

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 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**

<b>1a</b> Name of plan <u>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</u>  <u>1055 PARK VIEW DR STE 111</u> <u>COVINA, CA 91724</u>	<b>1c</b> Effective date of plan <u>01/01/2003</u>  <b>2b</b> Employer Identification Number (EIN) <u>01-0757287</u>  <b>2c</b> Plan Sponsor's telephone number <u>626-279-3022</u>  <b>2d</b> Business code (see instructions) <u>445110</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1850
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1850
	<b>6a(2)</b>	1783
	<b>6b</b>	4
	<b>6c</b>	0
	<b>6d</b>	1787
	<b>6e</b>	
	<b>6f</b>	1787
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	5

**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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>01-0757287</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.**

(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
99-0108050	64343	GL-40500	1790	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
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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

(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
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	(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.

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

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>		0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>		0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	
	(3) Transferred to separate account .....	<b>7e(3)</b>	
	(4) Other (specify below) .....	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>		0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>		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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		73659
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		73659
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		25000
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		-802
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		24198
	(4) Claims charged .....	<b>9b(4)</b>		111450
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		5340
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		2026
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		7366
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		31562
	(3) Other reserves .....	<b>9d(3)</b>		545580
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		17017
<b>b</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. ....	<b>10b</b>		

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>01-0757287</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**KAISER FOUNDATION HEALTH PLAN**

(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
94-1340523	60053	SEE FOOTNOTE	653	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
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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

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

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

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

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

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**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.

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

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>		0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>		0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>		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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3933607
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>01-0757287</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VISION SERVICE PLAN**

(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
99-0247673	N/A	SEE FOOTNOTE	1720	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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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

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

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

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

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

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

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

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

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

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

(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.

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

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	105765	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		105765
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	74606	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		74606
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	14278	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		14278
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

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

<p><b>A</b> Name of plan <span style="color: blue;">UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">01-0757287</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10533	1402	04/01/2023	03/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">24986</p>	<p><b>(b)</b> Total amount of fees paid</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

BENEFITMALL  
2111 E HIGHLAND AVE  
PHOENIX, AZ 85016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24986			

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

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

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

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

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

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

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

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

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

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

(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.

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

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	570184
<b>b</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. ....	<b>10b</b>	

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. ▶

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

<b>A</b> Name of plan <b>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS</b>	<b>D</b> Employer Identification Number (EIN) <b>01-0757287</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HMA, INC.

86-0461140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	423197	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAWAII BENEFIT ADMINISTRATORS, INC.

99-0329747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	179784	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCCRACKEN, STEMERMAN & HOLSBERY

94-1709555

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	102974	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	79490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAWAII DENTAL SERVICES

99-0107971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	50669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS, INC.

45-2884094

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	45237	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	39800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF HAWAII

99-0040710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16567	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAWAII COMMUNITY HEALTH ALLIANCE

1001 BISHOP ST STE 2685A  
HONOLULU, HI 96813

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	9110	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIRST HAWAIIAN BANK

99-0034327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	7959	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	228	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS</b>	<b>D</b> Employer Identification Number (EIN) <b>01-0757287</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> -228566	-56316
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 1707193	1751600
<b>(2)</b> Participant contributions .....	<b>1b(2)</b> 0	23806
<b>(3)</b> Other .....	<b>1b(3)</b> 949787	969167
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 8463573	12247576
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 4067277	3500029
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 2527357	3372636
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 770591	767111
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	537517	545580
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	18794729	23121189
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	4189194	4593333
<b>h</b> Operating payables.....	<b>1h</b>	56913	43505
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4246107	4636838
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14548622	18484351

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	19903981	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	355720	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		20259701
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	66103	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	111987	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	8063	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		186153
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	548144	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		548144
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1421901	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1403012	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		18889
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	76918	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-3480
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		21086325

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	11182683	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	4868415	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		16051098
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	707939	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	39800	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	16567	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	10665	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	103143	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	221384	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1099498
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		17150596

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3935729
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
UFCW - Hawaii Food Employers Health  
and Welfare Plan  
560 North Nimitz Way, Suite 114B  
Honolulu, Hawaii 96817

Members of the Board:

### **Opinion**

We have audited the accompanying financial statements of UFCW - Hawaii Food Employers Health and Welfare Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and related schedule in support of statements of changes in net assets available for benefits, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has

Board of Trustees  
UFCW - Hawaii Food Employers Health  
and Welfare Plan

been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

September 26, 2025

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31, 2024	December 31, 2023
<b>ASSETS</b>		
CASH		
Checking Account (Overdraft)	\$ (56,316)	\$ (228,566)
INVESTMENTS - AT FAIR VALUE		
Money Market Funds	\$ 12,247,576	\$ 8,463,573
Mutual Funds	767,111	770,591
Government Debt Securities	3,500,029	4,067,277
Corporate Debt Securities	<u>3,372,636</u>	<u>2,527,357</u>
TOTAL INVESTMENTS	19,887,352	15,828,798
RECEIVABLES		
Employer Contributions	1,751,600	1,687,717
Prescription Rebates	880,515	873,897
Investment Income	88,652	75,890
COBRA and Self-Pay	<u>23,806</u>	<u>19,476</u>
TOTAL RECEIVABLES	2,744,573	2,656,980
PREMIUM STABILIZATION RESERVES	<u>545,580</u>	<u>537,517</u>
TOTAL ASSETS	23,121,189	18,794,729
<b>LIABILITIES</b>		
Accounts Payable	<u>43,505</u>	<u>56,913</u>
NET ASSETS AVAILABLE FOR BENEFITS	23,077,684	18,737,816
MEMORANDUM:		
Total Benefit Obligations	<u>4,593,333</u>	<u>4,189,194</u>
Excess of Net Assets Available for Benefits Over Benefit Obligations	<u>\$ 18,484,351</u>	<u>\$ 14,548,622</u>

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	January 1, 2024 to December 31, 2024		January 1, 2023 to December 31, 2023
<b>REVENUE</b>			
CONTRIBUTIONS			
Employer Contributions	\$ 19,903,981		\$ 20,528,083
COBRA and Self-Pay	<u>355,720</u>	\$ 20,259,701	<u>233,251</u> \$ 20,761,334
NET INVESTMENT INCOME			
Interest and Dividends	734,297		494,628
Net Appreciation of Investments	92,327		187,160
Less: Investment Expenses	<u>(24,526)</u>	<u>802,098</u>	<u>(24,231)</u> <u>657,557</u>
TOTAL REVENUE		<u>21,061,799</u>	<u>21,418,891</u>
<b>DEDUCTIONS</b>			
BENEFITS		15,646,959	16,386,379
EXPENSES			
Administration Fees	179,784		178,019
Medical Claims Administration	432,249		429,887
Prescription Claims Administration	45,237		44,139
Dental Claims Administration	50,669		43,427
Consulting Fees	79,490		57,772
Legal Fees	103,143		222,272
Accounting and Audit Fees	31,000		29,500
Payroll Compliance Fees	8,800		6,343
Printing and Supplies	51,265		27,245
Postage and Mailing	19,095		21,830
Data Preservation	3,224		2,478
Fiduciary Liability Insurance and Bonding	7,899		7,803
Programming Expenses	4,681		3,711
Bank Charges	2,706		2,134
Member Services Reimbursements	48,008		45,778
Cyber Security	<u>7,722</u>	<u>1,074,972</u>	<u>-</u> <u>1,122,338</u>
TOTAL DEDUCTIONS		<u>16,721,931</u>	<u>17,508,717</u>
NET INCREASE FOR THE YEAR		4,339,868	3,910,174
NET ASSETS AVAILABLE FOR BENEFITS			
Balance, Beginning of Year		<u>18,737,816</u>	<u>14,827,642</u>
Balance, End of Year		<u>\$ 23,077,684</u>	<u>\$ 18,737,816</u>



**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**STATEMENTS OF BENEFIT OBLIGATIONS**

	December 31, 2024	December 31, 2023
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable	\$ 69,355	\$ 121,899
Claims Payable	227,078	214,495
	296,433	336,394
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Reported	1,509,900	1,244,200
Earned Benefit Liability	2,787,000	2,608,600
	4,296,900	3,852,800
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 4,593,333	\$ 4,189,194

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
<b>AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Premiums Payable - Beginning of Year	\$ 121,899	\$ 115,029
Premiums for Participants Eligible for Coverage During the Year	4,685,181	5,419,306
Premiums	<u>(4,737,725)</u>	<u>(5,412,436)</u>
Premiums Payable - End of Year	<u>69,355</u>	<u>121,899</u>
Claims Payable - Beginning of Year	214,495	305,018
Claims Reported and Approved for Payment	10,921,817	10,883,420
Claims - Net	<u>(10,909,234)</u>	<u>(10,973,943)</u>
Claims Payable - End of Year	<u>227,078</u>	<u>214,495</u>
Premiums and Claims Payable - End of Year	<u>296,433</u>	<u>336,394</u>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Balance, Beginning of Year	3,852,800	4,262,900
Net Change During the Year:		
Claims Incurred but Not Reported	265,700	(527,800)
Earned Benefit Liability	<u>178,400</u>	<u>117,700</u>
Balance, End of Year	<u>4,296,900</u>	<u>3,852,800</u>
<b>TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</b>	<u><u>\$ 4,593,333</u></u>	<u><u>\$ 4,189,194</u></u>

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The UFCW - Hawaii Food Employers Health and Welfare Plan (the "Plan") is a multiemployer welfare benefit plan providing medical, prescription drug, vision care, dental, chiropractic, and life insurance benefits to eligible participants and their dependents. Certain benefits are provided by an insurance contract or are provided by contracts with prepaid health plans. Other benefits are paid directly by the Plan. The Plan also provides continuation of certain benefits to participants through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) upon losing coverage as a result of a qualifying event. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan is funded by employer contributions in accordance with applicable Collective Bargaining Agreements or participation agreements between the United Food and Commercial Workers Union Local 480 ("Union Local"), and various Hawaii Food Employers. The Board of Trustees is comprised of both union and employer trustees who are bonded in accordance with the law. Trustees serve without compensation from the Plan; they may be reimbursed for reasonable expenses incurred in the performance of their duties as trustees. The Board of Trustees has the right under the Plan to modify the benefits provided by the Plan.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

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

**B. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**C. Contributions**

Contributions are reported on the financial statements on the accrual basis. Employer contributions as reported are contributions made by employers on behalf of employees for hours worked during the year pursuant to various collective bargaining agreements or participation agreements. Employer and self-pay contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for estimated uncollectible accounts. Contributions received as a result of employer compliance procedures are generally recorded when collected.

Active participants who lose coverage may elect to continue coverage for medical and prescription drug benefits for up to twelve (12) consecutive months by making self-payments. Active participants selecting to continue coverage under the Employee Self-Payment Program forfeit the right to continue coverage under COBRA. The Board of Trustees establishes self-payment rates based on costs of the benefits on an annual basis.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**D. Employer Payroll Compliance Program**

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records by the Plan's independent accountants under a separate employer payroll compliance program.

**E. Benefits and Benefit Obligations**

Benefits reported are segregated by premiums for eligible participants paid during the year (Premiums), and benefit claims for participant services paid during the year under the self-insured medical, dental and prescription plans, net of rebates (Claims - Net).

Benefit obligations are segregated based on estimates at the end of the year of premiums for coverage during the year unpaid (Premiums Payable); claims incurred during the year, reported but unpaid (Claims Payable); claims incurred during the year but not reported nor paid (Claims Incurred But Not Reported) and the future benefits costs to be incurred based on participants' accumulated eligibility credits (Earned Benefit Liability). The statements of benefit obligations report the components of the changes in benefit obligations.

The claims incurred but not reported ("IBNR") reserve as of December 31, 2024 and 2023 were calculated using the completion factor method applied to lag data received from the various insurance carriers. The IBNR reserves as of December 31, 2024 and 2023 were calculated by the benefit plan consultant.

The Plan has purchased stop-loss insurance on behalf of the participants covered under the self-insured health plan in order to limit its exposure, which will reimburse the Plan for total individual claims and total aggregate claims exceeding certain limits.

The earned benefit liability as of December 31, 2024 and 2023 were based on lag month eligibility rules, projected costs for indemnity plans, and actual expenses paid for the fully insured plans in January 2025 and February 2025 and January 2024 and February 2024, respectively. The earned benefit liability represents the benefit cost for participants whose employers made the required contributions in the months of November and/or December 2024 and 2023, respectively. The earned benefit liability was calculated in accordance with ASC 965 requirements. Mortality and interest discount were not taken into consideration since mortality and interest during such short period of time would have a minimal impact on the outcome. The earned benefit liability as of December 31, 2024 and 2023 was calculated by the benefit plan consultant.

**F. Cash**

Cash consists of cash deposited with a financial institution in a checking account. As of December 31, 2024 and 2023, the Plan's cash account reflected overdraft balance. The overdraft primarily represents outstanding benefit payments and timing differences between contributions and disbursements.

**G. Other Income and Expenses**

Other income and expense are reported on the accrual basis, except for nominal amounts of recurring monthly expenses.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**H. Prescription Rebates**

The Plan utilizes a pharmacy benefits manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. The PBM is contracted to pay all payments it receives from drug manufacturers or intermediaries that are denominated as rebates by such manufacturers or intermediaries and that are attributable to prescription drug services utilized by participants. The rebates receivable as of December 31, 2024 and 2023 were \$880,515 and \$873,897, respectively. Prescription rebates in 2024 and 2023 totaled \$1,354,917 and \$1,292,407, respectively.

**I. Experience Rated Insurance Contracts**

Certain insurance contracts held by the Plan are subject to experience rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid, and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit. Premium surpluses are recorded as a receivable from the insurance company. If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations.

**J. Premium Stabilization Reserves**

The Plan maintains premium stabilization reserves with an insurance company, which can be drawn to reduce future premium payments when premiums paid to the insurance company exceed the total of claims paid and other charges. One reserve is mandatory, while the other is voluntary. The mandatory premium stabilization reserve is funded from surpluses in premiums paid, accumulating up to a maximum of \$25,000; monies are not available to the Plan, except at termination of the insurance contract. The voluntary premium stabilization reserve is funded by additional deposits made with the insurance company; monies are available to the Plan at any time. Balances held in both reserves earn interest, which is due and payable to the Plan as of the last day of each policy year.

The mandatory and voluntary premium stabilization reserves have been included as assets of the Plan at a consolidated balance until such amounts are used to pay premiums. As of December 31, 2024 and 2023, the mandatory premium stabilization reserve has a zero balance, while the voluntary premium stabilization reserve has a balance of \$545,580 and \$537,517, respectively. The annual experience rated accounting report resulted in a loss for the years ended December 31, 2024 and 2023, respectively, and the resulting liability is part of claims payable at year-end.

**K. Reclassification**

Certain amounts in the 2023 financial statements and disclosure Note 6 have been reclassified to conform to the 2024 financial statement presentation. These reclassifications had no effect on the Plan's net assets available for benefits as previously reported.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**NOTE 3 - INVESTMENT VALUATION AND INCOME RECOGNITION**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable measurements (level 3 measurements). The three levels of the hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

*Money Market Funds:* The fair value of temporary cash invested in money market funds is valued at cost which approximates fair value (Level 1).

*Government Debt Securities and Mutual Funds:* The fair value of U.S. treasury notes and mutual funds is based on the closing price reported on the active market on which the individual securities are traded (Level 1).

*Government Debt Securities and Corporate Debt Securities:* The fair value of certain federal agencies and corporate debt securities is generally determined using a market-based model in which valuation consideration is given to yield or price of comparable securities, coupon rate, maturity, credit quality and dealer provided prices (Level 2).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)**

The following tables summarize the Plan's investments based on the inputs at December 31, 2024 and 2023 used to value them:

Description	2024			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 12,247,576	\$ -	\$ -	\$ 12,247,576
Mutual Funds	767,111	-	-	767,111
Government Debt Securities	3,200,239	299,790	-	3,500,029
Corporate Debt Securities	-	3,372,636	-	3,372,636
	<u>\$ 16,214,926</u>	<u>\$ 3,672,426</u>	<u>\$ -</u>	<u>\$ 19,887,352</u>

  

Description	2023			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 8,463,573	\$ -	\$ -	\$ 8,463,573
Mutual Funds	770,591	-	-	770,591
Government Debt Securities	3,529,130	538,147	-	4,067,277
Corporate Debt Securities	-	2,527,357	-	2,527,357
	<u>\$ 12,763,294</u>	<u>\$ 3,065,504</u>	<u>\$ -</u>	<u>\$ 15,828,798</u>

Investment income and expense including gain and losses on sale of investments are reported on an accrual basis. Investment income receivable is recorded based on interest and dividend received subsequent to the end of the year. Realized gain and losses, including unrealized appreciation or depreciation in the fair value of investments, is reported as net appreciation of investments. Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis.

Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the current (market) value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the residual unrealized appreciation in fair value of investments results in differences in reporting on the financial statements and Form 5500.

**NOTE 4 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 23,077,684	\$ 18,737,816
Less: Plan's Benefit Obligations	<u>(4,593,333)</u>	<u>(4,189,194)</u>
Net Assets Per the Form 5500	<u>\$ 18,484,351</u>	<u>\$ 14,548,622</u>

The following is a reconciliation of total benefits for participants, beneficiaries, and dependents per the financial statements to the Form 5500:

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)**

	January 1, 2024 to December 31, 2024
Total Benefits Paid Per the Financial Statements	\$ 15,646,959
Add: Benefit Obligations at December 31, 2024	4,593,333
Less: Benefit Obligations at December 31, 2023	(4,189,194)
Total Benefits Per the Form 5500	\$ 16,051,098

Total benefits per the financial statements are premiums and claims paid during the year net of benefit refunds. Total benefits per the Form 5500 is the total of premiums for coverage during the year, claims incurred during the year, net of refunds, all for participants, dependents, and beneficiaries.

**NOTE 5 - SEGREGATION OF ACTIVE AND RETIREE FUNDS**

The Board of Trustees have segregated the Active and Retiree funds into two separate Plans, the Active Plan and the Retiree Plan. Separate accounting records are maintained for each Plan. The Active Plan is for active participants, while the Retiree Plan is for retired participants. Postretirement benefits are only provided for participants in the Retiree Plan.

**NOTE 6 - CONCENTRATION OF EMPLOYER CONTRIBUTIONS**

One employer, subject to the collective bargaining agreement, provides a significant amount of employer contributions to the Plan. As of December 31, 2024 and 2023, employer contributions receivable include \$1,548,481 and \$1,603,847, respectively, from the significant employer. Employer contributions from the significant employer totaled \$18,725,799 and \$19,563,267 or 94% and 95% of total employer contributions for the years ended December 31, 2024 and 2023, respectively.

**NOTE 7 - CONCENTRATION OF CREDIT RISK**

The Plan maintains its cash balances in a high credit quality financial institution that is insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000 per bank. The coverage is based on deposits maintained under the same employer identification number ("EIN"); since the Active and Retiree Plans share the same EIN, the limit would be \$250,000 for the aggregate balances maintained by the Plans. As of December 31, 2024, the Active and Retiree Plans maintained cash balances of \$15,111,198 in excess of the federally insured limit. The Plans have not incurred any losses on the uninsured balances.

**NOTE 8 - RELATED PARTY TRANSACTIONS**

During the years ended December 31, 2024 and 2023, the Plan reimbursed the Union Local \$48,008 and \$45,778, respectively, for salaries, salary related expenses and various office expenses incurred by the Union Local, on behalf of the Plan.

The Plan shares common administration expenses with the Retiree Plan. An allocation formula, approved by the Board of Trustees, based upon member count is used to allocate expenses between the Plan and the Retiree Plan. The Plan then pays each vendor directly its share of the allocated expenses. The allocation percentage is reviewed every six months. Effective January 1, 2022, the allocation percentage applicable to the Plan was 90%.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 9 - PLAN TERMINATION**

The Plan shall continue until all the collective bargaining agreements providing for contributions to the Plan have expired and negotiations for extension thereof have ceased. The Plan and trust agreement may be terminated at an earlier date by written agreement of all the employers and the Union Local, subject to all of the requirements and procedures for plan termination provided by ERISA, and all regulations issued pursuant to such public law.

In the event the obligations of all the employers to make contributions to the Plan shall terminate or the Plan otherwise terminates, the Trustees shall determine the disposition of any assets in the Plan remaining after all expenses of the Plan have been paid; provided that any such distribution shall be made only for the benefit of former participants and for the purpose set forth in the Plan. Upon termination of the Plan, the Trustees shall continue in such capacity for the purpose of dissolution of the Plan with full powers as herein provided and may execute any and all instruments which may be required.

**NOTE 10 - RISKS AND UNCERTAINTIES**

Plan investments are exposed to various risks, such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risk in the near term would materially affect the amounts reported in the financial statements.

**NOTE 11 - TAX-EXEMPT STATUS**

No provision for federal income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code (IRC) Section 501(c)(9). Plan management believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 12 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 26, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**

FORM 5500

SCHEDULE H, PART IV, LINE 4

E.I.N. 01-0757287; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY  
THE DEPARTMENT OF LABOR

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 01-0757287; PLAN NO. 501**  
**DECEMBER 31, 2024**

Face Value	<u>Money Market Funds</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
\$ 12,019,709	Blackrock Temp Cash	N/A	Var.	\$ 12,019,709	\$ 12,019,709
227,867	BlackRock Liquidity Funds T-Fund	N/A	Var.	227,867	227,867
<u>TOTALS - MONEY MARKET FUNDS</u>				<u>\$ 12,247,576</u>	<u>\$ 12,247,576</u>

No. of Shares	<u>Mutual Funds</u>				
5,764	Vanguard Mortgage-Backed Securities ETF	N/A	N/A	\$ 261,340	\$ 264,110
9,573	Vanguard Emerging Markets Bond Fund	N/A	N/A	222,568	239,264
54,462	MainStay MacKay High Yield Corporate Bond Fund	N/A	N/A	283,203	292,059
<u>TOTALS - MUTUAL FUNDS</u>				<u>\$ 767,111</u>	<u>\$ 795,433</u>

Face Value	<u>Government Debt Securities</u>				
\$ 50,000	Federal Farm Credit Banks Funding Corp.	01/27/25	0.470	\$ 49,865	\$ 49,930
10,000	Federal Farm Credit Banks Funding Corp.	06/30/25	0.740	9,825	9,990
50,000	Federal Farm Credit Banks Funding Corp.	08/12/25	0.530	48,848	49,890
200,000	Federal Farm Credit Banks Funding Corp.	05/04/26	1.000	191,252	199,670
350,000	U.S. Treasury Notes	01/15/25	1.125	349,597	346,623
400,000	U.S. Treasury Notes	05/15/25	2.750	397,800	398,297
25,000	U.S. Treasury Notes	06/15/25	2.875	24,849	24,769
225,000	U.S. Treasury Notes	09/30/25	0.250	218,459	219,744
50,000	U.S. Treasury Notes	11/30/25	0.375	48,283	49,988
200,000	U.S. Treasury Notes	02/28/26	0.500	191,614	196,047
325,000	U.S. Treasury Notes	03/31/26	0.750	311,298	322,804
200,000	U.S. Treasury Notes	04/30/26	0.750	191,030	198,891
100,000	U.S. Treasury Notes	05/31/26	0.750	95,242	99,676
100,000	U.S. Treasury Notes	10/31/26	1.125	94,534	99,398
500,000	U.S. Treasury Notes	03/31/27	2.500	481,450	499,980
250,000	U.S. Treasury Notes	05/31/27	2.625	240,670	249,063
100,000	U.S. Treasury Notes	06/30/27	3.250	97,655	100,055
175,000	U.S. Treasury Notes	10/15/27	3.875	173,161	173,243
170,000	U.S. Treasury Notes	06/30/29	3.250	162,219	158,990
125,000	U.S. Treasury Notes	07/31/30	4.000	122,378	127,573
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				<u>\$ 3,500,029</u>	<u>\$ 3,574,621</u>

<u>Corporate Debt Securities</u>					
\$ 10,000	3M Co.	02/14/25	2.000	\$ 9,966	\$ 9,940
110,000	AbbVie Inc	03/15/29	4.800	109,957	109,298
10,000	Amazon.com Inc.	05/12/26	1.000	9,568	9,957
16,000	Amazon.com Inc.	04/13/27	3.300	15,615	15,967
115,000	American Express Co.	05/03/27	3.300	111,597	108,103
12,000	Amgen Inc.	02/21/25	1.900	11,952	11,976
<u>Forward</u>				<u>\$ 268,655</u>	<u>\$ 265,241</u>

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 01-0757287; PLAN NO. 501**  
**DECEMBER 31, 2024**

Face Value	Corporate Debt Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost	
	<u>Forwarded</u>			\$ 268,655	\$ 265,241	
\$	12,000	Apple, Inc.	05/11/25	1.125	11,857	11,979
	14,000	Apple, Inc.	08/20/25	0.550	13,668	13,967
	14,000	Apple, Inc.	02/08/26	0.700	13,452	13,969
	6,000	AutoZone Inc.	04/15/25	3.625	5,980	5,995
	75,000	Bank of America Corp.	11/25/27	4.183	73,614	73,332
	95,000	Bank of Montreal	09/14/27	4.700	94,932	91,272
	4,000	Bank of New York Mellon Corp.	04/24/25	1.600	3,961	3,998
	125,000	Bank of New York Mellon Corp.	10/30/28	3.000	116,900	119,428
	125,000	Bank of Nova Scotia	06/12/28	5.250	126,303	125,529
	105,000	Caterpillar Financial Services Corp.	08/09/26	2.400	101,585	98,756
	24,000	Charles Schwab Corp.	03/03/27	2.450	22,917	23,974
	105,000	Charles Schwab Corp.	05/19/29	5.643	107,123	106,527
	100,000	Citigroup Inc.	07/25/28	4.125	97,230	96,549
	105,000	Comcast Corp.	05/01/28	3.550	100,794	99,895
	130,000	Consolidated Edison Company Of New York Inc.	06/15/31	2.400	111,643	114,874
	14,000	Cummins Inc.	09/01/25	0.750	13,648	13,974
	100,000	Ecolab Inc.	01/15/28	5.250	101,866	100,467
	105,000	General Dynamics Corp.	05/15/28	3.750	101,936	102,570
	120,000	Goldman Sachs Group Inc	02/07/30	2.600	106,282	104,227
	12,000	Hershey Co.	06/01/25	0.900	11,810	11,978
	120,000	Home Depot Inc.	09/14/27	2.800	114,966	112,716
	12,000	Intel Corp.	03/25/25	3.400	11,958	11,981
	125,000	Intercontinental Exchange Inc	09/21/28	3.750	120,433	122,418
	100,000	International Business Machines Corp.	02/06/28	4.500	99,407	100,201
	14,000	Intuit Inc.	07/15/25	0.950	13,734	13,989
	12,000	John Deere Capital Corp.	01/09/25	2.050	11,994	11,997
	100,000	John Deere Capital Corp.	01/20/28	4.750	100,515	101,596
	14,000	Johnson & Johnson	09/01/25	0.550	13,652	13,985
	18,000	JPMorgan Chase & Co. Variable	04/22/27	1.578	17,281	18,000
	12,000	McDonald's Corp.	09/01/25	1.450	11,748	11,978
	105,000	McDonald's Corp.	04/01/28	3.800	102,188	100,853
	80,000	Morgan Stanley	04/23/27	3.950	78,383	76,417
	14,000	Nucor Corp.	06/01/25	2.000	13,838	13,979
	110,000	Oracle Corp.	03/25/28	2.300	101,691	98,707
	10,000	PACCAR Financial Corp.	05/11/26	1.100	9,547	9,993
	12,000	Pfizer Inc.	05/28/25	0.800	11,816	11,925
	130,000	PNC Financial Services Group Inc	01/22/30	2.550	115,430	119,721
	44,000	Progressive Corp.	03/15/27	2.500	42,132	43,983
	12,000	Republic Services Inc.	11/15/25	0.875	11,609	11,988
	105,000	Royal Bank of Canada	08/03/27	4.240	103,755	101,722
	100,000	RTX Corp.	11/16/28	4.125	97,323	98,024
	12,000	Target Corp.	04/15/25	2.250	11,911	11,980
	100,000	Toronto-Dominion Bank	09/15/27	4.693	99,778	99,434
	125,000	Truist Financial Corp	03/19/29	3.875	119,263	116,885
	95,000	UnitedHealth Group Inc.	02/15/28	5.250	96,481	98,215
	10,000	US Bank NA/Cincinnati OH	01/21/25	2.050	9,985	9,979
	105,000	Walmart Inc.	04/15/28	3.900	103,077	101,286
		<u>Forward</u>		\$ 3,250,051	\$ 3,242,453	

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 01-0757287; PLAN NO. 501**  
**DECEMBER 31, 2024**

<u>Face Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 3,250,051	\$ 3,242,453
\$ 12,000	Walt Disney Co.	03/24/25	3.350	11,966	11,993
110,000	Wells Fargo & Co	01/24/29	4.150	106,636	105,411
4,000	WW Grainger Inc.	02/15/25	1.850	3,983	3,989
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 3,372,636</u>	<u>\$ 3,363,846</u>
	<u>TOTALS - INVESTMENTS</u>			<u>\$ 19,887,352</u>	<u>\$ 19,981,476</u>

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS\***  
**E.I.N. 01-0757287; PLAN NO. 501**  
**JANUARY 1, 2024 TO DECEMBER 31, 2024**

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
BlackRock Liquidity Funds	Var.	N/A	\$ 2,039,817	\$ -	\$ 2,039,817	\$ -
T-Fund	Var.	N/A	-	2,001,879	2,001,879	-

\* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or series of transactions during the year that involve more than 5% of the value of the Plan's total assets at the beginning of the year.

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

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

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

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

<p><b>1a</b> Name of plan</p> <p>UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 501</p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN</p> <p>1055 PARK VIEW DR STE 111 COVINA, CA 91724</p>	<p><b>1c</b> Effective date of plan 01/01/2003</p> <p><b>2b</b> Employer Identification Number (EIN) 01-0757287</p> <p><b>2c</b> Plan Sponsor's telephone number 626-279-3022</p> <p><b>2d</b> Business code (see instructions) 445110</p>

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

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

SIGN HERE	Patrick Loo <small>Electronically signed by Patrick Loo on 2025-10-08 10:08:18 UTC - 72.253.120.243</small>	10/08/2025	Patrick Loo
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
SIGN HERE	Penny Schumacher <small>Electronically signed by Penny Schumacher on 2025-10-07 21:36:54 UTC - 174.208.98.48</small>	10/07/2025	Penny Schumacher
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN 01-0757287 <b>3c</b> Administrator's telephone number 626-279-3022
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">1850</td> </tr> </table>	<b>5</b>	1850																		
<b>5</b>	1850																				
<b>6</b> 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).																					
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">1850</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">1783</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">4</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">1787</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">1787</td> </tr> <tr> <td><b>6g(1)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g(2)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	1850	<b>6a(2)</b>	1783	<b>6b</b>	4	<b>6c</b>	0	<b>6d</b>	1787	<b>6e</b>	0	<b>6f</b>	1787	<b>6g(1)</b>	0	<b>6g(2)</b>	0	<b>6h</b>	0
<b>6a(1)</b>	1850																				
<b>6a(2)</b>	1783																				
<b>6b</b>	4																				
<b>6c</b>	0																				
<b>6d</b>	1787																				
<b>6e</b>	0																				
<b>6f</b>	1787																				
<b>6g(1)</b>	0																				
<b>6g(2)</b>	0																				
<b>6h</b>	0																				
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . . <b>b</b> Retired or separated participants receiving benefits . . . . . <b>c</b> Other retired or separated participants entitled to future benefits . . . . . <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . . <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . . <b>f</b> Total. Add lines 6d and 6e. . . . . <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . . <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . . <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="text-align: right;">5</td> </tr> </table>	<b>7</b>	5																		
<b>7</b>	5																				

**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

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

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

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**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.

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

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**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 \_\_\_\_\_

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**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS\***  
**E.I.N. 01-0757287; PLAN NO. 501**  
**JANUARY 1, 2024 TO DECEMBER 31, 2024**

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
BlackRock Liquidity Funds	Var.	N/A	\$ 2,039,817	\$ -	\$ 2,039,817	\$ -
T-Fund	Var.	N/A	-	2,001,879	2,001,879	-

\* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or series of transactions during the year that involve more than 5% of the value of the Plan's total assets at the beginning of the year.

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 01-0757287; PLAN NO. 501**  
**DECEMBER 31, 2024**

Face Value	<u>Money Market Funds</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
\$ 12,019,709	Blackrock Temp Cash	N/A	Var.	\$ 12,019,709	\$ 12,019,709
227,867	BlackRock Liquidity Funds T-Fund	N/A	Var.	227,867	227,867
<u>TOTALS - MONEY MARKET FUNDS</u>				<u>\$ 12,247,576</u>	<u>\$ 12,247,576</u>

No. of Shares	<u>Mutual Funds</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
5,764	Vanguard Mortgage-Backed Securities ETF	N/A	N/A	\$ 261,340	\$ 264,110
9,573	Vanguard Emerging Markets Bond Fund	N/A	N/A	222,568	239,264
54,462	MainStay MacKay High Yield Corporate Bond Fund	N/A	N/A	283,203	292,059
<u>TOTALS - MUTUAL FUNDS</u>				<u>\$ 767,111</u>	<u>\$ 795,433</u>

Face Value	<u>Government Debt Securities</u>	Maturity Date	Interest Rate (%)	Fair Value	Cost
\$ 50,000	Federal Farm Credit Banks Funding Corp.	01/27/25	0.470	\$ 49,865	\$ 49,930
10,000	Federal Farm Credit Banks Funding Corp.	06/30/25	0.740	9,825	9,990
50,000	Federal Farm Credit Banks Funding Corp.	08/12/25	0.530	48,848	49,890
200,000	Federal Farm Credit Banks Funding Corp.	05/04/26	1.000	191,252	199,670
350,000	U.S. Treasury Notes	01/15/25	1.125	349,597	346,623
400,000	U.S. Treasury Notes	05/15/25	2.750	397,800	398,297
25,000	U.S. Treasury Notes	06/15/25	2.875	24,849	24,769
225,000	U.S. Treasury Notes	09/30/25	0.250	218,459	219,744
50,000	U.S. Treasury Notes	11/30/25	0.375	48,283	49,988
200,000	U.S. Treasury Notes	02/28/26	0.500	191,614	196,047
325,000	U.S. Treasury Notes	03/31/26	0.750	311,298	322,804
200,000	U.S. Treasury Notes	04/30/26	0.750	191,030	198,891
100,000	U.S. Treasury Notes	05/31/26	0.750	95,242	99,676
100,000	U.S. Treasury Notes	10/31/26	1.125	94,534	99,398
500,000	U.S. Treasury Notes	03/31/27	2.500	481,450	499,980
250,000	U.S. Treasury Notes	05/31/27	2.625	240,670	249,063
100,000	U.S. Treasury Notes	06/30/27	3.250	97,655	100,055
175,000	U.S. Treasury Notes	10/15/27	3.875	173,161	173,243
170,000	U.S. Treasury Notes	06/30/29	3.250	162,219	158,990
125,000	U.S. Treasury Notes	07/31/30	4.000	122,378	127,573
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				<u>\$ 3,500,029</u>	<u>\$ 3,574,621</u>

<u>Corporate Debt Securities</u>					
Face Value	Description	Maturity Date	Interest Rate (%)	Fair Value	Cost
\$ 10,000	3M Co.	02/14/25	2.000	\$ 9,966	\$ 9,940
110,000	AbbVie Inc	03/15/29	4.800	109,957	109,298
10,000	Amazon.com Inc.	05/12/26	1.000	9,568	9,957
16,000	Amazon.com Inc.	04/13/27	3.300	15,615	15,967
115,000	American Express Co.	05/03/27	3.300	111,597	108,103
12,000	Amgen Inc.	02/21/25	1.900	11,952	11,976
<u>Forward</u>				<u>\$ 268,655</u>	<u>\$ 265,241</u>

**UFCW - HAWAII FOOD EMPLOYERS HEALTH AND WELFARE PLAN**  
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**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 01-0757287; PLAN NO. 501**  
**DECEMBER 31, 2024**

Face Value	Corporate Debt Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 268,655	\$ 265,241
\$	12,000 Apple, Inc.	05/11/25	1.125	11,857	11,979
	14,000 Apple, Inc.	08/20/25	0.550	13,668	13,967
	14,000 Apple, Inc.	02/08/26	0.700	13,452	13,969
	6,000 AutoZone Inc.	04/15/25	3.625	5,980	5,995
	75,000 Bank of America Corp.	11/25/27	4.183	73,614	73,332
	95,000 Bank of Montreal	09/14/27	4.700	94,932	91,272
	4,000 Bank of New York Mellon Corp.	04/24/25	1.600	3,961	3,998
	125,000 Bank of New York Mellon Corp.	10/30/28	3.000	116,900	119,428
	125,000 Bank of Nova Scotia	06/12/28	5.250	126,303	125,529
	105,000 Caterpillar Financial Services Corp.	08/09/26	2.400	101,585	98,756
	24,000 Charles Schwab Corp.	03/03/27	2.450	22,917	23,974
	105,000 Charles Schwab Corp.	05/19/29	5.643	107,123	106,527
	100,000 Citigroup Inc.	07/25/28	4.125	97,230	96,549
	105,000 Comcast Corp.	05/01/28	3.550	100,794	99,895
	130,000 Consolidated Edison Company Of New York Inc.	06/15/31	2.400	111,643	114,874
	14,000 Cummins Inc.	09/01/25	0.750	13,648	13,974
	100,000 Ecolab Inc.	01/15/28	5.250	101,866	100,467
	105,000 General Dynamics Corp.	05/15/28	3.750	101,936	102,570
	120,000 Goldman Sachs Group Inc	02/07/30	2.600	106,282	104,227
	12,000 Hershey Co.	06/01/25	0.900	11,810	11,978
	120,000 Home Depot Inc.	09/14/27	2.800	114,966	112,716
	12,000 Intel Corp.	03/25/25	3.400	11,958	11,981
	125,000 Intercontinental Exchange Inc	09/21/28	3.750	120,433	122,418
	100,000 International Business Machines Corp.	02/06/28	4.500	99,407	100,201
	14,000 Intuit Inc.	07/15/25	0.950	13,734	13,989
	12,000 John Deere Capital Corp.	01/09/25	2.050	11,994	11,997
	100,000 John Deere Capital Corp.	01/20/28	4.750	100,515	101,596
	14,000 Johnson & Johnson	09/01/25	0.550	13,652	13,985
	18,000 JPMorgan Chase & Co. Variable	04/22/27	1.578	17,281	18,000
	12,000 McDonald's Corp.	09/01/25	1.450	11,748	11,978
	105,000 McDonald's Corp.	04/01/28	3.800	102,188	100,853
	80,000 Morgan Stanley	04/23/27	3.950	78,383	76,417
	14,000 Nucor Corp.	06/01/25	2.000	13,838	13,979
	110,000 Oracle Corp.	03/25/28	2.300	101,691	98,707
	10,000 PACCAR Financial Corp.	05/11/26	1.100	9,547	9,993
	12,000 Pfizer Inc.	05/28/25	0.800	11,816	11,925
	130,000 PNC Financial Services Group Inc	01/22/30	2.550	115,430	119,721
	44,000 Progressive Corp.	03/15/27	2.500	42,132	43,983
	12,000 Republic Services Inc.	11/15/25	0.875	11,609	11,988
	105,000 Royal Bank of Canada	08/03/27	4.240	103,755	101,722
	100,000 RTX Corp.	11/16/28	4.125	97,323	98,024
	12,000 Target Corp.	04/15/25	2.250	11,911	11,980
	100,000 Toronto-Dominion Bank	09/15/27	4.693	99,778	99,434
	125,000 Truist Financial Corp	03/19/29	3.875	119,263	116,885
	95,000 UnitedHealth Group Inc.	02/15/28	5.250	96,481	98,215
	10,000 US Bank NA/Cincinnati OH	01/21/25	2.050	9,985	9,979
	105,000 Walmart Inc.	04/15/28	3.900	103,077	101,286
	<u>Forward</u>			\$ 3,250,051	\$ 3,242,453

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**E.I.N. 01-0757287; PLAN NO. 501**  
**DECEMBER 31, 2024**

<u>Face Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 3,250,051	\$ 3,242,453
\$ 12,000	Walt Disney Co.	03/24/25	3.350	11,966	11,993
110,000	Wells Fargo & Co	01/24/29	4.150	106,636	105,411
4,000	WW Grainger Inc.	02/15/25	1.850	3,983	3,989
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 3,372,636</u>	<u>\$ 3,363,846</u>
	<u>TOTALS - INVESTMENTS</u>			<u>\$ 19,887,352</u>	<u>\$ 19,981,476</u>