

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan (checked), 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: SBCOC RETAIL INDUSTRY GROUP HEALTH PLAN; 1b Three-digit plan number (PN): 502; 1c Effective date of plan: 10/01/2020; 2a Plan sponsor's name (employer, if for a single-employer plan): SMALL BUSINESS CHAMBER OF COMMERCE HAWAII; 2b Employer Identification Number (EIN): 85-0859938; 2c Plan Sponsor's telephone number: 808-699-5545; 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

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																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 391																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">390</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">410</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">410</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)	390	6a(2)	410	6b	0	6c	0	6d	410	6e		6f		6g(1)		6g(2)		6h	
6a(1)	390																				
6a(2)	410																				
6b	0																				
6c	0																				
6d	410																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
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:

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 161441907

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan SBCOC RETAIL INDUSTRY GROUP HEALTH PLAN		B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 SMALL BUSINESS CHAMBER OF COMMERCE HAWAII		D Employer Identification Number (EIN) 85-0859938

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	537	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 69015	(b) Total amount of fees paid 0
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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
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	
19104			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	
8572			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	
7149			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	
5918			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	
5724			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 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5471			3

(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	
3445			3

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

ATLAS INSURANCE AGENCY 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	
3172			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	
2975			3

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

PROINSURANCE HAWAII 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	
2531			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	
1792			3

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

GAIL KAWAHARADA 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	
1379			3

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

ALOHA EMPLOYEE BENEFITS INSURANCE 77-153 HOOILINA CT
KAILUA-KONA, HI 96740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
508			3

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

ANALIPO INSURANCE SERVICES, LLC PO BOX 689
KEALAKEKUA, HI 96750

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
357			3

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

ADVANTAGE INSURANCE SERVICES 1580 MAKALOA 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	
181			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	
180			3

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

CHRISTINE L GO, INC. 7219 PUUEHU PL
HONOLULU, HI 96825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
177			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 SOUTH 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	
165			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	
140			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
 STUE 1200
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50			3

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

ALKEME INSURANCE SERVICES, INC. DBA 1000 BISHOP ST
 STE 600
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			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	

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		3642828
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: SBCOC Retail Industry Group Health Plan
 EIN: 85-0859938
 PN: 502
 PYE: December 31, 2024

<u>PARTICIPATING EMPLOYER</u>	<u>EIN</u>
88 PALPAL KEEAUMOKU L&C CORP	82-1337698
ALCHEMIST, LLC	83-1009256
AQUAGEMS, LLC	47-5622942
AS HAWI TURNS II, LLC	92-3334756
ASAO GOLF, LLC	46-3884690
BIG ISLAND LIVING FURNISHINGS, INC.	93-1559383
BIG MOUNTAIN BIKE RENTAL CORP	99-0331867
BLANK CANVAS CORP	26-2160969
BLISS & HILL, INC.	83-2456873
BLUE WATER MAUI, LLC	82-3462430
C&Z PARTNERS	99-0312637
CARVICE, LLC	89-4910894
COCO MOON, LLC	32-0475213
COCONUT AVE COLLECTION HAWAII, LLC	84-3948742
COPY HUT, LLC	75-3147629
CRAFT WAY, LLC	20-1467402
CUONG Q HO	35-2467582
DA BIG BAGS, LLC	45-3803734

DOGGY BOX, LLC	47-1604115
EDESIGN GROUP, INC.	47-2860198
ELEVATION SERVICES, LLC	87-2388313
ELITE PEST CONTROL, LLC	82-4439751
EVERY ING, LLC	86-2921996
FLOWER'S BY HEIDI INCORPORATED	99-0345006
GARDEN ISLAND MARINE, LLC	87-3425660
GAREN-T CLEANSING SPECIALISTS, LLC	20-4271015
GEM CASTLE YUKIZAKI HAWAII CO., LTD	87-1490854
GIG SERVICES HI, LLC	92-1592476
GYPSEA GELATO, LLC	47-2011026
HAAWI INTERNATIONAL, INC.	32-0738337
HAWAII ESTATE AND JEWELRY BUYERS, LLC	45-2676649
HAWAII TRUCK PARTS, SALES AND SERVICES, LLC	26-3564471
HAWAIIAN SWIMWEAR, LLC	83-2102887
HAWAIIAN VANILLA COMPANY, INC.	99-0338229
HI ASCENT, LLC	45-4509358
HI POWERED DESIGNS, LLC	45-1267086
I MANA KA OIWI, LLC	84-2981033
IH&C, INC.	99-0347426
IMPRESSIVE HEALTH, INC.	47-5484551
ISLAND DREAM PRODUCTIONS, LLC	81-2850938
JN GROUP, INC.	99-0106809

JOCOR ENTERPRISES, LLC	27-0395168
JOHN NGUYEN JEWELRY CO, INC.	99-0348806
K&C INVESTMENT 1688, LLC	93-3097288
KAHI OLA MAU FARM, LLC	82-1394635
KAINEHE, INC.	20-4738417
KIKUYAMA ENTERPRISES, INC.	99-0271854
KJ MET MANAGEMENT, LLC	88-2304078
KOHALA ORCHARDS, LLC	82-5195527
KOMODO HAWAII, LLC	88-1260481
KONA ART SERVICES, LLC	47-5214434
KO'OLAU SPIRITS, LLC	82-4233784
KS HONOLULU, LLC	33-0084171
LEGACY ENTERPRISES, INC.	84-3333974
LIONSTONE CORPORATION	99-0237782
LONGCHAMP USA, INC.	51-0359309
MAGICAL CREATIONS, INC.	99-0328625
MAUI MAINTENANCE SERVICES, LLC	81-5046138
MAUI PARADISE LAHAINA PARTNERS, LLC	47-2643893
MJF FAMILY LIMITED PARTNERSHIP	99-0351643
MOTHER NATURE'S MIRACLE, LLC	26-2958041
MURAT DEMIRTAS, LLC	81-2864286
NAPALI GALLERY, LLC	92-1034427
NAPALI GALLERY, LLC	93-4786365
NCY CORPORATION	45-4465379

NISSIN (HAWAII, INC.)	99-0171999
NOHOKAI PRODUCTION SERVICES, INC.	27-4276782
NUTRA TOUCH, INC.	55-0905782
OHIKILOLO RANCH, LLC	87-1579159
PANAEWA FOLAIGE, INC.	99-0340885
PLATFORM, LLC	47-1036707
PRECISION MARINE POWER, INC.	01-0731532
PRESSURE SYSTEMS, INC.	35-2865995
RICHARD'S MEAT MARKET, INC.	99-0268427
RISK MANAGEMENT CORPORATION	93-4663150
ROOST, LLC	92-2376733
SLOW YOUR ROLL, LLC	83-367893
SPIFFY, LLC	83-1107133
SPREE SOLAR SYSTEMS, LLC	46-1038398
SYDELCO, LLC	84-4307145
SYMMETRY EYEWEAR, LLC	26-1858126
THE GOOD SOIL, LLC	99-1791176
THE HOUGH TO MARKET GROUP, INC.	99-0338938
THE NURSERY, INC.	99-0340901
THE VESSEL CORPORATION	84-1929618
THOMAS A WHEELER, LLC	46-0821943
TRANS PACIFIC TEXTILES, LTD	99-0158458
TREEHOUSE NEXT DOOR, INC.	45-4779743
TRIPLE Y PARTNERS, LLC	83-1929682

TRITUNE USA, INC.	36-4888605
VIC'S ON SITE CLEANING SERVICES, LLC	26-3935397
WABISABI HAWAII, LLC	88-0878740
WAIKIKI OCEAN GALLERY, LLC	99-4886719

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: SBCOC RETAIL INDUSTRY GROUP HEALTH PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 10/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): SMALL BUSINESS CHAMBER OF COMMERCE HAWAII
2b Employer Identification Number (EIN): 85-0859938
2c Plan Sponsor's telephone number: 808-699-5545
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	391
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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)	390
a(2) Total number of active participants at the end of the plan year	6a(2)	410
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	410
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 4B 4D 4E 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 000161441907

<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 SBCOC RETAIL INDUSTRY GROUP HEALTH PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 SMALL BUSINESS CHAMBER OF COMMERCE HAWAII	D Employer Identification Number (EIN) 85-0859938	

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	537	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
69,015	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

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	
19,104			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	
8,572			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	
7,149			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	
5,918			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	
5,724			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 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5,471			3

(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	
3,445			3

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

ATLAS INSURANCE AGENCY
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	
3,172			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	
2,975			3

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

PROINSURANCE HAWAII
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	
2,531			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	
1,792			3

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

GAIL KAWAHARADA
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	
1,379			3

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

ALOHA EMPLOYEE BENEFITS INSURANCE
77-153 HOOILINA CT

KAILUA-KONA HI 96740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
508			3

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

ANALIPO INSURANCE SERVICES, LLC
PO BOX 689

KEALAKEKUA HI 96750

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
357			3

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

ADVANTAGE INSURANCE SERVICES
1580 MAKALOA 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	
181			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	
180			3

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

CHRISTINE L GO, INC.
7219 PUUEHU PL

HONOLULU HI 96825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
177			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 SOUTH 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	
165			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	
140			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
 STUE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50			3

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

ALKEME INSURANCE SERVICES, INC. DBA
 1000 BISHOP ST
 STE 600
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			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	

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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	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)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	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	3,642,828
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: SBCOC Retail Industry Group Health Plan
 EIN: 85-0859938
 PN: 502
 PYE: December 31, 2024

<u>PARTICIPATING EMPLOYER</u>	<u>EIN</u>
88 PALPAL KEEAUMOKU L&C CORP	82-1337698
ALCHEMIST, LLC	83-1009256
AQUAGEMS, LLC	47-5622942
AS HAWI TURNS II, LLC	92-3334756
ASAO GOLF, LLC	46-3884690
BIG ISLAND LIVING FURNISHINGS, INC.	93-1559383
BIG MOUNTAIN BIKE RENTAL CORP	99-0331867
BLANK CANVAS CORP	26-2160969
BLISS & HILL, INC.	83-2456873
BLUE WATER MAUI, LLC	82-3462430
C&Z PARTNERS	99-0312637
CARVICE, LLC	89-4910894
COCO MOON, LLC	32-0475213
COCONUT AVE COLLECTION HAWAII, LLC	84-3948742
COPY HUT, LLC	75-3147629
CRAFT WAY, LLC	20-1467402
CUONG Q HO	35-2467582
DA BIG BAGS, LLC	45-3803734

DOGGY BOX, LLC	47-1604115
EDESIGN GROUP, INC.	47-2860198
ELEVATION SERVICES, LLC	87-2388313
ELITE PEST CONTROL, LLC	82-4439751
EVERY ING, LLC	86-2921996
FLOWER'S BY HEIDI INCORPORATED	99-0345006
GARDEN ISLAND MARINE, LLC	87-3425660
GAREN-T CLEANSING SPECIALISTS, LLC	20-4271015
GEM CASTLE YUKIZAKI HAWAII CO., LTD	87-1490854
GIG SERVICES HI, LLC	92-1592476
GYPSEA GELATO, LLC	47-2011026
HAAWI INTERNATIONAL, INC.	32-0738337
HAWAII ESTATE AND JEWELRY BUYERS, LLC	45-2676649
HAWAII TRUCK PARTS, SALES AND SERVICES, LLC	26-3564471
HAWAIIAN SWIMWEAR, LLC	83-2102887
HAWAIIAN VANILLA COMPANY, INC.	99-0338229
HI ASCENT, LLC	45-4509358
HI POWERED DESIGNS, LLC	45-1267086
I MANA KA OIWI, LLC	84-2981033
IH&C, INC.	99-0347426
IMPRESSIVE HEALTH, INC.	47-5484551
ISLAND DREAM PRODUCTIONS, LLC	81-2850938
JN GROUP, INC.	99-0106809

JOCOR ENTERPRISES, LLC	27-0395168
JOHN NGUYEN JEWELRY CO, INC.	99-0348806
K&C INVESTMENT 1688, LLC	93-3097288
KAHI OLA MAU FARM, LLC	82-1394635
KAINEHE, INC.	20-4738417
KIKUYAMA ENTERPRISES, INC.	99-0271854
KJ MET MANAGEMENT, LLC	88-2304078
KOHALA ORCHARDS, LLC	82-5195527
KOMODO HAWAII, LLC	88-1260481
KONA ART SERVICES, LLC	47-5214434
KO'OLAU SPIRITS, LLC	82-4233784
KS HONOLULU, LLC	33-0084171
LEGACY ENTERPRISES, INC.	84-3333974
LIONSTONE CORPORATION	99-0237782
LONGCHAMP USA, INC.	51-0359309
MAGICAL CREATIONS, INC.	99-0328625
MAUI MAINTENANCE SERVICES, LLC	81-5046138
MAUI PARADISE LAHAINA PARTNERS, LLC	47-2643893
MJF FAMILY LIMITED PARTNERSHIP	99-0351643
MOTHER NATURE'S MIRACLE, LLC	26-2958041
MURAT DEMIRTAS, LLC	81-2864286
NAPALI GALLERY, LLC	92-1034427
NAPALI GALLERY, LLC	93-4786365
NCY CORPORATION	45-4465379

NISSIN (HAWAII, INC.)	99-0171999
NOHOKAI PRODUCTION SERVICES, INC.	27-4276782
NUTRA TOUCH, INC.	55-0905782
OHIKILOLO RANCH, LLC	87-1579159
PANAEWA FOLAIGE, INC.	99-0340885
PLATFORM, LLC	47-1036707
PRECISION MARINE POWER, INC.	01-0731532
PRESSURE SYSTEMS, INC.	35-2865995
RICHARD'S MEAT MARKET, INC.	99-0268427
RISK MANAGEMENT CORPORATION	93-4663150
ROOST, LLC	92-2376733
SLOW YOUR ROLL, LLC	83-367893
SPIFFY, LLC	83-1107133
SPREE SOLAR SYSTEMS, LLC	46-1038398
SYDELCO, LLC	84-4307145
SYMMETRY EYEWEAR, LLC	26-1858126
THE GOOD SOIL, LLC	99-1791176
THE HOUGH TO MARKET GROUP, INC.	99-0338938
THE NURSERY, INC.	99-0340901
THE VESSEL CORPORATION	84-1929618
THOMAS A WHEELER, LLC	46-0821943
TRANS PACIFIC TEXTILES, LTD	99-0158458
TREEHOUSE NEXT DOOR, INC.	45-4779743
TRIPLE Y PARTNERS, LLC	83-1929682

TRITUNE USA, INC.	36-4888605
VIC'S ON SITE CLEANING SERVICES, LLC	26-3935397
WABISABI HAWAII, LLC	88-0878740
WAIKIKI OCEAN GALLERY, LLC	99-4886719