| b Expected plan-related expenses | 6b | | 0 |
| c Target normal cost | 6c | | 194,139 |

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------------------|---|--|
| SIGN HERE |  | <u>10/13/2025</u> |
| | Signature of actuary | Date |
| TIMOTHY G. BOWEN | Type or print name of actuary | 2307204 |
| OCTOBER THREE CONSULTING LLC | Firm name | Most recent enrollment number |
| 233 SOUTH WACKER DR | Address of the firm | 206-498-6971 |
| CHICAGO IL 60606-7147 | Address of the firm | Telephone number (including area code) |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2024
v. 240311**

| Part II Beginning of Year Carryover and Prefunding Balances | (a) Carryover balance | (b) Prefunding balance |
|---|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 2,055,969 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 Amount remaining (line 7 minus line 8) | 0 | 2,055,969 |
| 10 Interest on line 9 using prior year's actual return of <u>15.24%</u> | 0 | 313,330 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 621,397 |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28%</u> | | 32,810 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 654,207 |
| d Portion of (c) to be added to prefunding balance | | |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 0 | 2,369,299 |

| Part III Funding Percentages | | |
|--|-----------|---------|
| 14 Funding target attainment percentage | 14 | 105.65% |
| 15 Adjusted funding target attainment percentage | 15 | 125.63% |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 100.14% |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|---|
| 01/03/2024 | 75,000 | 0 | | | | |
| 02/06/2024 | 75,000 | 0 | | | | |
| 03/06/2024 | 75,000 | 0 | | | | |
| 04/02/2024 | 75,000 | 0 | | | | |
| 05/06/2024 | 75,000 | 0 | | | | |
| 06/11/2024 | 75,000 | 0 | | | | |
| 07/08/2024 | 75,000 | 0 | | | | |
| 08/07/2024 | 75,000 | 0 | | | | |
| 09/04/2024 | 75,000 | 0 | | | | |
| 10/09/2024 | 75,000 | 0 | | | | |
| 11/08/2024 | 75,000 | 0 | | | | |
| 12/03/2024 | 75,000 | 0 | | | | |
| Totals ▶ | | | 18(b) | 900,000 | 18(c) | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 879,051 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

| | | | |
|-----------------------|-----------------------|-----------------------|---|
| 1st segment: 4.75% | 2nd segment: 4.87% | 3rd segment: 5.59% | <input type="checkbox"/> N/A, full yield curve used |
|-----------------------|-----------------------|-----------------------|---|

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 194,139

b Excess assets, if applicable, but not greater than line 31a **31b** 194,139

| | Outstanding Balance | Installment |
|---|---------------------|-------------|
| 32 Amortization installments: | | |
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment | 0 | 0 |

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

| | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| 35 Balances elected for use to offset funding requirement | | | 0 |

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 879,051

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 879,051

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE SB LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

(January 1, 2024 - December 31, 2024)

PLAN NAME: Maui Soda & Ice Works, Ltd. Defined Benefit Pension Plan

EIN: 99-0063817 Plan Number: 001

| | | | |
|-------------------------------------|----------|-----------------|----------|
| Plan Year Beginning: | 1/1/2024 | Valuation Date: | 1/1/2025 |
| Effective Interest Rate: | 5.15% | | |
| Interest Rate for Late Quarterlies: | 10.15% | | |

| Contribution Classification | Schedule SB Line | Classified Amount | Date Made | Date Due | Days Late | Days to Discount to 1/1/2024 | Late Discount | Remaining Discount | Discounted Value |
|-----------------------------|------------------|-------------------|-----------|-----------|-----------|------------------------------|---------------|--------------------|------------------|
| 5 | 19c | \$ 75,000 | 1/3/2024 | 9/15/2025 | 0 | 2 | 1.000000 | 0.999726 | \$ 74,979 |
| 5 | 19c | \$ 75,000 | 2/6/2024 | 9/15/2025 | 0 | 36 | 1.000000 | 0.995073 | 74,630 |
| 5 | 19c | \$ 75,000 | 3/6/2024 | 9/15/2025 | 0 | 65 | 1.000000 | 0.991121 | 74,334 |
| 5 | 19c | \$ 75,000 | 4/2/2024 | 9/15/2025 | 0 | 92 | 1.000000 | 0.987456 | 74,059 |
| 5 | 19c | \$ 75,000 | 5/6/2024 | 9/15/2025 | 0 | 126 | 1.000000 | 0.982861 | 73,715 |
| 5 | 19c | \$ 75,000 | 6/11/2024 | 9/15/2025 | 0 | 162 | 1.000000 | 0.978018 | 73,351 |
| 5 | 19c | \$ 75,000 | 7/8/2024 | 9/15/2025 | 0 | 189 | 1.000000 | 0.974401 | 73,080 |
| 5 | 19c | \$ 75,000 | 8/7/2024 | 9/15/2025 | 0 | 219 | 1.000000 | 0.970399 | 72,780 |
| 5 | 19c | \$ 75,000 | 9/4/2024 | 9/15/2025 | 0 | 247 | 1.000000 | 0.966678 | 72,501 |
| 5 | 19c | \$ 75,000 | 10/9/2024 | 9/15/2025 | 0 | 282 | 1.000000 | 0.962047 | 72,154 |
| 5 | 19c | \$ 75,000 | 11/8/2024 | 9/15/2025 | 0 | 312 | 1.000000 | 0.958095 | 71,857 |
| 5 | 19c | \$ 75,000 | 12/3/2024 | 9/15/2025 | 0 | 337 | 1.000000 | 0.954814 | 71,611 |

| | | |
|-------|-------------------|-------------------|
| Total | <u>\$ 900,000</u> | <u>\$ 879,051</u> |
|-------|-------------------|-------------------|

| Classification | Description | SB Line |
|----------------|---|---------|
| 1-4 | Number of Quarterly Contribution | 19c |
| 5 | Other Contributions for Minimum Funding | 19c |
| 6 | Contributions to Avoid Benefit Restrictions (not included in Prefunding | 19b |
| 7 | Contributions to Meet Funding Deficiency (prior years' minimum funding | 19a |
| 8 | Contributions Necessary to Meet Liquidity Requirements | 19c |

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Maui Soda & Ice Works, Ltd. Pension Plan

EIN: 99-0063817

PN: 001

Plan Year: January 1, 2024 to December 31, 2024

| (a) Retirement Age | (b) Retirement Rate | (c) Survival to Age | (a) x (b) x (c) |
|------------------------|------------------------|------------------------|-----------------|
| 65 | 1.000 | 1.000 | 65.0 |
| AVERAGE RETIREMENT AGE | | | 65.0 |

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Maui Soda & Ice Works, Ltd. Pension Plan
EIN: 99-0063817
Plan Number: 001
Plan Year: January 1, 2024 to December 31, 2024

EFFECTIVE DATE April 1, 1973

PARTICIPATION Age 21 and 1 year of service. The plan was closed to new participants December 31, 2007.

ELIGIBILITY FOR BENEFITS:

| | |
|---------------------|---|
| Normal Retirement | Later of age 65 or the 5th anniversary of the employee's date of participation |
| Early Retirement | Attained age 60 and 5 years of service |
| Deferred Retirement | Participants working after their Normal Retirement Date may request to defer payment |
| Termination | 100% vested with 5 years of service |
| Disability | 5 years of service and permanent disability |
| Death | 5 years of service, married to a qualified spouse, and death prior to the participant's annuity starting date |

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Maui Soda & Ice Works, Ltd. Pension Plan
EIN: 99-0063817
Plan Number: 001
Plan Year: January 1, 2024 to December 31, 2024

SUMMARY OF PLAN PROVISIONS

- Continued -

AMOUNT OF BENEFITS:

| | |
|---------------------|--|
| Normal Retirement | 1.5% of the average monthly compensation over the highest 60 consecutive months times actual years of service (up to a maximum of 40 years), but not less than the accrued benefit as of March 31, 1989. |
| Early Retirement | Accrued benefit actuarially equivalent to the benefit payable at normal retirement. |
| Deferred Retirement | Greater of the accrued benefit at the actual retirement date or the actuarial equivalent of the accrued benefit at normal retirement. |
| Termination Benefit | Accrued benefit payable as of the normal retirement date |
| Disability Benefit | Accrued benefit actuarially equivalent to the benefit payable at normal retirement. |

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Maui Soda & Ice Works, Ltd. Pension Plan
EIN: 99-0063817
Plan Number: 001
Plan Year: January 1, 2024 to December 31, 2024

NOTE: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

SCHEDULE SB, LINE 25 – CHANGE IN METHOD

PLAN NAME: Maui Soda & Ice Works, Ltd. Pension Plan
EIN: 99-0063817
PLAN NUMBER: 001
PLAN YEAR: January 1, 2024 to December 31, 2024

There has been a change in Enrolled Actuary for this plan year.

Prior Enrolled Actuary: Phil Loftus, 23-07626

New Enrolled Actuary: Timothy G. Bowen, 23-07204

The conditions for automatic approval as outlined in Rev. Proc. 2017-56 have been met.