

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>'47 BRAND, LLC 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</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>'47 BRAND, LLC</u> <u>15 S. WEST PARK</u> <u>WESTWOOD, MA 02090-3408</u>	1c Effective date of plan <u>01/01/2007</u> 2b Employer Identification Number (EIN) <u>04-2223847</u> 2c Plan Sponsor's telephone number <u>617-437-6765</u> 2d Business code (see instructions) <u>424300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	DAVID D'ANGELO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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 TWINS ENTERPRISE, INC. c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	343
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)	289
	6a(2)	338
	6b	0
	6c	47
	6d	385
	6e	0
	6f	385
	6g(1)	209
6g(2)	232	
6h	5	
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 2K 2T 3D

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan '47 BRAND, LLC 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 '47 BRAND, LLC</p>	<p>D Employer Identification Number (EIN) 04-2223847</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	94281		01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="font-size: large;">0</p>	<p>(b) Total amount of fees paid</p> <p style="font-size: large;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

MORGAN STANLEY INSURANCE SERVICES **2400 E. COMMERCIAL BLVD., #1200**
FT. LAUDERDALE, FL 33308

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

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

WHITNEY PENSION ASSOCIATES, INC. **80 N. MAIN STREET**
WHITE RIVER JUNCTION, VT 05001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GURANTEED INTEREST**

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 '47 BRAND, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 '47 BRAND, LLC	D Employer Identification Number (EIN) 04-2223847	

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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)

JOHN HANCOCK USA

01-0233346

(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?
15 28 59 60 62 63 67 68	RECORDKEEPER		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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.	OMB No. 1210-0110 <hr/> 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>'47 BRAND, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>'47 BRAND, LLC</u>	D Employer Identification Number (EIN) <u>04-2223847</u>
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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: STABLE VALUE GUARANTD INC FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54403</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: US GOVT MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2981</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MACKAY HIGH YIELD CORP BD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67859</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>518283</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIMITED TERM INCOME FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28213</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALLOCATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80489</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALL ASSET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-2333466-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48915</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2020 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	180121
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2025 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1124301
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2030 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	273109073
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2035 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2185810
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2040 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7075393
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2045 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1627953
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2050 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2302837
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2055 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	890666
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2060 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	515510
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET DATE RETIREMENT 2065 FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	97221
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17149
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1551995
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96598
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152836
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29681
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1192594
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541755
a Name of MTIA, CCT, PSA, or 103-12 IE: HEALTH SCIENCES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 157050
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW ERA FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135051
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 381242

a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158460

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 722402

a Name of MTIA, CCT, PSA, or 103-12 IE: MATERIALS INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150249

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368848

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 247460

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87330

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187812

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53566

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302886

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL CORE EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-2333466-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213331

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 '47 BRAND, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 '47 BRAND, LLC	D Employer Identification Number (EIN) 04-2223847

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	421374	372549
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		17149
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20692365	26415441
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	183152	54403

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21296891	26859542
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	55677	52358
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	55677	52358
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21241214	26807184

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)	458602	
(B) Participants.....	2a(1)(B)	1538626	
(C) Others (including rollovers).....	2a(1)(C)	1169363	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3166591
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	120	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		120
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2943261
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6109972

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	408640	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		408640
f Corrective distributions (see instructions)	2f		55677
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	79685	
(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)		79685
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		544002

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5565970
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KAHN, LITWIN, RENZA & CO. LTD**

(2) EIN: **05-0409384**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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.			

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 _____.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC.
401(K) PLAN)**

**Financial Statements
and Supplemental Schedule**

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

December 31, 2024 and 2023

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Plan Benefits	5
Statement of Changes in Net Assets Available for Plan Benefits	6
Notes to the Financial Statements	7
SUPPLEMENTAL SCHEDULE (Note A):	
Schedule of Assets (Held at End of Year)	15

Note A: Schedules not included with this supplemental data have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
'47 Brand, LLC 401(k) Plan
(formerly Twins Enterprise, Inc. 401(k) Plan):

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

We have performed audits of the financial statements of '47 Brand, LLC 401(k) Plan (formerly Twins Enterprise, Inc. 401(k) Plan) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023, and the related Statement of Changes in Net Assets Available for Plan 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 5 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 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).

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Kahn, Litwin, Renya & Co., Ltd.

October 15, 2025

'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ 26,415,441	\$ 20,692,365
Pooled separate accounts	54,403	183,152
	26,469,844	20,875,517
Receivables:		
Employer contributions receivable	372,549	421,374
Participant notes	17,149	-
Total assets	26,859,542	21,296,891
Liabilities		
Excess contributions refundable	52,358	55,677
Net Assets Available for Plan Benefits	\$ 26,807,184	\$ 21,241,214

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2024**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 2,943,261
---	--------------

Interest income from participant notes receivable	120
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Contributions:

Participant	1,538,626
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Employer	458,602
----------	---------

Rollovers	1,169,363
-----------	-----------

	3,166,591
--	-----------

Total additions	6,109,972
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Deductions from net assets attributed to:

Benefits paid to participants	464,317
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Administrative expenses	79,685
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Total deductions	544,002
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Net increase	5,565,970
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Net Assets Available for Plan Benefits:

Beginning of year	21,241,214
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End of year	\$ 26,807,184
--------------------	----------------------

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

1. Description of the Plan

The following description of the '47 Brand, LLC 401(k) Plan (formerly Twins Enterprise, Inc. 401(k) Plan) (the Plan) is intended to provide only general information regarding the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Through August 7, 2024, the Plan was a participant-directed defined contribution 401(k) plan covering substantially all eligible employees of Twins Enterprise, Inc. (the former Plan Sponsor and Plan Administrator). Effective August 8, 2024, the Plan was amended to change the name of the Plan to the '47 Brand, LLC 401(k) Plan, admit '47 Brand, LLC as the Plan Sponsor and Plan Administrator (the current Plan Sponsor and Administrator), and admit Twins Enterprise, Inc., as a participating employer of the Plan, making the Plan a multiple employer plan. Under this plan, '47 Brand, LLC and Twins Enterprise, Inc. (collectively, the Employer) are each responsible for its own contributions, while the Plan Sponsor handles the administrative and fiduciary responsibilities. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As Plan Administrator, '47 Brand, LLC has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan. John Hancock Trust Company LLC is the trustee of the Plan and acts at the direction of the Plan Administrator. John Hancock Retirement Plan Services LLC (John Hancock) is the appointed custodian of the Plan and acts at the direction of the Plan Administrator.

Contributions

Eligible employees may contribute up to 100% of pretax eligible compensation, as defined in the Plan document, subject to certain limitations as allowable under the Internal Revenue Code (IRC). To be eligible to make employee deferrals, a participant must have attained the age of 21 and completed one month of eligible service, as defined in the Plan document. Participants who have reached the age of 50 may contribute additional amounts in the form of catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers).

The Employer may make a discretionary matching or profit-sharing contribution. To be eligible for the Employer discretionary matching or profit-sharing contributions, a participant must have attained the age of 21 and completed a year of service, as defined in the Plan document. For the year ended December 31, 2024, the Employer elected to match 50% of a participant's pre-tax and after-tax (Roth) contributions up to 6%, for a maximum Employer discretionary matching contribution of 3% of a participant's pre-tax and after-tax (Roth) contributions. No Employer discretionary profit-sharing contributions were made to the Plan for the year ended December 31, 2024.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Employer contributions, Plan earnings (losses), and administrative expenses. The allocation of earnings and losses and administrative expenses is based on individual participant earnings, account balances, or specific participant transactions. 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 voluntary contributions and rollovers, plus the allocation of Plan earnings on those contributions at the time of allocation. Participants become vested in Employer discretionary matching contributions and discretionary profit-sharing contributions as follows:

<u>Years of Vesting Service</u>	<u>Percentage Vested</u>
2 but less than 3	25%
3 but less than 4	50%
4 but less than 5	75%
5 or more	100%

Participants are immediately vested in all accounts upon death or attainment of retirement age as defined by the Plan.

Participant Notes Receivable

Effective June 27, 2024, the Plan was amended to include participant loans. Participants may borrow from their account a minimum of \$1,000 and up to a maximum generally equal to the lesser of \$50,000 or 50% of their vested account balance. Terms range from one to five years. The notes are secured by the vested balance in the participant's account and bear interest at the prime rate plus 1%, as defined in the Plan document. The interest rate is fixed for the term of the loan. Principal and interest are paid ratably through payroll deductions. Participants may only have one note outstanding at any given time.

Payment of Benefits

Upon death, disability, retirement or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the value of his or her account. Participants who have reached the age of 59½ may elect to withdraw all or a portion of their vested account balance while still employed. In addition, participants may request a financial hardship withdrawal from their vested account balance, subject to limitations by the IRC.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

If a participant terminates employment for any reason and their vested account balance does not exceed \$1,000, the Plan Administrator may distribute such amount as a lump-sum payment. If a participant's vested balance exceeds \$1,000 and is equal to or less than \$5,000, the amount may be rolled over to an individual retirement plan designated by the trustee, unless otherwise directed by the participant.

Forfeitures

Participants in the Plan who terminate employment before completing five years of service, as defined by the Plan documents, forfeit the non-vested portion of their accounts. Forfeitures may be used to reduce future Employer contributions to the Plan or to pay administrative expenses. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$2,981 and \$1,870, respectively. For the year ended December 31, 2024, forfeitures of \$5,580 were used to offset Employer contributions.

Plan Termination

The Employer expects to continue the Plan indefinitely. However, the Employer reserves the right to amend the Plan or contributions thereto, at any time and in any manner that it deems advisable, provided that no amendment shall have the effect of diverting Plan assets for purposes other than for the exclusive benefit of the Plan participants and any Plan termination would be subject to the provisions of ERISA. If the Plan is terminated, the participants would become fully vested and entitled to receive all amounts credited to their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 3). The Plan invests in pooled separate accounts (including the John Hancock Stable Value Guaranteed Income Fund (Stable Value Fund)) all of which are offered by John Hancock. The Plan's interest in the pooled separate accounts are valued at the net asset value (NAV) practical expedient of the underlying investments reported by the issuer at year end. The Plan Administrator determines the Plan's valuation policies utilizing information provided by investment advisors, the custodian, and insurance company.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Participants' deferrals are recorded weekly, coinciding with the dates employees are compensated, when the Employer remits the payroll deductions for investment into the Plan. Employer discretionary matching and profit-sharing contributions, if applicable, are recorded at the end of each year.

Payment of Benefits

Benefits are recognized when paid to participants or their designated beneficiaries.

Participant Notes Receivable

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income on participant notes receivable is recorded when it is earned. A receivable is considered past due if payment has not been received within stated terms. Delinquent notes receivable from participants are reclassified as distributions based on terms of the Plan document.

Excess Contributions Refundable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions to the applicable participants subsequent to year end.

Administrative Expenses

Administrative expenses of the Plan are paid by the Employer, unless the Employer directs that the expenses be paid by the Plan. Expenses that are paid by the Employer are excluded from these financial statements. Investment management and recordkeeping fees, if applicable, are paid by the Plan through revenue sharing as a reduction of investment income (net appreciation or depreciation) from the related investment fund.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets. Accordingly, actual results may differ from those estimates.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

Risks and Uncertainties

The Plan provides for various investment options with a variety of investment objectives. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

The Plan invested in two mutual funds that accounted for approximately 37% of total Plan investments as of December 31, 2024. The Plan invested in one mutual fund that accounted for approximately 20% of total Plan investments as of December 31, 2023.

Financial Instruments with a Concentration of Credit Risk

The Plan's investments are held by a single custodian. The Plan's exposure to credit risk is associated with the outside custodian's non-performance of their fiduciary responsibilities relating to these amounts as specified in the agreements. Benefits provided by the Plan are not insured or guaranteed by the Pension Benefit Guaranty Corporation.

3. Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy and inputs to the valuation methodologies are described as follows:

Level 1 inputs are unadjusted quoted prices in active markets for identical assets the Plan has the ability to access.

Level 2 inputs are other than quoted prices in active markets that are observable either directly or indirectly for the asset. Such inputs are derived principally from or corroborated by observable market data for similar assets by correlation or other means, over substantially the full contractual term of the asset, if applicable.

Level 3 inputs are unobservable and significant to the fair value measurement. Such inputs generally rely on the Plan's own assumptions about the assumptions that market participants would use in pricing the asset.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

The asset'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. The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

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.

Pooled Separate Accounts: Participants can invest in the John Hancock Stable Value Fund, an investment vehicle with its underlying investment holdings primarily in benefit-responsive investment contracts. Valuation is provided for at NAV of units held by the Plan. The NAV, as provided by John Hancock, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Unit values are determined by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. Participant's transactions (purchases and sales) may occur daily. There are no unfunded commitments or redemption restrictions for the individual participants within the Plan. However, there is up to a 12-month redemption for this investment at the Plan level.

The following table sets forth by level the Plan's investments at fair value:

	2024	2023
Mutual funds at Level 1	\$ 26,415,441	\$ 20,692,365
Pooled separate account - Stable Value Fund measured at NAV (a)	54,403	183,152
Investments at fair value	\$ 26,469,844	\$ 20,875,517

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the line items presented in the Statements of Net Assets Available for Plan Benefits.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

4. Income Tax Status

The Plan is a non-standardized pre-approved plan sponsored by Datair Employee Benefit Systems, Inc. who received an opinion letter from the IRS dated June 30, 2020. The Plan has been amended since receiving the opinion letter in order to comply with the latest applicable tax laws and regulations. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Summary of Information Certified by the Custodian

The following is a summary of financial information and data certified by the custodian, John Hancock:

Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023, except for receivables and payables, if any;

Investment income and interest income from participant notes receivable on the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2024; and

Investment information provided on the Supplemental Schedule, Schedule of Assets (Held at End of Year) at December 31, 2024.

6. Differences from Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan, Form 5500, and these financial statements are a result of different classifications between line items. Total Plan assets are in agreement.

**'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

7. Related Party Transactions and Party-in-Interest Transactions

Plan investments are held and managed by John Hancock, the custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions. The Plan made aggregate direct payments of \$79,685 to John Hancock and its independent advisor during 2024. Participant notes receivable also qualify as party-in-interest transactions.

8. Subsequent Events

On January 1, 2025, the Twins Retail, LLC 401(k) Profit Sharing Plan (Twins Retail Plan) was established. During 2025, the accounts of the employees of Twins Enterprise, Inc. were transferred to the Twins Retail Plan.

On May 1, 2025, the Plan was amended to appoint New Era Cap, LLC as the Plan Administrator.

Management has evaluated subsequent events through October 15, 2025, which is the date these financial statements were available to be issued.

'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
ATTACHMENT TO SCHEDULE H, PART 4, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Schedule 1



Employer Identification Number: 04-2223847

Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current value
	<u>Mutual Funds:</u>		
	Vanguard	Target Retirement 2040 Fund	\$ 7,075,508
	Vanguard	Target Retirement 2030 Fund	2,731,303
	Vanguard	Target Retirement 2050 Fund	2,303,073
	Vanguard	Target Retirement 2035 Fund	2,185,859
	Vanguard	Target Retirement 2045 Fund	1,628,334
	Fidelity	500 Index Fund	1,552,321
	JP Morgan	Large Cap Growth Fund R6	1,192,766
	Vanguard	Target Retirement 2025 Fund	1,124,375
	Vanguard	Target Retirement 2055 Fund	890,668
	Vanguard	Growth Index Fund Admiral Shares	722,612
	Oakmark	Fund R6	541,948
	PIMCO	Income Fund Institutional Class	518,330
	Vanguard	Target Retirement 2060 Fund	515,616
	T. Rowe Price	Science & Technology Fund	381,270
	Vanguard	Mid-Cap Growth Index Fund Admiral Shares	368,870
	DFA	Emerging Markets Value Fund Institutional Shares	303,043
	Vanguard	Mid-Cap Value Index Fund Admiral Shares	247,489
	Invesco	Global Core Equity Fund R6	213,331
	American Funds	EuroPacific Growth Fund R6	187,812
	Vanguard	Target Retirement 2020 Fund	180,121
	Vanguard	Total International Stock Index Fund Admiral Shares	160,984
	Vanguard	Explorer Fund Admiral Shares	158,499
	T. Rowe Price	Health Sciences Fund	157,050
	Vanguard	Value Index Fund Admiral Shares	152,836
	Vanguard	Materials Index Fund Admiral Shares	150,249
	T. Rowe Price	New Era Fund	135,128
	Vanguard	Target Retirement 2065 Fund	97,222
	T. Rowe Price	Equity Income Fund	96,664
	Vanguard	Small Cap Value Index Fund Admiral Shares	87,331
	BlackRock	Global Allocation Fund K	80,489
	NYLI MacKay	High Yield Corporate Bond Fund R6	67,859
	Columbia	Global Value Fund Institutional 3 Class	53,566
	PIMCO	All Asset Fund Institutional Class	48,915
	Aberdeen	Emerging Markets ex-China Institutional Class	43,127
	Fidelity	Mid Cap Index Fund	29,681
	Thornburg	Limited Term Income Fund	28,212
	JP Morgan	US Government Money Market Fund	2,980
			26,415,441
	<u>Pooled Separate Accounts:</u>		
*	John Hancock	Stable Value Guaranteed Income Fund	54,403
*	Participant Loans	Interest rates ranging from 8.75% to 9.00%; maturing at various dates through November 2029, collateralized by participants' vested account balances.	17,149
	Total		\$ 26,486,993

* Indicates party-in-interest to the Plan.

Note: All investments are participant-directed; therefore, the unit and cost columns have been omitted.

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

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

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

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

special extension (enter description)

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

Part II Basic Plan Information --- enter all requested information

<p>1a Name of plan '47 Brand, LLC 401(k) Plan</p>	<p>1b Three-digit plan number (PN) ► 002</p>
<p>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)</p> <p>'47 Brand, LLC</p> <p>15 S. West Park</p> <p>US Westwood MA 02090-3408</p>	<p>1c Effective date of plan 01/01/2007</p> <p>2b Employer Identification Number (EIN) 04-2223847</p> <p>2c Plan Sponsor's telephone number (617) 437-6765</p> <p>2d Business code (see instructions) 424300</p>

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

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

SIGN HERE		10/14/2025	David D'Angelo
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

'47 BRAND, LLC 401(K) PLAN
(FORMERLY TWINS ENTERPRISE, INC. 401(K) PLAN)
ATTACHMENT TO SCHEDULE H, PART 4, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Schedule 1



Employer Identification Number: 04-2223847

Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current value
	<u>Mutual Funds:</u>		
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	Vanguard	Target Retirement 2050 Fund	2,303,073
	Vanguard	Target Retirement 2035 Fund	2,185,859
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	JP Morgan	Large Cap Growth Fund R6	1,192,766
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	Vanguard	Target Retirement 2060 Fund	515,616
	T. Rowe Price	Science & Technology Fund	381,270
	Vanguard	Mid-Cap Growth Index Fund Admiral Shares	368,870
	DFA	Emerging Markets Value Fund Institutional Shares	303,043
	Vanguard	Mid-Cap Value Index Fund Admiral Shares	247,489
	Invesco	Global Core Equity Fund R6	213,331
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	Vanguard	Materials Index Fund Admiral Shares	150,249
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	Vanguard	Target Retirement 2065 Fund	97,222
	T. Rowe Price	Equity Income Fund	96,664
	Vanguard	Small Cap Value Index Fund Admiral Shares	87,331
	BlackRock	Global Allocation Fund K	80,489
	NYLI MacKay	High Yield Corporate Bond Fund R6	67,859
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	PIMCO	All Asset Fund Institutional Class	48,915
	Aberdeen	Emerging Markets ex-China Institutional Class	43,127
	Fidelity	Mid Cap Index Fund	29,681
	Thornburg	Limited Term Income Fund	28,212
	JP Morgan	US Government Money Market Fund	2,980
			26,415,441
	<u>Pooled Separate Accounts:</u>		
*	John Hancock	Stable Value Guaranteed Income Fund	54,403
*	Participant Loans	Interest rates ranging from 8.75% to 9.00%; maturing at various dates through November 2029, collateralized by participants' vested account balances.	17,149
	Total		\$ 26,486,993

* Indicates party-in-interest to the Plan.

Note: All investments are participant-directed; therefore, the unit and cost columns have been omitted.

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

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

'47 Brand, LLC 401(k) Plan

Employer Identification Number

04-2223847

Three-digit
plan number

▶ 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock Life Insurance Co	Stable Value Guarantd Inc Fnd		54,403
*	John Hancock Life Insurance Co	MacKay High Yield Corp Bd Fund		67,859
*	John Hancock Life Insurance Co	Income Fund		518,283
*	John Hancock Life Insurance Co	Limited Term Income Fund		28,213
*	John Hancock Life Insurance Co	All Asset Fund		48,915
*	John Hancock Life Insurance Co	Target Retirement 2020 Fund		180,121
*	John Hancock Life Insurance Co	Target Retirement 2025 Fund		1,124,301
*	John Hancock Life Insurance Co	Target Retirement 2030 Fund		2,731,091
*	John Hancock Life Insurance Co	Target Retirement 2035 Fund		2,185,810
*	John Hancock Life Insurance Co	Target Retirement 2040 Fund		7,075,393
*	John Hancock Life Insurance Co	Target Retirement 2045 Fund		1,627,953
*	John Hancock Life Insurance Co	Target Retirement 2050 Fund		232,837
*	John Hancock Life Insurance Co	Target Retirement 2055 Fund		890,667
*	John Hancock Life Insurance Co	Target Retirement 2060 Fund		515,510
*	John Hancock Life Insurance Co	Target Retirement 2065 Fund		97,221
*	John Hancock Life Insurance Co	500 Index Fund		1,551,995
*	John Hancock Life Insurance Co	Equity Income Fund		96,598
*	John Hancock Life Insurance Co	Mid Cap Index Fund		29,681
*	John Hancock Life Insurance Co	Large Cap Growth Fund		1,192,594
*	John Hancock Life Insurance Co	Oakmark Fund		541,755
*	John Hancock Life Insurance Co	Health Sciences Fund		157,050
*	John Hancock Life Insurance Co	New Era Fund		135,051
*	John Hancock Life Insurance Co	Science & Tech Fund		381,242
*	John Hancock Life Insurance Co	Explorer Fund		158,460
*	John Hancock Life Insurance Co	Growth Index Fund		722,402
*	John Hancock Life Insurance Co	Materials Index Fund		150,249
*	John Hancock Life Insurance Co	Mid-Cap Growth Index Fund		368,848
*	John Hancock Life Insurance Co	Mid-Cap Value Index Fund		247,460
*	John Hancock Life Insurance Co	Small Cap Value Index Fund		87,330
*	John Hancock Life Insurance Co	Emrg Mkts Ex-China Inst		43,115
*	John Hancock Life Insurance Co	Europacific Growth Fund		187,812
*	John Hancock Life Insurance Co	Global Allocation Fund		80,489
*	John Hancock Life Insurance Co	Global Value Fund		53,566
*	John Hancock Life Insurance Co	Emerging Markets Value Fund		302,886
*	John Hancock Life Insurance Co	Global Core Equity Fund		213,331
*	John Hancock Life Insurance Co	Total Intl Stock Index Fund		160,984
*	John Hancock Life Insurance Co	US Govt Money Market Fund		2,981
*	John Hancock Life Insurance Co	Loan		17,149
*	John Hancock Life Insurance Co	Value Index Fund		152,835