

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

<p>1a Name of plan <u>GCA HAWAII MULTIPLE EMPLOYER WELFARE ARRANGEMENT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEE OF THE GCA HAWAII MEWA</u></p> <p><u>C/O MANAGEABILITY LLC</u> <u>643 ILALO STREET STE 204</u> <u>HONOLULU, HI 96813</u></p>	<p>1c Effective date of plan <u>04/12/2016</u></p> <p>2b Employer Identification Number (EIN) <u>81-0970205</u></p> <p>2c Plan Sponsor's telephone number <u>808-664-0844</u></p> <p>2d Business code (see instructions) <u>525100</u></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	Filed with authorized/valid electronic signature.	12/17/2025	CHERYL WALTHALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/17/2025	CHERYL WALTHALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEE OF THE GCA HAWAII MEWA C/O MANAGEABILITY LLC 643 ILALO STREET STE 204 HONOLULU, HI 96813	3b Administrator's EIN 81-0970205 3c Administrator's telephone number 808-664-0844																				
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	5 794																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">794</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">778</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">778</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	794	6a(2)	778	6b	0	6c	0	6d	778	6e		6f		6g(1)		6g(2)		6h	
6a(1)	794																				
6a(2)	778																				
6b	0																				
6c	0																				
6d	778																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code 169258169

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan GCA HAWAII MULTIPLE EMPLOYER WELFARE ARRANGEMENT	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE OF THE GCA HAWAII MEWA	D Employer Identification Number (EIN) 81-0970205

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL SERVICE ASSOCIATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	C893	778	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan GCA HAWAII MULTIPLE EMPLOYER WELFARE ARRANGEMENT	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE OF THE GCA HAWAII MEWA	D Employer Identification Number (EIN) 81-0970205	

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

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

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

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

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 99	NONE	6932	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	7860	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)

MANAGEABILTY LLC

643 ILALO STREET STE 204
HONOLULU, HI 96813

47-5109292

(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 99	NONE	14437	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"/>

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
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(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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan GCA HAWAII MULTIPLE EMPLOYER WELFARE ARRANGEMENT	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE OF THE GCA HAWAII MEWA	D Employer Identification Number (EIN) 81-0970205

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(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)	17844
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(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	1974	17844
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	1974	17844

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)	50000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		50000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5	
(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)		5
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		50005

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
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)	20103	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	7860	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4906	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1266	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34135
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34135

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15870
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	
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 _____.

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Financial Statements
with
Independent Auditor's Report
June 30, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees of
General Contractors Association of Hawaii
Multiple Employer Welfare Arrangement

Opinion

We have audited the accompanying financial statements of the General Contractors Association of Hawaii Multiple Employer Welfare Arrangement, 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 (cash basis) as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits (cash basis) 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 (cash basis) of General Contractors Association of Hawaii Multiple Employer Welfare Arrangement as of June 30, 2025 and 2024, and the changes in its net assets available for benefits (cash basis) for the years then ended, in accordance with the cash basis of accounting described in Note 2.

Basis for Opinion

We conducted our audits in accordance with accounting 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 General Contractors Association of Hawaii Multiple Employer Welfare Arrangement and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting described in Note 2; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (Continued)

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 General Contractors Association of Hawaii Multiple Employer Welfare Arrangement'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 General Contractors Association of Hawaii Multiple Employer Welfare Arrangement'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 General Contractors Association of Hawaii Multiple Employer Welfare Arrangement'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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of participating employer information as of June 30, 2025 on page 11 to 13 is presented for the purposes of additional analysis and is not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the 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 the financial statements themselves, and other additional procedures in accordance with the cash basis of accounting described in Note 2.

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

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

A handwritten signature in blue ink that reads "MC Group Hawaii, Inc." The signature is written in a cursive, flowing style.

October 13, 2025

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Statements of Net Assets Available for Benefits (Cash Basis)

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Cash	<u>\$ 17,844</u>	<u>\$ 1,974</u>
Total assets	<u>17,844</u>	<u>1,974</u>
Net assets available for benefits	<u><u>\$ 17,844</u></u>	<u><u>\$ 1,974</u></u>

See accompanying notes to financial statements.

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Statements of Changes in Net Assets Available for Benefits (Cash Basis)

Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Employers' contributions	\$ 50,000	\$ 25,000
Interest income	5	4
Total additions	50,005	25,004
Deductions		
Administrative fee	20,103	25,131
Audit fee	7,860	7,330
Legal fee	4,906	-
Office and other	1,266	2,048
Total deductions	34,135	34,509
Net increase (decrease)	15,870	(9,505)
Net assets available for benefits		
Beginning of year	1,974	11,479
Ending of year	\$ 17,844	\$ 1,974

See accompanying notes to financial statements.

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Notes to Financial Statements
For the Years Ended June 30, 2025 and 2024

1. GENERAL

The General Contractors Association of Hawaii Multiple Employer Welfare Arrangement (the Group Plan) was established through a group health plan agreement entered into on April 5, 2016, between the General Contractors Association of Hawaii (“GCA”) and Hawaii Medical Service Association (“HMSA”). The Group Plan, which started on July 1, 2015, was created for non-bargaining unit employees so that companies could provide their supervisory personnel, office employees, and other non-union employees with health and welfare plans that are comparable to the plans covering their unionized employees.

The Group Plan is fully insured. Benefits are provided under the Group Health Plan Agreement. Claims for benefits are sent to HMSA, and HMSA, not GCA, is responsible for paying them. HMSA is also responsible for determining eligibility for and the amount of any benefits payable under the Group Plan and prescribing claims procedures and forms to be followed in order to receive Group Plan benefits.

The Group Plan constitutes an employer-provided employee welfare benefit plan governed by ERISA and shall be solely responsible for compliance with all ERISA requirements applicable to the Group Plan, including but not limited to provision of Summary Plan Descriptions, notices of material modifications to the Group Plan, and other communication and reporting requirements to Members and the U.S. Department of Labor or the Internal Revenue Service.

An individual who is a regular and direct employee of a Participating Employer and meets the following minimum requirement: (i) works at least 20 hours a week; (ii) is compensated at least the minimum wage required by law; and (iii) lives, works or resides in Hawaii shall be eligible along with eligible dependents.

Employers shall pay to HMSA or require its Participating Employers to pay as consideration for HMSA’s provision of the Plan and such other services specified in the Agreement. Payments shall be made on a monthly basis and no later than the first business day of the month for which benefits will be provided. The monthly dues payable by employers or the participating employers shall be calculated by multiplying the rates listed in the Summary of Rates by the number of subscribers enrolled in each category shown as of the first day of the month for which the dues are being prepaid. If payment of dues is not received by HMSA by the due date, the amount due shall accrue interest at the United States prime rate published in the Wall Street Journal that is in effect on the date that payments became delinquent, plus two percent (2%) per annum, calculated on a daily basis, commencing with the first day of such delinquency.

The Group Plan’s insurance carrier’s policy refund will be credited against future payments of dues, or otherwise, except in cases of prospective termination of a member for which employer or the participating employers has already paid dues, or in accordance with Section 3.3(c)(3).

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Notes to Financial Statements
For the Years Ended June 30, 2025 and 2024

2. SUMMARY OF ACCOUNTING POLICIES

a. Basis of Accounting

The accompanying financial statements have been prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP).

Under the cash basis of accounting, revenues are recognized when cash is received and expenses recognized when cash is disbursed.

Management has determined that the cash basis of accounting is appropriate for the Group Plan's financial reporting purposes, as it reflects the Group Plan's cash flow activity and aligns with how the Group Plan is administered. This basis of presentation is permitted under ERISA for certain welfare benefit plans.

b. Cash and Cash Equivalents

Cash and cash equivalents are defined as highly liquid investments with maturities of 90 days or less, exclusive of money market funds held by custodians, which are considered to be investments. The Group Plan maintains deposits in financial institutions that may, at times, exceed federal depository insurance limits. Management believes the deposits are not subject to significant credit risk.

c. Use of Estimates

The preparation of financial statements in conformity with the cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

d. Revenue Recognition

Employer contributions are recognized as revenue when received by the Group Plan. Contributions are made voluntarily by the Plan Sponsor and Participating Employers to cover the administrative and operating expenses. The amount and timing of such contribution may vary by year.

Interest income is recognized when received, rather than when earned, and represents interest earned on cash balances maintained in financial institutions.

Because the Group Plan operates under a fully insured model, it does not collect or recognize participant premium contributions or benefit-related claims activity. All such transactions occur directly between Participating Employers and the insurance carrier and are excluded from the Group Plan's financial statements.

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Notes to Financial Statements
For the Years Ended June 30, 2025 and 2024

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

e. Administrative Expenses

Administrative expenses of the Group Plan include costs incurred for the general operation and oversight. These expenses consist of third-party administrative fees, audit and legal services, and costs associated with board meeting and governance. Such expenses are paid directly from the Group Plan's assets.

3. PLAN TERMINATION

HMSA, at its discretion, reserves the right to audit client as to any participating employer for compliance with the above Underwriting Policies. This includes proof of employee and dependent relationships in connection with each participating employer and its eligible employees. Non-compliance with these requirements may result in cancellation of the agreement and coverage as to the non-compliant participating employer.

In the event a participating employer fails to pay monthly dues by their due dates, HMSA may terminate the participating employer's coverage under the Plan for failure to pay dues, to be effective as of the first date for which dues were not received, unless all dues are brought current within ten (10) days of HMSA's providing written notice of default to Participating Employer in writing.

As plan sponsor, GCA has the right to amend or terminate the Group Plan at any time. Subscriber have no vested or permanent rights or benefits under the Group Plan. Group Plan benefits will typically change from year-to-year and subscriber should examine each Summary Plan Description provided to subscriber to determine the current benefits of the Group Plan.

4. TAX STATUS

The Group Plan has determined that it is not required to obtain a tax exemption letter from the Internal Revenue Service (IRS) because of its multiple-employer arrangement. This arrangement functions as a conduit for payments collected and remitted to HMSA and does not hold any funds in trust. The cash basis of accounting requires the plan administrator to evaluate tax positions taken by the Group Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Group Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

5. RELATED PARTY TRANSACTION

GCA serves as the plan sponsor of the Group Plan. GCA contributed \$50,000 and \$25,000, respectively, to the Group Plan for the years ended December 31, 2024 and 2023. These contributions represent related party transactions that are exempt from the prohibited transaction provisions under ERISA.

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Notes to Financial Statements
For the Years Ended June 30, 2025 and 2024

6. EXEMPT PARTIES-IN-INTEREST

Under ERISA, parties-in-interest include fiduciaries, the plan sponsor, employers whose employees are covered by the plan, and service providers who receive compensation from the plan.

Certain members of the Board of Trustees of the Group Plan are also officers or employees of participating employers and are participants of the Group Plan. These relationships qualify as parties-in-interest transactions.

During the year ended June 30, 2025 and 2024, the Group Plan paid a total of \$32,869 and \$32,461, respectively to service providers who are considered parties-in-interest.

7. SUBSEQUENT EVENTS

Management has evaluated subsequent events that may require disclosure to the accompanying financial statements through October 13, 2025, the date at which the accompanying financial statements were available to be issued. There were no such events or transactions identified which required recognition or disclosure.

GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT
Plan Sponsor EIN: 81-0970205
Plan Number: 501

Schedule of Participating Employer Information
June 30, 2025

Name of Participating Employer	EIN	Percentage of Total Contributions
ALAKONA CORPORATION	99-0218493	1.07%
ALLIED MACHINERY CORP	99-0179464	3.95%
ALPHA GLASS INC.	99-0239295	0.48%
AMERICAN COATING CO.	99-0220445	1.32%
BREEZWAY NORTH AMERICA	20-4726356	0.78%
BUCK ROOFING CO.	99-0260556	0.18%
CAN-AM COATINGS INC	94-3274653	0.39%
CANAAN BUILDERS LLC	47-0962398	0.63%
CHOICE FENCE INC.	20-1976198	0.42%
COMMERCIAL ELECTRIC INC.	99-0119467	0.21%
CONSOLIDATED ELECTRICAL DISTRIBUTORS	77-0559191	4.82%
CONTECH ENGINEERING, INC.	91-2200257	0.35%
D. Y. MIKAMI CONSTRUCTION, INC.	99-0188267	0.35%
DIVERSIFIED PLUMBING	99-0288122	0.42%
DRAYKO CONSTRUCTION INC.	36-4736523	0.91%
EAGLE INTERIORS, INC.	76-0780449	0.23%
EARTHWORKS PACIFIC INC.	86-1079987	1.35%
ELITE PACIFIC CONSTRUCTION INC.	20-1136365	2.43%
EXACTA SALES, INC.	99-0216109	0.49%
FLUID TECHNOLOGIES, INC.	99-0312033	0.57%
FOUNDATIONS HAWAII INC.	99-0318595	2.79%
GCA MEWA COBRA	81-0970205	0.61%
GENERAL CONTRACTORS ASSOCIATION OF HAWAII	99-0064606	1.01%
GLOVER HONSADOR LLC	91-2200167	0.89%
GREEN THUMB INC.	99-0091218	1.33%
GRIFFITH CONSTRUCTION CONSULTANTS, INC.	55-0911917	0.50%
HAKO CONSTRUCTION	94-3264756	0.74%
HAROLD KIM DBA DEA HO BUILDERS	99-0359528	0.08%
HARRY ASATO PAINTING INC.	99-0114324	0.35%
HASEKO (HAWAII), INC.	99-0156516	4.35%
HAWAII ASPHALT PAVING INDUSTRY (HAPI)	99-0273912	0.14%
HAWAII PACIFIC CONCRETE & PAVING, INC.	94-3261619	0.28%
HENRY'S EQUIPMENT RENTAL & SALES, INC.	99-0292322	0.71%
HERBERT CHOCK ASSOCIATES INC.	99-0255938	0.03%
HI-TECH PLUMBING CORP.	99-0278889	0.21%
IDEAL CONSTRUCTION INC.	99-0141599	0.14%
INTERNATIONAL CORE INC DBA HAWAII CORE CONSTRUCTION	84-3063792	0.21%
IRRIGATION SYSTEMS INC.	99-0236865	0.77%
ISEMOTO CONTRACTING CO. LTD.	99-0043000	3.10%
ISLAND CONTROLS, INC.	99-0356155	1.53%

See accompanying notes to financial statements.

GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT
Plan Sponsor EIN: 81-0970205
Plan Number: 501

Schedule of Participating Employer Information
June 30, 2025

Name of Participating Employer	EIN	Percentage of Total Contributions
J W INC.	95-3062815	0.51%
JACK ENDO ELECTRIC INC.	99-0093433	0.77%
JAS W. GLOVER, LTD	99-0256958	19.95%
JAYAR CONSTRUCTION INC.	99-0255001	2.58%
JCVC INC DBA CHING CONSTRUCTION	99-0285010	0.46%
JJS CONSTRUCTION INC.	99-0328667	0.35%
KAILUA ELECTRIC SVC	99-0199882	0.06%
KATO & ASSOCIATES INC.	99-0316469	0.28%
KIHEI GARDENS & LANDSCAPING	99-0264116	0.39%
KKK ALUMINUM AND GLASS	99-0234631	1.09%
KOGA ENGINEERING & CONSTRUCTION INC	99-0155292	2.17%
KUALOA BUILDERS LLC	46-2229285	0.03%
L E PACIFIC ENTERPRISES	99-0156915	0.56%
LAWSON & ASSOCIATES, INC.	45-3961025	1.88%
M. SHIROMA PAINTING COMPANY	99-0274008	1.07%
MEGA CONSTRUCTION, INC.	99-0230792	0.81%
MEI CORPORATION	74-3112012	2.46%
METROPOLITAN PAINTING & ENVIRONMENTAL	99-0265191	0.35%
MIHARA ELECTRIC	99-0276535	0.14%
MOKUMOA LIMITED	84-2322891	0.14%
MUTUAL WELDING COMPANY, LTD.	99-0083455	0.33%
NA KE AKUA GROUP INC	45-2974678	0.33%
NARITO SHEETMETAL & MECHANICAL CORP	51-0673616	0.58%
ONO CONSTRUCTION LLC	99-0338894	0.13%
PACIFIC CONCRETE CUTTING AND CORING, INC	99-0356925	2.14%
PACIFIC PILE & CRANE INC.	99-0343393	0.46%
PARADISE ERECTORS INC.	99-0259040	0.14%
RIM ARCHITECTS LLC	26-3991865	0.67%
RINELL WOOD SYSTEMS, INC.	99-0186872	0.56%
RMY CONSTRUCTION, INC	99-0292203	1.23%
ROAD BUILDERS CORP	99-0250248	2.09%
ROBERT M. KAYA BUILDERS INC.	99-0112426	0.35%
ROYAL CONTRACTING CO., LTD	99-0105559	2.39%
S & M SAKAMOTO	99-0113881	1.20%
S.E. ELECTRICAL SERVICE, INC.	99-0186268	0.42%
SEAL PRO'S HAWAII LLC	26-3729070	0.35%
SPCC & CONSULTING	99-0324268	0.32%
THE GELLERT CO., INC.	99-0240576	0.87%
THE WILHELM GROUP LLC	81-5035218	0.84%
TOKUNAGA MASONRY INC.	20-0612127	0.60%

See accompanying notes to financial statements.

**GENERAL CONTRACTORS ASSOCIATION OF HAWAII
 MULTIPLE EMPLOYER WELFARE ARRANGEMENT
 Plan Sponsor EIN: 81-0970205
 Plan Number: 501**

Schedule of Participating Employer Information
 June 30, 2025

Name of Participating Employer	EIN	Percentage of Total Contributions
TOMCO CORP.	99-0289024	0.49%
TORO AIRE DBA MAP CO	99-0309039	0.69%
UNITED ELECTRIC LLC	37-1446584	0.37%
UNLIMITED CONSTRUCTION SERVICES INC.	99-0284837	3.84%
V & C DRYWALL CONTRACTORS INC.	99-0216911	0.21%
WALKER-MOODY PAVEMENT PROD.	84-1618706	1.24%

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GENERAL CONTRACTORS ASSOCIATION OF HAWAII
MULTIPLE EMPLOYER WELFARE ARRANGEMENT
Plan Sponsor EIN: 81-0970205
Plan Number: 501

Schedule of Participating Employer Information
June 30, 2025

Name of Participating Employer	EIN	Percentage of Total Contributions
ALAKONA CORPORATION	99-0218493	1.07%
ALLIED MACHINERY CORP	99-0179464	3.95%
ALPHA GLASS INC.	99-0239295	0.48%
AMERICAN COATING CO.	99-0220445	1.32%
BREEZWAY NORTH AMERICA	20-4726356	0.78%
BUCK ROOFING CO.	99-0260556	0.18%
CAN-AM COATINGS INC	94-3274653	0.39%
CANAAN BUILDERS LLC	47-0962398	0.63%
CHOICE FENCE INC.	20-1976198	0.42%
COMMERCIAL ELECTRIC INC.	99-0119467	0.21%
CONSOLIDATED ELECTRICAL DISTRIBUTORS	77-0559191	4.82%
CONTECH ENGINEERING, INC.	91-2200257	0.35%
D. Y. MIKAMI CONSTRUCTION, INC.	99-0188267	0.35%
DIVERSIFIED PLUMBING	99-0288122	0.42%
DRAYKO CONSTRUCTION INC.	36-4736523	0.91%
EAGLE INTERIORS, INC.	76-0780449	0.23%
EARTHWORKS PACIFIC INC.	86-1079987	1.35%
ELITE PACIFIC CONSTRUCTION INC.	20-1136365	2.43%
EXACTA SALES, INC.	99-0216109	0.49%
FLUID TECHNOLOGIES, INC.	99-0312033	0.57%
FOUNDATIONS HAWAII INC.	99-0318595	2.79%
GCA MEWA COBRA	81-0970205	0.61%
GENERAL CONTRACTORS ASSOCIATION OF HAWAII	99-0064606	1.01%
GLOVER HONSADOR LLC	91-2200167	0.89%
GREEN THUMB INC.	99-0091218	1.33%
GRIFFITH CONSTRUCTION CONSULTANTS, INC.	55-0911917	0.50%
HAKO CONSTRUCTION	94-3264756	0.74%
HAROLD KIM DBA DEA HO BUILDERS	99-0359528	0.08%
HARRY ASATO PAINTING INC.	99-0114324	0.35%
HASEKO (HAWAII), INC.	99-0156516	4.35%
HAWAII ASPHALT PAVING INDUSTRY (HAPI)	99-0273912	0.14%
HAWAII PACIFIC CONCRETE & PAVING, INC.	94-3261619	0.28%
HENRY'S EQUIPMENT RENTAL & SALES, INC.	99-0292322	0.71%
HERBERT CHOCK ASSOCIATES INC.	99-0255938	0.03%
HI-TECH PLUMBING CORP.	99-0278889	0.21%
IDEAL CONSTRUCTION INC.	99-0141599	0.14%
INTERNATIONAL CORE INC DBA HAWAII CORE CONSTRUCTION	84-3063792	0.21%
IRRIGATION SYSTEMS INC.	99-0236865	0.77%
ISEMOTO CONTRACTING CO. LTD.	99-0043000	3.10%
ISLAND CONTROLS, INC.	99-0356155	1.53%

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