

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 [X] 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

1a Name of plan: HAWAII RESTAURANT ASSOCIATION GROUP HEALTH PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): HAWAII RESTAURANT ASSOCIATION GROUP HEALTH PLAN
2b Employer Identification Number (EIN): 23-7057621
2c Plan Sponsor's telephone number: 808-944-9105
2d Business code (see instructions): 813000

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

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

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

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">HAWAII MANAGEMENT ALLIANCE BENEFITS AND SERVICES, INC.</p> <p style="color: blue;">220 S KING ST STE 1200 HONOLULU, HI 96813-4589</p>	<p>3b Administrator's EIN 99-0305447</p> <p>3c Administrator's telephone number 808-591-0088</p>																				
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 736</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">734</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">1086</td></tr> <tr><td>6b</td><td style="text-align: right;">2</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">1088</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	734	6a(2)	1086	6b	2	6c	0	6d	1088	6e		6f		6g(1)		6g(2)		6h	
6a(1)	734																				
6a(2)	1086																				
6b	2																				
6c	0																				
6d	1088																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4B 4Q

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 161361113

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

CHUCK TONDA

220 SOUTH KING ST STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14575			3

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

MANDI TAOKA

220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12249			3

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

JIM FRENCH

220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9241			3

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

STANTON SAIKI

220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8761			3

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

GAVIN TOMA

220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8146			3

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

JAMIE REICH 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7036			3

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

ADVANTAGE INSURANCE SERVICES, INC. 1580 MAKALO ST
STE 1220
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6318			3

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

MERCER HEALTH & BENEFITS, LLC 1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-2708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5349			3

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

ALOHA EMPLOYEE BENEFITS INSURANCE 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4800			3

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

P.S.H. INSURANCE, INC. 737 BISHOP ST
STE 2120
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4777			3

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

PACIFIC BUSINESS SOLUTIONS
 PO BOX 240655
 HONOLULU, HI 96824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4674			3

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

HI INSURANCE & FINANCIAL SERVICES
 1009 KAPIOLANI BLVD
 STE 2804
 HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4436			3

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

BROWN & BROWN PACIFIC INSURANCE SER
 700 BISHOP ST
 STE 1400
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4182			3

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

MAURICE NITTA
 98-487 KOAUKA LOOP
 #B204
 AIEA, HI 96701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4078			3

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

ALKEME INSURANCE SERVICES, INC. DBA
 220 SOUTH KING ST
 STE 1200
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1846			3

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

PROINSURANCE HAWAII, LLC
 4348 WAIALAE AVE
 STE 101
 HONOLULU, HI 96816

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1561			3

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

HOGAN CONSULTING GROUP, LLC
 1088 BISHOP ST
 STE 1224
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1542			3

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

ORI-GEN NOGUCHI, LLC DBA NOGUCHI &
 1314 S KING ST
 STE 560
 HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1521			3

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

ATLAS INSURANCE
 201 MERCHANT ST
 STE 1100
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
916			3

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

AE & ASSOC INS SERVICES, LLC
 615 PIIKOI ST
 STE 302
 HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
757			3

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

ARI MATSUMURA 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
664			3

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

KAYE CABACUNGAN 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
594			3

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

BILL H.B. LEUNG 1189 WAIMANU ST
STE 1409
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
385			3

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

ALOHA INSURANCE SERVICES, INC 75-5931 WALUA RD
KAILUA-KONA, HI 96740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
325			3

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

RTEA CORP DBA MUTUAL UNDERWRITERS 680 IWILEI RD
STE 760
HONOLULU, HI 96817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
282			3

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

SWITCHUP INSURANCE, LLC 439 KEONIANA ST
HONOLULU, HI 96815

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179			3

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

FINANCE INSURANCE, LTD 1164 BISHOP ST
STE 400
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148			3

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

JAMES KUWATA 1100 WARD AVENUE
STE 600
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

(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 ▶

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	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	0
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)	0
	(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)	0
	(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		6650750
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. ▶

Form 5500
Multiple-Employer Welfare Plan
Participating Employer Information

Plan Name: Hawai'i Restaurant Association Group Health Plan
 EIN: 23-7057621
 PN: 501
 PYE: December 31, 2024

<u>PARTICIPATING EMPLOYER</u>	<u>EIN</u>
15200 HALEAKALA HWY LLC	88-3614940
2 KIM, INC.	26-0442388
2535 COYNE CORP	27-1029083
3-STAR GOURMET RESTAURANT II, LLC	26-2640614
510 SISTERS, INC.	88-2187571
80EIGHTOAO, LLC	88-2399184
AINA KAUAI RESTAURANT, LLC	86-2624376
AINANA INVESTMENT, LLC	92-1843591
AMYMDH, LLC	45-3847619
ANAHKAHNA, INC.	47-4121153
ANGP, LLC	38-3858445
AROMA ITALIA, LLC	87-4653817
B.I.G FAMILY, LLC	85-2005313
BACK STREET FOOD CO 2GO, LLC	83-3194565
BANYAN'S KAILUA, INC.	99-3699695
BEACH DREAMS, LLC	20-5636035
BETHAM PACIFIC, LLC	56-2322783
BIG ISLAND RESTAURANT GROUP, LLC	88-4322456

BIG TIM'S INC.	99-0270577
BLACK ROCK PIZZA, LLC	85-0820996
BLUE PACIFIC MANAGEMENT, LLC	20-5798539
BMR RESTAURANT, LLC	88-1413624
BOSSY PANDA, LLC	81-4335108
BREAKER'S HALEIWA, LLC	82-2230332
BRICK FIRE TAVERN KAIMUKI, LLC	47-4553192
BUBBA & FINN'S, LLC	81-5487617
CAPTAIN JACK'S, LLC	27-2777797
CHARIAN CORPORATION	87-4344239
CHILL SPACE, LLC	46-1779798
CHOICE MAUI, LLC	27-4924388
CJ RESTAURANT, INC.	81-4048006
CM3, LLC dba THE PINT & CORK	47-2875489
CRONIES BAR & GRILL	94-3269363
CTC ENTERPRISES, INC.	20-1067516
DA SPOT FOOD, LLC	36-4756425
DEBMARC, INC.	99-0320318
DON'S CHINESE KITCHEN, INC.	88-0565409
DRAGON77 ENTERPRISES, LLC	88-1119995
DRAGONFLY HOSPITALITY GROUP, LLC	99-0671717
DUCK & ASSOCIATES, INC.	27-0954017
DYNASTY KAHUKU SHRIMP COMPANY, INC.	83-3550499
EARTH ALOHA EATS, LLC	84-1804626

EAST SIDE ASSOC. LLC	92-1425432
ENCHANTED LAKE HB, INC.	92-3364217
FAN'S ENTERPRISE, INC.	88-1129877
FAT PUB, LLC	84-3097197
FILLOS KAUAI, LLC	86-2840333
FINEST HAWAIIAN COFFEES, LLC	93-3542799
FISCHLER ENTERPRISES, LLC	26-3293536
FLYNN RESTAURANTS, LLC	33-1243201
FONG'S MEAT MARKET, INC.	47-1327119
FORC, LLC	85-3774429
FORMOSADELI, LLC	93-3215103
FUJI JAPANESE RESTAURANT, INC.	88-3527106
G&B MOLOKAI ENTERTAINMENT COMPANY, LLC	92-2515447
G&C FREITAS RANCH, INC.	99-0097047
GANESH DOSA, LLC	83-1549865
GECKO GIRLZ, LLC	83-2040869
GENJI, INC.	99-0218123
GOLDEN GOAT ENTERPRISES, LLC	87-2640675
GRS, LLC	92-375471
GUAVA SMOKED, LLC	27-3612666
H.S. NAM, LLC	85-3890928
H.W.A.T CO INC	93-1786894
HATSUHANA HAWAII, INC.	99-0213658
HAUMANA MAUI, LLC	83-4554996

HAVIK, LLC	84-4909568
HAWAIIAN ISLAND CAFÉ, LLC	46-4972910
HI DOTS, INC.	88-2187571
HILO TRADING CO, LTD.	99-0202410
HINSON INVESTMENT, INC.	84-2417003
HNL BURGER CO, LLC	27-2535182
HOMETOWN CANTEEN, LLC	85-3525430
HONGY, LLC	99-2633589
HONOKAA BROTHERS, LLC	01-0973919
HONOKAA PUBLIC HOUSE, LLC	83-3479156
HONOKOHAU L&L HB, INC.	46-1585641
HO'OKIPA PARTNERS, LLC	85-3602626
HOPPER MAUI, INC.	47-2397360
HOT POT HEAVEN, INC.	27-1012708
HSC HILO, LLC	27-5438498
INTEGRITY CHEM, LLC	26-3007906
IREH RESTAURANT, INC.	45-4246426
ISLAND VIBES CAFÉ, LLC	92-3346664
ISTANBUL RESTAURANT, INC.	81-3658318
JAMU, INC.	47-2607549
JCB DRY CLEANING, INC.	99-0324110
JH WANG, LLC	93-2993975
JIREH MEDIA, LLC	27-4122321
JJOY COMPANY, INC.	27-3744255

JNS THAI, LLC	82-1473093
JP FAMILY ENTERPRISES, INC.	20-1564180
JRS FOOD CORPORATION	92-1218771
JUCCI LUCCI F&B, LLC	83-1429670
K.K. RANCH, INC.	99-0163456
KAHAI STREET KITCHEN, LLC	71-0999120
KAHUA PALIMA, LLC	87-4456300
KAILUA BBQ, INC.	22-3870008
KARAI, LLC	84-2156508
KAUAI BREWERS, LLC	45-2982337
KAUAI ISLAND BREWING - KOLOA, LLC	86-1687010
KBAY HB, INC.	81-3420697
KDN ENTERPRISES, INC.	20-5882020
KOHALA VILLAGE HUB PUB & SHOP, LLC	47-5173469
KOHOLA-SKANA, LLC	87-3944273
KRUA THAI, LLC	26-2829319
K-TOWN FOODS, INC.	93-2310162
KULO, LLC	84-1963396
LA TOUR GROUP, LLC	27-1692523
LANTERNS RESTAURANT AND TAVERN, LLC	93-3306551
LAVA TUBE WAIKIKI, INC.	82-3761663
LEE AND CHEONG INVESTMENT, INC.	99-0355154
LIANG INVESTMENT, LLC	92-0989335
LILIHA DRIVE-INN, INC.	81-2897091

LIN FONG CORP	99-0346709
LOVERS+FIGHTING, INC.	38-4269788
M.I.K. USA, LLC	27-2920250
MARUHIRO, INC.	87-2583087
MEDITERRANEAN GOURMET FOOD, INC.	99-0165233
MEGRACE COMPANY, LLC	46-5769775
MEKIKO CANTINA, LLC	86-2935406
MIAN HONOLULU, LLC	82-4308266
MINASAHI, LLC	87-1557134
MING DYNASTY FISH & SHRIMP CO INC.	20-2457471
MIYAKONJO HAWAII, LLC	83-0550686
MOUNTAIN MAGIC SHAVE ICE, LLC	83-2307958
MR OJISAN, INC.	99-0338098
MR TEA WARD, LLC	99-2567988
NANA AI KATSU, LLC	85-1994958
NAPUA HILO, LLC	93-1736052
NATSUNOYA TEA HOUSE, LLC	99-0118088
NEW CENTURY GROUP, LLC	84-4095193
NEW FIELD HONOLULU, INC.	94-3461204
NIU BAGUETTE BBQ & NOODLE SOUP, LLC	83-2235783
NORI BAR HONOLULU, LLC	88-2929915
NORTH SHORE PROVISIONS, LLC	20-5709541
OHANA FIVE STARS, INC.	88-3912360
ONE 38, INC.	81-3226586

ONE PLUS ONE, INC.	37-2147068
PACRIM MARKETING GROUP	99-0277752
PAESANO AT WAIMALU, LLC	26-0268111
PALATE KILAUEA, LLC	47-2033123
PARADISE POKE HAWAII, LLC	85-3604532
PATH FOOD CO., LTD	99-0302463
PHO TIME 2 CORP	84-2591947
PIETRO'S POIPU, LLC	83-2363354
PLATINUM PARTNERS, INC.	84-2393623
PLAY ENTERPRISE, LLC	83-0545025
POINT HB, LLC	85-1246166
PONO POTIONS, INC.	84-1820299
PONO RESTAURANT, LLC	37-1949515
PORTILLO SALES & MARKETING	47-4180824
POUNDERS RESTAURANT, LLC	99-2579333
QUEEN'S WAIKIKI LUAU, LLC	87-1639140
RAINBOW F&B, INC.	81-4886698
RAINBOW HEART, LLC	85-1590561
RANT DEVELOPMENT HOLDINGS, LLC	88-2321796
RESTAURANT EQUIPMENT HAWAII, LLC	81-3861074
RESTAURANT EQUIPMENT WHOLESALERS, INC.	20-0950080
RESTAURANT LIMA, LLC	87-3515948
ROMY'S KAHUKU PRAWNS & FISH, INC.	99-0345289
RUSINKO ENTERPRISES, LLC	20-5709541

RUYEE, LLC	27-1046019
RW RESTAURANT, LLC	92-1208850
SAGE CREAMERY, LLC	86-2518557
SAIMIN DOJO, INC.	82-3795521
SAKURA JAPANESE RESTAURANT, INC.	46-0659528
SANDWICH ISLE BREAD COMPANY, LLC	81-3802788
SANTA INTERNATIONAL, INC.	20-4235199
SEASONS TAIWANESE EATERY, LLC	92-0834546
SECOND WAVE PROVISIONS, LLC	92-2398323
SHIKEDA, LLP	84-4905088
SHOREFYRE, INC.	27-1484024
SI MING INVESTMENT, LLC	93-4524061
SOUTHERN ALOHA HOSPITALITY GROUP, LLC	82-3710856
SUGOI, LLC	99-0346997
SUPERB, INC.	94-3261045
T&T HOLDINGS, LLC	99-0414367
TAQUERIA EL RACHERO, LLC	47-2355908
TASTE TEA, INC.	45-4738701
TDM LEGACY, INC.	93-2724485
TEN SECONDS YUNNAN RICE NOODLE HI, LLC	88-3163223
TEPPANYAKI FARMER, LLC	81-3941759
THAI BISTRO CORPORATION	82-2093728
THOMAS NAYLOR, LLC	46-5361446

TIKEHAU LOUNGE, LLC	88-3637395
TIKI INIKI, LLC	46-0755916
TS GRASP, INC.	86-3314273
TWO PEAS, LLC	88-0625574
UNCLE D'S ENTERPRISES, LLC	47-2973116
UNITED PARTNERSHIP, LLC	47-0917096
UOTARO USA, INC.	38-4053061
V-LAND HOSPITALITY, LLC	99-4172597
VLIM, INC.	82-4387232
WAIHAOLE POI FACTORY, LLC	99-0156391
WAIKOLOA VILLAGE HB, INC.	88-1556537
WALEA AGRICULTURAL GROUP, INC.	91-2173320
WANGCHANG CORPORATION	84-2371329
WAYLON WILDE, INC.	99-0757329
WAYNE K TAKUSHI	99-0344296
WINDWARD GRILL, INC.	26-0714264
WONJIN CORPORATION	45-2801307
WOODSIDE, LLC	47-1627253
WRANGLER'S STEAKHOUSE	99-0233584
XIAOYANZI, LLC	92-2174702
YODA, LLC	85-2813016
YOU KNOW THE DRILL, LLC	82-2738431

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 [x] 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) [] 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

1a Name of plan HAWAI ' I RESTAURANT ASSOCIATION GROUP HEALTH PLAN 1b Three-digit plan number (PN) 501 1c Effective date of plan 05/01/2019 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) HAWAI ' I RESTAURANT ASSOCIATION GROUP HEALTH PLAN 2909 WAIALAE AVE PMB 22 2909 WAIALAE AVE PMB 22 HONOLULU HI 96826-1833 HONOLULU HI 96826-1833 2b Employer Identification Number (EIN) 23-7057621 2c Plan Sponsor's telephone number 808-944-9105 2d Business code (see instructions) 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Paul Kaiser, 07/25/2025, PAUL KAISER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HAWAII MANAGEMENT ALLIANCE BENEFITS AND SERVICES, INC. 220 S KING ST STE 1200 HONOLULU HI 96813-4589	3b Administrator's EIN 99-0305447 3c Administrator's telephone number 808-591-0088
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	736
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 734
a(2) Total number of active participants at the end of the plan year	6a(2) 1,086
b Retired or separated participants receiving benefits	6b 2
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1,088
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E 4B 4Q

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 000161361113

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>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>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

A Name of plan HAWAI'I RESTAURANT ASSOCIATION GROUP HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAI'I RESTAURANT ASSOCIATION GROUP HEALTH PLAN	D Employer Identification Number (EIN) 23-7057621	

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
HAWAII MEDICAL ASSURANCE ASSOCIATION

(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
99-0281791	48330	HMAA	1,322	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
163,812	0

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

GUY TANIOKA
220 SOUTH KING ST
STE 1200
HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35,910			3

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

GRACE BEYMER
220 SOUTH KING ST STE 1200
HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18,534			3

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

CHUCK TONDA
220 SOUTH KING ST STE 1200

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14,575			3

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

MANDI TAOKA
220 SOUTH KING ST
STE 1200

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12,249			3

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

JIM FRENCH
220 SOUTH KING ST
STE 1200

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9,241			3

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

STANTON SAIKI
220 SOUTH KING ST
STE 1200

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8,761			3

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

GAVIN TOMA
220 SOUTH KING ST
STE 1200

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8,146			3

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

JAMIE REICH
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7,036			3

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

ADVANTAGE INSURANCE SERVICES, INC.
 1580 MAKALO ST
 STE 1220
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6,318			3

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

MERCER HEALTH & BENEFITS, LLC
 1166 AVENUE OF THE AMERICAS
 NEW YORK NY 10036-2708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5,349			3

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

ALOHA EMPLOYEE BENEFITS INSURANCE
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,800			3

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

P.S.H. INSURANCE, INC.
 737 BISHOP ST
 STE 2120
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,777			3

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

PACIFIC BUSINESS SOLUTIONS
PO BOX 240655

HONOLULU HI 96824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,674			3

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

HI INSURANCE & FINANCIAL SERVICES
1009 KAPIOLANI BLVD

STE 2804
HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,436			3

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

BROWN & BROWN PACIFIC INSURANCE SER

700 BISHOP ST
STE 1400

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,182			3

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

MAURICE NITTA
98-487 KOAUKA LOOP

#B204
AIEA HI 96701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,078			3

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

ALKEME INSURANCE SERVICES, INC. DBA
220 SOUTH KING ST

STE 1200
HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,846			3

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

PROINSURANCE HAWAII, LLC
 4348 WAIALAE AVE
 STE 101
 HONOLULU HI 96816

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,561			3

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

HOGAN CONSULTING GROUP, LLC
 1088 BISHOP ST
 STE 1224
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,542			3

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

ORI-GEN NOGUCHI, LLC DBA NOGUCHI &
 1314 S KING ST
 STE 560
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,521			3

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

ATLAS INSURANCE
 201 MERCHANT ST
 STE 1100
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
916			3

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

AE & ASSOC INS SERVICES, LLC
 615 PIIKOI ST
 STE 302
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
757			3

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

ARI MATSUMURA
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
664			3

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

KAYE CABACUNGAN
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
594			3

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

BILL H.B. LEUNG
 1189 WAIMANU ST
 STE 1409
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
385			3

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

ALOHA INSURANCE SERVICES, INC
 75-5931 WALUA RD

KAILUA-KONA HI 96740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
325			3

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

RTEA CORP DBA MUTUAL UNDERWRITERS
 680 IWILEI RD
 STE 760
 HONOLULU HI 96817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
282			3

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

SWITCHUP INSURANCE, LLC
439 KEONIANA ST

HONOLULU HI 96815

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179			3

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

FINANCE INSURANCE, LTD
1164 BISHOP ST
STE 400

HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148			3

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

JAMES KUWATA
1100 WARD AVENUE
STE 600

HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

(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 ▶

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	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	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	0

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)	0
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)	0
	(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)	0
	(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	6,650,750
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. ▶

Form 5500
Multiple-Employer Welfare Plan
Participating Employer Information

Plan Name: Hawai'i Restaurant Association Group Health Plan
 EIN: 23-7057621
 PN: 501
 PYE: December 31, 2024

<u>PARTICIPATING EMPLOYER</u>	<u>EIN</u>
15200 HALEAKALA HWY LLC	88-3614940
2 KIM, INC.	26-0442388
2535 COYNE CORP	27-1029083
3-STAR GOURMET RESTAURANT II, LLC	26-2640614
510 SISTERS, INC.	88-2187571
80EIGHTOAO, LLC	88-2399184
AINA KAUAI RESTAURANT, LLC	86-2624376
AINANA INVESTMENT, LLC	92-1843591
AMYMDH, LLC	45-3847619
ANAHKAHNA, INC.	47-4121153
ANGP, LLC	38-3858445
AROMA ITALIA, LLC	87-4653817
B.I.G FAMILY, LLC	85-2005313
BACK STREET FOOD CO 2GO, LLC	83-3194565
BANYAN'S KAILUA, INC.	99-3699695
BEACH DREAMS, LLC	20-5636035
BETHAM PACIFIC, LLC	56-2322783
BIG ISLAND RESTAURANT GROUP, LLC	88-4322456

BIG TIM'S INC.	99-0270577
BLACK ROCK PIZZA, LLC	85-0820996
BLUE PACIFIC MANAGEMENT, LLC	20-5798539
BMR RESTAURANT, LLC	88-1413624
BOSSY PANDA, LLC	81-4335108
BREAKER'S HALEIWA, LLC	82-2230332
BRICK FIRE TAVERN KAIMUKI, LLC	47-4553192
BUBBA & FINN'S, LLC	81-5487617
CAPTAIN JACK'S, LLC	27-2777797
CHARIAN CORPORATION	87-4344239
CHILL SPACE, LLC	46-1779798
CHOICE MAUI, LLC	27-4924388
CJ RESTAURANT, INC.	81-4048006
CM3, LLC dba THE PINT & CORK	47-2875489
CRONIES BAR & GRILL	94-3269363
CTC ENTERPRISES, INC.	20-1067516
DA SPOT FOOD, LLC	36-4756425
DEBMARC, INC.	99-0320318
DON'S CHINESE KITCHEN, INC.	88-0565409
DRAGON77 ENTERPRISES, LLC	88-1119995
DRAGONFLY HOSPITALITY GROUP, LLC	99-0671717
DUCK & ASSOCIATES, INC.	27-0954017
DYNASTY KAHUKU SHRIMP COMPANY, INC.	83-3550499
EARTH ALOHA EATS, LLC	84-1804626

EAST SIDE ASSOC. LLC	92-1425432
ENCHANTED LAKE HB, INC.	92-3364217
FAN'S ENTERPRISE, INC.	88-1129877
FAT PUB, LLC	84-3097197
FILLOS KAUAI, LLC	86-2840333
FINEST HAWAIIAN COFFEES, LLC	93-3542799
FISCHLER ENTERPRISES, LLC	26-3293536
FLYNN RESTAURANTS, LLC	33-1243201
FONG'S MEAT MARKET, INC.	47-1327119
FORC, LLC	85-3774429
FORMOSADELI, LLC	93-3215103
FUJI JAPANESE RESTAURANT, INC.	88-3527106
G&B MOLOKAI ENTERTAINMENT COMPANY, LLC	92-2515447
G&C FREITAS RANCH, INC.	99-0097047
GANESH DOSA, LLC	83-1549865
GECKO GIRLZ, LLC	83-2040869
GENJI, INC.	99-0218123
GOLDEN GOAT ENTERPRISES, LLC	87-2640675
GRS, LLC	92-375471
GUAVA SMOKED, LLC	27-3612666
H.S. NAM, LLC	85-3890928
H.W.A.T CO INC	93-1786894
HATSUHANA HAWAII, INC.	99-0213658
HAUMANA MAUI, LLC	83-4554996

HAVIK, LLC	84-4909568
HAWAIIAN ISLAND CAFÉ, LLC	46-4972910
HI DOTS, INC.	88-2187571
HILO TRADING CO, LTD.	99-0202410
HINSON INVESTMENT, INC.	84-2417003
HNL BURGER CO, LLC	27-2535182
HOMETOWN CANTEEN, LLC	85-3525430
HONGY, LLC	99-2633589
HONOKAA BROTHERS, LLC	01-0973919
HONOKAA PUBLIC HOUSE, LLC	83-3479156
HONOKOHAU L&L HB, INC.	46-1585641
HO'OKIPA PARTNERS, LLC	85-3602626
HOPPER MAUI, INC.	47-2397360
HOT POT HEAVEN, INC.	27-1012708
HSC HILO, LLC	27-5438498
INTEGRITY CHEM, LLC	26-3007906
IREH RESTAURANT, INC.	45-4246426
ISLAND VIBES CAFÉ, LLC	92-3346664
ISTANBUL RESTAURANT, INC.	81-3658318
JAMU, INC.	47-2607549
JCB DRY CLEANING, INC.	99-0324110
JH WANG, LLC	93-2993975
JIREH MEDIA, LLC	27-4122321
JJOY COMPANY, INC.	27-3744255

JNS THAI, LLC	82-1473093
JP FAMILY ENTERPRISES, INC.	20-1564180
JRS FOOD CORPORATION	92-1218771
JUCCI LUCCI F&B, LLC	83-1429670
K.K. RANCH, INC.	99-0163456
KAHAI STREET KITCHEN, LLC	71-0999120
KAHUA PALIMA, LLC	87-4456300
KAILUA BBQ, INC.	22-3870008
KARAI, LLC	84-2156508
KAUAI BREWERS, LLC	45-2982337
KAUAI ISLAND BREWING - KOLOA, LLC	86-1687010
KBAY HB, INC.	81-3420697
KDN ENTERPRISES, INC.	20-5882020
KOHALA VILLAGE HUB PUB & SHOP, LLC	47-5173469
KOHOLA-SKANA, LLC	87-3944273
KRUA THAI, LLC	26-2829319
K-TOWN FOODS, INC.	93-2310162
KULO, LLC	84-1963396
LA TOUR GROUP, LLC	27-1692523
LANTERNS RESTAURANT AND TAVERN, LLC	93-3306551
LAVA TUBE WAIKIKI, INC.	82-3761663
LEE AND CHEONG INVESTMENT, INC.	99-0355154
LIANG INVESTMENT, LLC	92-0989335
LILIHA DRIVE-INN, INC.	81-2897091

LIN FONG CORP	99-0346709
LOVERS+FIGHTING, INC.	38-4269788
M.I.K. USA, LLC	27-2920250
MARUHIRO, INC.	87-2583087
MEDITERRANEAN GOURMET FOOD, INC.	99-0165233
MEGRACE COMPANY, LLC	46-5769775
MEKIKO CANTINA, LLC	86-2935406
MIAN HONOLULU, LLC	82-4308266
MINASAH, LLC	87-1557134
MING DYNASTY FISH & SHRIMP CO INC.	20-2457471
MIYAKONJO HAWAII, LLC	83-0550686
MOUNTAIN MAGIC SHAVE ICE, LLC	83-2307958
MR OJISAN, INC.	99-0338098
MR TEA WARD, LLC	99-2567988
NANA AI KATSU, LLC	85-1994958
NAPUA HILO, LLC	93-1736052
NATSUNOYA TEA HOUSE, LLC	99-0118088
NEW CENTURY GROUP, LLC	84-4095193
NEW FIELD HONOLULU, INC.	94-3461204
NIU BAGUETTE BBQ & NOODLE SOUP, LLC	83-2235783
NORI BAR HONOLULU, LLC	88-2929915
NORTH SHORE PROVISIONS, LLC	20-5709541
OHANA FIVE STARS, INC.	88-3912360
ONE 38, INC.	81-3226586

ONE PLUS ONE, INC.	37-2147068
PACRIM MARKETING GROUP	99-0277752
PAESANO AT WAIMALU, LLC	26-0268111
PALATE KILAUEA, LLC	47-2033123
PARADISE POKE HAWAII, LLC	85-3604532
PATH FOOD CO., LTD	99-0302463
PHO TIME 2 CORP	84-2591947
PIETRO'S POIPU, LLC	83-2363354
PLATINUM PARTNERS, INC.	84-2393623
PLAY ENTERPRISE, LLC	83-0545025
POINT HB, LLC	85-1246166
PONO POTIONS, INC.	84-1820299
PONO RESTAURANT, LLC	37-1949515
PORTILLO SALES & MARKETING	47-4180824
POUNDERS RESTAURANT, LLC	99-2579333
QUEEN'S WAIKIKI LUAU, LLC	87-1639140
RAINBOW F&B, INC.	81-4886698
RAINBOW HEART, LLC	85-1590561
RANT DEVELOPMENT HOLDINGS, LLC	88-2321796
RESTAURANT EQUIPMENT HAWAII, LLC	81-3861074
RESTAURANT EQUIPMENT WHOLESALERS, INC.	20-0950080
RESTAURANT LIMA, LLC	87-3515948
ROMY'S KAHUKU PRAWNS & FISH, INC.	99-0345289
RUSINKO ENTERPRISES, LLC	20-5709541

RUYEE, LLC	27-1046019
RW RESTAURANT, LLC	92-1208850
SAGE CREAMERY, LLC	86-2518557
SAIMIN DOJO, INC.	82-3795521
SAKURA JAPANESE RESTAURANT, INC.	46-0659528
SANDWICH ISLE BREAD COMPANY, LLC	81-3802788
SANTA INTERNATIONAL, INC.	20-4235199
SEASONS TAIWANESE EATERY, LLC	92-0834546
SECOND WAVE PROVISIONS, LLC	92-2398323
SHIKEDA, LLP	84-4905088
SHOREFYRE, INC.	27-1484024
SI MING INVESTMENT, LLC	93-4524061
SOUTHERN ALOHA HOSPITALITY GROUP, LLC	82-3710856
SUGOI, LLC	99-0346997
SUPERB, INC.	94-3261045
T&T HOLDINGS, LLC	99-0414367
TAQUERIA EL RACHERO, LLC	47-2355908
TASTE TEA, INC.	45-4738701
TDM LEGACY, INC.	93-2724485
TEN SECONDS YUNNAN RICE NOODLE HI, LLC	88-3163223
TEPPANYAKI FARMER, LLC	81-3941759
THAI BISTRO CORPORATION	82-2093728
THOMAS NAYLOR, LLC	46-5361446

TIKEHAU LOUNGE, LLC	88-3637395
TIKI INIKI, LLC	46-0755916
TS GRASP, INC.	86-3314273
TWO PEAS, LLC	88-0625574
UNCLE D'S ENTERPRISES, LLC	47-2973116
UNITED PARTNERSHIP, LLC	47-0917096
UOTARO USA, INC.	38-4053061
V-LAND HOSPITALITY, LLC	99-4172597
VLIM, INC.	82-4387232
WAIHAOLE POI FACTORY, LLC	99-0156391
WAIKOLOA VILLAGE HB, INC.	88-1556537
WALEA AGRICULTURAL GROUP, INC.	91-2173320
WANGCHANG CORPORATION	84-2371329
WAYLON WILDE, INC.	99-0757329
WAYNE K TAKUSHI	99-0344296
WINDWARD GRILL, INC.	26-0714264
WONJIN CORPORATION	45-2801307
WOODSIDE, LLC	47-1627253
WRANGLER'S STEAKHOUSE	99-0233584
XIAOYANZI, LLC	92-2174702
YODA, LLC	85-2813016
YOU KNOW THE DRILL, LLC	82-2738431