

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE HAWAII GLAZIERS RETIREE HEALTH REIM. FUND
ZENITH AMERICAN SOLUTIONS
1141 HARBOR BAY PARKWAY STE100
ALAMEDA, CA 94502
2b Employer Identification Number (EIN) 32-0463348
2c Plan Sponsor's telephone number 510-671-8802
2d Business code (see instructions) 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/14/2025, DWAYNE ARELLIANO; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/14/2025, ANTHONY BORGE; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	309
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	215
	6a(2)	338
	6b	0
	6c	0
	6d	338
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	21

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE HAWAII GLAZIERS RETIREE HEALTH REIM. FUND	D Employer Identification Number (EIN) 32-0463348	

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

(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

(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

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

P.O. BOX 3708
HONOLULU, HI 96811

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	20909	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)

GROUP PLAN ADMINISTRATORS, INC.

222 SOUTH VINEYARD ST PH4
HONOLULU, HI 96813

99-0187572

(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?
14	NONE	20942	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)

MC GROUP HAWAII, INC.

P.O. BOX 62030
HONOLULU, HI 96839

27-3701730

(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	7853	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)

ZENITH AMERICAN SOLUTIONS

302 KNIGHTS RUN AVE 1100
TAMPA, FL 33602

52-1590516

(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?
14	NONE	12692	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE HAWAII GLAZIERS RETIREE HEALTH REIM. FUND	D Employer Identification Number (EIN) 32-0463348

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1584714	542509
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	55204	51736
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	330776	588610
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2291332	3723556
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4262026	4906411
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4262026	4906411

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	546443	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	-784	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		545659
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	161372	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		161372
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7605	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		7605
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	19700	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		734336

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22588	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22588
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	33634	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	7853	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	20909	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2943	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2024	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		67363
j Total expenses. Add all expense amounts in column (b) and enter total	2j		89951

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		644385
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MC GROUP HAWAII, INC.**

(2) EIN: **27-3701730**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Financial Statements

with

Independent Auditor's Report

December 31, 2024 and 2023

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT.....	3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits.....	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Schedules of General and Administrative Expenses	16
Schedule H, Line 4i-Schedule of Assets (Held at End of Year).....	17
Schedule H, Line 4j-Schedule of Reportable Transactions	18



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Hawaii Glaziers Retiree Health Reimbursement Fund

Opinion

We have audited the accompanying financial statements of the Hawaii Glaziers Retiree Health Reimbursement Fund, 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, 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 of Hawaii Glaziers Retiree Health Reimbursement Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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 Hawaii Glaziers Retiree Health Reimbursement Fund 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 Hawaii Glaziers Retiree Health Reimbursement Fund'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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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 Hawaii Glaziers Retiree Health Reimbursement Fund'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 Hawaii Glaziers Retiree Health Reimbursement Fund'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 general and administrative expenses as of December 31, 2024 and 2023, schedule H, line 4i-schedule of assets (held at end of year) and schedule H, line 4j-schedule of reportable transactions as of 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 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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA (Continued)

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.

MC Group Hawaii, Inc.

October 7, 2025

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 3,723,556	\$ 2,291,332
Short-term investments	588,610	330,776
Total Investments	<u>4,312,166</u>	<u>2,622,108</u>
Employer contributions receivable	51,736	55,204
Cash	542,509	1,584,714
TOTAL ASSETS	<u>4,906,411</u>	<u>4,262,026</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,906,411</u>	<u>\$ 4,262,026</u>

See accompanying notes to financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

ADDITIONS	<u>2024</u>	<u>2023</u>
Investment income		
Interest and dividends	\$ 161,372	\$ 86,722
Capital gains distribution	7,605	-
Net change in fair value of investments	<u>19,700</u>	<u>118,961</u>
Total investment income	188,677	205,683
Less: investment expenses	<u>(20,909)</u>	<u>(13,321)</u>
Net investment income	167,768	192,362
Employer contributions	546,443	520,145
Liquidated damages	<u>(784)</u>	<u>84</u>
TOTAL ADDITIONS	713,427	712,591
DEDUCTION		
Reimbursement claims	22,588	28,470
General and administrative expenses	<u>46,454</u>	<u>44,656</u>
TOTAL DEDUCTION	<u>69,042</u>	<u>73,126</u>
Net increase in net assets	644,385	639,465
Net assets available for benefits		
Beginning of year	<u>4,262,026</u>	<u>3,622,561</u>
End of year	<u>\$ 4,906,411</u>	<u>\$ 4,262,026</u>

See accompanying notes to financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

1. GENERAL

The Hawaii Glaziers Retiree Health Reimbursement Fund (the "Plan") was established through a declaration of trust agreement entered into on January 1, 2015, between the Glass/Metal Contractors Association of Hawaii and the Glaziers, Architectural Metal and Glassworkers Union Local 1889, AFL-CIO. The Health Reimbursement Plan allows participants to receive reimbursement of eligible health care expenses on a tax-free basis.

The purpose of this Plan is to create a reserve for reimbursement of hospital, medical, dental and similar benefits for eligible participants (and their tax-qualified dependents) following retirement. The Trust Fund established under this Plan and the assets thereunder will not be used for, or diverted to, purposes other than the exclusive benefit of Participants.

A vested Eligible Employee who attains age 55 or older may be eligible to receive benefits under the Plan upon retirement from all employment with any Employer. Notwithstanding the preceding sentence, a vested Eligible Employee who is younger than age 55 may be eligible to receive benefits under the Plan if he has a Social Security Disability Award or is receiving benefits under a Service Pension from the Hawaii Glaziers Pension Trust Fund. Once such requirements are met, Participants may request receipt of benefits at any time thereafter.

2. SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

a. Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), as applicable to defined contribution employee benefit plans. The financial statements present the net assets available for benefits and changes therein, and reflect investment transactions, income, and contributions as reported by the Plan's trustee and recordkeeper.

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator and trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, as well as related disclosures at the date of the financial statements.

Significant estimates include the fair value of investments and the assessment of collectability for employer contribution receivables. Actual results could differ from those estimates, and such differences may be material to the financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

c. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

d. Revenue Recognition

The Plan receives contributions from multiple participating employers under the terms of the collective bargaining agreement. Employer contributions are recognized in the period in which covered employee service is performed and the contribution is due, in accordance with the terms of the respective agreements.

Investment income, including interest and dividends, is recognized as earned on an accrual basis. Purchases and sales of investments are recorded on a trade-date basis. Net appreciation or depreciation in the fair value of investments includes realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at year-end.

e. Cash and Cash Equivalents

Cash and cash equivalents include short-term, highly liquid investments with original maturities of three months or less at the date of acquisition, other than those held in investment accounts. These balances may include demand deposits, money market funds, and short-term certificates of deposit. Cash and cash equivalents are stated at cost, which approximates fair value.

f. Employer Contribution and Delinquent Contributions

Contributions receivable represents amounts due from participating employers based on covered employee hours worked prior to year-end, as required under the terms of applicable collective bargaining agreements, but not yet received by the Plan. Contributions are recorded as receivables when the underlying service has been performed by participants and the employer is obligated to remit payment to the Plan.

Receivables are reported at the amount the Plan expects to collect. The Plan uses the direct write-off method to account for uncollectible contributions, under which receivables are written off when determined to be uncollectible. The Plan evaluates collectability based on historical trends, communications with contributing employers, and other relevant factors. As such, the Plan has concluded that an allowance for doubtful accounts is not necessary as of the reporting date.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

f. Employer Contribution and Delinquent Contributions (Continued)

Under Department of Labor (DOL) guidelines, employer contributions must be transmitted to the Plan as soon as they can reasonably be segregated from the employer's general assets. The Plan monitors compliance with these contribution deadlines on an ongoing basis.

During the years ended December 31, 2024 and 2023, certain participating employers did not remit contributions with the required timeframe. The Plan identified these instances of delinquent contributions and pursued collection through its standard enforcement procedures, including follow-up communications and legal action, when necessary. Most delinquent amounts were subsequently paid, and any unresolved items remain under review.

The Retiree Health Reimbursement Plan is funded exclusively through contributions made by employers in accordance with the Collective Bargaining Agreement. Contributions received by the Plan will be held in a trust fund for the purpose of reimbursing Medical Care Expenses of eligible retirees and their dependents and defraying the Plan's reasonable expenses of administration. Employer contributions reported in the financial statements include amounts relating to hours worked by participants through December 31, 2024 and 2023, respectively.

g. Investments

Investments are stated at fair value. Fair value is determined based on quoted market prices when available or through the use of observable inputs and valuation techniques. The Plan's investments may include mutual funds, U.S. government securities, corporate and foreign bonds, common stocks, and short-term investment funds. Purchases and sale of securities are recorded on a trade-date basis. The cost of securities sold includes brokerage commissions and other direct expenses. Identification of the cost of investments sold is determined on the average cost basis.

Investment management and custodial fees are either paid directly by the Plan or deducted from investment returns. Such fees are reflected as reductions of investment income on the Statements of Changes in Net Assets Available for Benefits.

h. Administrative Expenses

Administrative expenses to the Plan include costs related to legal, accounting, auditing, consulting, trustee meetings, recordkeeping, and other services necessary for the administration and operation of the Plan. These expenses are paid directly from Plan assets, as permitted under the Plan document. All administrative expenses are reviewed and approved by the Board of Trustees to ensure reasonableness, consistency with fiduciary standards under ERISA, and compliance with the terms of the Plan.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

i. Payment of Benefits

Benefit payments are recorded in the financial statements when paid. As such, amounts allocated to participants who have met eligibility requirements and elected to withdraw from the Plan, but who have not yet been paid, are not recorded as liabilities in the accompanying statements of net assets available for benefits.

3. FUNDING POLICY

The Plan is funded through employer contributions made pursuant to collective bargaining agreements between participating employers and the Glaziers, Architectural Metal and Glassworkers Union, Local 1889, AFL-CIO. The contribution rate is established under the terms of these arrangements and is based on a fixed amount for each hour worked by a covered employee.

Employer contributions are required to be remitted on a regular basis and are used to fund participant accounts and pay administrative expenses of the Plan. The Plan does not permit employee contributions and is considered noncontributory.

4. PLAN TERMINATION

The Plan is intended to continue indefinitely; however, it may be amended or terminated at any time by the Board of Trustees, subject to the provisions of ERISA.

In the event of a Plan termination, the remaining net assets will be allocated in accordance with ERISA and applicable regulations. Assets are distributed in a prescribed order of priority, beginning with annuity benefits that have been paid—or would have been payable—for at least three years to eligible retirees or beneficiaries. These benefits are limited to the lowest amount that was, or would have been, payable during that three-year period, and further constrained by the lowest benefit payable under Plan provisions in effect at any time during the five years preceding termination.

The Employer specifically reserves the right to discontinue or terminate this Plan in whole or in part to the extent permitted by law. Upon a termination of the Plan, the Plan Administrator shall take such steps as determined to be necessary or desirable to comply with applicable laws, and such steps as necessary to ensure that the assets remain dedicated to the payment of benefits for Participants in another tax-exempt vehicle.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

5. TAX STATUS

The Plan obtained its determination letter in January 5, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Although the Plan has been amended since the date of the determination letter, the Plan believe that it continues to comply with the applicable requirements of the IRC. Therefore, the Plan continues to be exempt from federal income taxes.

The Plan is subject to routine IRS examinations and compliance reviews. The Plan is not aware of any pending or threatened audits, nor has it identified any uncertain tax positions that would require recognition or disclosure related to income taxes.

6. CONCENTRATIONS OF CREDIT RISK

The Plan is subject to concentrations of credit risk in the normal course of operations. The Plan maintains cash balances and investment accounts with financial institutions that may exceed federally insured limits. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. As of December 31, 2024 and 2023, the Plan had accounts which exceeded the Federal insured amount by approximately \$297,000 and \$1,336,000, respectively. The Plan has not experienced losses in these accounts and believes it is not exposed to any significant credit risk on its cash holdings.

The Plan and its contributing employers operate primarily within the glass and glazing industry in the State of Hawaii. For the year ended December 31, 2024, approximately 60 percent of employer contributions were received from five participating employers. The failure of any of these employers to meet their funding obligations could have a material impact on the Plan's contributing revenue.

7. FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, Fair Value Measurements, establishes a 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 inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs to the valuation methodology include: quoted market 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 market 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 of the asset or liability.

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

The asset 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.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2024 and 2023:

- Mutual funds: Valued at closing market prices reported on the active market on which the individual securities are traded.
- Short-term investments: Valued at cost which approximates fair value.

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 the Trust 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.

The following table sets forth by level, within the fair value hierarchy, the Trust’s assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,723,556	\$ -	\$ -	\$ 3,723,556
Short-term investments	588,610	-	-	588,610
Total assets at fair value	<u>\$ 4,312,166</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,312,166</u>
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,291,332	\$ -	\$ -	\$ 2,291,332
Short-term investments	330,776	-	-	330,776
Total assets at fair value	<u>\$ 2,622,108</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,622,108</u>

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

8. NET CHANGE IN FAIR VALUE OF INVESTMENTS

During the 2024 and 2023, the Plan's investments (including investments bought, sold, and held during the year) changed in value as follows:

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 19,700	\$ 118,961
Net change in fair value of investments	<u>\$ 19,700</u>	<u>\$ 118,961</u>

9. PARTY-IN-INTEREST TRANSACTIONS

Certain transactions occurred during the year with parties considered to be parties-in-interest, as defined under ERISA. These parties include the Plan's trustees, service providers, investment managers, record keeper, and any sponsoring employers.

The Plan engaged in routine transactions with these parties, including payment of administrative expenses, investment management fees, and trustee-related expenses.

All such transactions are conducted in the ordinary course of business and are permitted under the provisions of the Plan and ERISA. These transactions are exempt from the prohibited transactions provisions of ERISA under statutory or administrative exemptions.

During the years ended December 31, 2024 and 2023, the Plan paid administrative, recordkeeping, and trustee fees totaling \$65,582 and \$55,500, respectively, to service providers who are considered parties-in-interest. Additionally, certain Plan investments are held in investment vehicles managed by institutions that may be related to the Plan's investment managers. Fees related to these investments are reflected as a reduction in investment income on the accompanying financial statements.

10. PROHIBITED TRANSACTIONS

The Plan is subject to prohibited transactions rules under ERISA and the IRC, which generally prohibit transactions between the Plan and parties-in-interest unless an exemption applies.

For the years ended December 31, 2024 and 2023, the Plan reviewed its operations, contracts, and service agreements to identify any transactions that may be considered prohibited under ERISA or IRC. Based on this review, the Plan is not aware of any non-exempt prohibited transactions that occurred for both years.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

11. POSTRETIREMENT HEALTH REIMBURSEMENT BENEFITS

The Hawaii Glaziers Retiree Health Reimbursement Plan (the “Plan”) provides a health reimbursement arrangement (HRA) for eligible retired participants and their qualified dependents. The Plan reimburses qualified out-of-pocket medical expenses, up to the balance in each participant’s vested Health Reimbursement Account.

While the Plan maintains individual participant accounts funded through employer contributions and investment earnings, the Board of Trustees retains fiduciary and administrative responsibility for managing the plan’s overall assets and liabilities. No actuarial valuation of the Plan’s accumulated postretirement benefit obligation (APBO) was performed for the year ended December 31, 2024 and 2023.

Management has determined that the Plan’s funding model, benefit structure, and administrative controls ensure that no benefit payments exceed the available balances in participant accounts. Based on this structure, and the absence of defined benefits or plan guarantees beyond available balances, the Board has concluded that the Plan’s obligations do not result in a material unfunded postretirement benefit liability requiring recognition in the accompanying financial statements.

The Plan will continue to monitor its benefit obligations and assess the need for an actuarial valuation in future periods in consultation with its actuaries and independent auditors.

12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events that may require disclosure to the accompanying financial statements through October 7, 2025, the date at which the accompanying financial statements were available to be issued. There were no events or transactions identified which required recognition or disclosure.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Schedules of General and Administrative Expenses Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
General and administrative expenses		
Administrative fee	\$ 33,634	\$ 31,414
Audit fee	7,853	5,236
Federal excise tax	1,110	996
Insurance expense	144	1,188
Office expense	527	226
Membership fees	-	67
Legal fees	2,943	5,339
Payroll audit fee	243	190
Total general and administrative expenses	<u>\$ 46,454</u>	<u>\$ 44,656</u>

See accompanying notes to financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Plan Sponsor EIN: 32-0463348

Plan Number: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity, date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	FIRST HAWAIIAN BANK	Ishares Core S & P 500 ETF	494 \$	\$ 173,882 \$ 290,808
*	FIRST HAWAIIAN BANK	Ishares Core MSCI EAFE ETF	2,003	134,712 140,771
*	FIRST HAWAIIAN BANK	Baird Aggregate Bond Fund	143,644	1,507,454 1,386,166
*	FIRST HAWAIIAN BANK	Dodge & Cox Income Fund	74,102	921,593 917,384
*	FIRST HAWAIIAN BANK	JPMorgan Strategic Income Opp	25,438	291,088 291,014
*	FIRST HAWAIIAN BANK	Loomis Sayles Strategic Alpha Fund	15,504	147,509 147,749
*	FIRST HAWAIIAN BANK	PIMCO International Bond Fund	14,811	155,742 147,073
*	FIRST HAWAIIAN BANK	Vanguard Global Wellington Fund	5,074	165,855 159,728
*	FIRST HAWAIIAN BANK	BlackRock Global Equity Market	8,583	121,045 115,864
*	FIRST HAWAIIAN BANK	Calamos Market Neutral Income Fund	5,718	82,784 85,366
*	FIRST HAWAIIAN BANK	Victory Market Neutral Income Fund	4,904	41,499 41,633
		Total Mutual Funds	\$ 3,743,163	\$ 3,723,556
*	FIRST HAWAIIAN BANK	BlackRock Liquidity FedFund	\$ 53,759	\$ 53,759
*	FIRST HAWAIIAN BANK	BlackRock Liquidity FedFund	534,851	534,851
		Total Short term Investments	\$ 588,610	\$ 588,610
			\$ 4,331,773	\$ 4,312,166

The information provided above has been certified as complete and accurate by First Hawaiian Bank.

* Funds managed by First Hawaiian Bank, who is custodian of the Plan and is considered party-in-interest.

See accompanying notes to financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Plan Sponsor EIN: 32-0463348

Plan Number: 501

Schedule H, line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

[a] Identity of party involved	[b] Description of Asset (Include interest rate and maturity in case of a loan)	[c] Purchase price	[d] Selling price	[e] Lease rental	[f] Expense incurred with transaction	[g] Cost of asset	[h] Current value of asset on transaction date	[i] Net gain or (loss)
<u>Single transaction</u>								
First Hawaiian Bank	BlackRock Liquidity Funds	\$ 1,500,000	\$ -	n/a	n/a	\$ 1,500,000	\$ 1,500,000	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 250,692	n/a	n/a	\$ 250,692	\$ 250,692	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 248,798	n/a	n/a	\$ 248,798	\$ 248,798	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 249,816	n/a	n/a	\$ 249,816	\$ 249,816	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 250,728	n/a	n/a	\$ 250,728	\$ 250,728	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 249,726	n/a	n/a	\$ 249,726	\$ 249,726	\$ -
<u>Series in the same security</u>								
First Hawaiian Bank	BlackRock Liquidity Funds	\$ 3,229,333	\$ -	n/a	n/a	\$ 3,229,333	\$ 3,229,333	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 2,930,139	n/a	n/a	\$ 2,930,139	\$ 2,930,139	\$ -
First Hawaiian Bank	Baird Aggregate Bond	\$ 507,619	\$ -	n/a	n/a	\$ 507,619	\$ 507,619	\$ -
First Hawaiian Bank	Baird Aggregate Bond	\$ -	\$ 435,623	n/a	n/a	\$ 493,916	\$ 435,623	\$ (58,293)
First Hawaiian Bank	Dodge & Cox Income Fund	\$ 921,593	\$ -	n/a	n/a	\$ 921,593	\$ 921,593	\$ -

See accompanying notes to financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Plan Sponsor EIN: 32-0463348

Plan Number: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity, date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	FIRST HAWAIIAN BANK	Ishares Core S & P 500 ETF	494 \$	\$ 173,882 \$ 290,808
*	FIRST HAWAIIAN BANK	Ishares Core MSCI EAFE ETF	2,003	134,712 140,771
*	FIRST HAWAIIAN BANK	Baird Aggregate Bond Fund	143,644	1,507,454 1,386,166
*	FIRST HAWAIIAN BANK	Dodge & Cox Income Fund	74,102	921,593 917,384
*	FIRST HAWAIIAN BANK	JPMorgan Strategic Income Opp	25,438	291,088 291,014
*	FIRST HAWAIIAN BANK	Loomis Sayles Strategic Alpha Fund	15,504	147,509 147,749
*	FIRST HAWAIIAN BANK	PIMCO International Bond Fund	14,811	155,742 147,073
*	FIRST HAWAIIAN BANK	Vanguard Global Wellington Fund	5,074	165,855 159,728
*	FIRST HAWAIIAN BANK	BlackRock Global Equity Market	8,583	121,045 115,864
*	FIRST HAWAIIAN BANK	Calamos Market Neutral Income Fund	5,718	82,784 85,366
*	FIRST HAWAIIAN BANK	Victory Market Neutral Income Fund	4,904	41,499 41,633
		Total Mutual Funds	\$ 3,743,163	\$ 3,723,556
*	FIRST HAWAIIAN BANK	BlackRock Liquidity FedFund	\$ 53,759	\$ 53,759
*	FIRST HAWAIIAN BANK	BlackRock Liquidity FedFund	534,851	534,851
		Total Short term Investments	\$ 588,610	\$ 588,610
			\$ 4,331,773	\$ 4,312,166

The information provided above has been certified as complete and accurate by First Hawaiian Bank.

* Funds managed by First Hawaiian Bank, who is custodian of the Plan and is considered party-in-interest.

See accompanying notes to financial statements.

HAWAII GLAZIERS RETIREE HEALTH REIMBURSEMENT FUND

Plan Sponsor EIN: 32-0463348

Plan Number: 501

Schedule H, line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

[a] Identity of party involved	[b] Description of Asset (Include interest rate and maturity in case of a loan)	[c] Purchase price	[d] Selling price	[e] Lease rental	[f] Expense incurred with transaction	[g] Cost of asset	[h] Current value of asset on transaction date	[i] Net gain or (loss)
<u>Single transaction</u>								
First Hawaiian Bank	BlackRock Liquidity Funds	\$ 1,500,000	\$ -	n/a	n/a	\$ 1,500,000	\$ 1,500,000	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 250,692	n/a	n/a	\$ 250,692	\$ 250,692	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 248,798	n/a	n/a	\$ 248,798	\$ 248,798	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 249,816	n/a	n/a	\$ 249,816	\$ 249,816	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 250,728	n/a	n/a	\$ 250,728	\$ 250,728	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 249,726	n/a	n/a	\$ 249,726	\$ 249,726	\$ -
<u>Series in the same security</u>								
First Hawaiian Bank	BlackRock Liquidity Funds	\$ 3,229,333	\$ -	n/a	n/a	\$ 3,229,333	\$ 3,229,333	\$ -
First Hawaiian Bank	BlackRock Liquidity Funds	\$ -	\$ 2,930,139	n/a	n/a	\$ 2,930,139	\$ 2,930,139	\$ -
First Hawaiian Bank	Baird Aggregate Bond	\$ 507,619	\$ -	n/a	n/a	\$ 507,619	\$ 507,619	\$ -
First Hawaiian Bank	Baird Aggregate Bond	\$ -	\$ 435,623	n/a	n/a	\$ 493,916	\$ 435,623	\$ (58,293)
First Hawaiian Bank	Dodge & Cox Income Fund	\$ 921,593	\$ -	n/a	n/a	\$ 921,593	\$ 921,593	\$ -

See accompanying notes to financial statements.