

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: HONDA HEALTH AND WELFARE BENEFITS TRUST
1b Three-digit plan number (PN): 517
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN HONDA MOTOR CO., INC.
2b Employer Identification Number (EIN): 31-1231708
2c Plan Sponsor's telephone number: 937-642-5000
2d Business code (see instructions)

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: Label (SIGN HERE), Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. 2. Signature of plan administrator. 3. Signature of employer/plan sponsor. 4. Filed with authorized/valid electronic signature. 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">ADMINISTRATOR - BENEFITS</p> <p style="color: blue;">24025 HONDA PARKWAY MARYSVILLE, OH 43040</p>	<p>3b Administrator's EIN 33-4828321</p> <p>3c Administrator's telephone number 937-642-5000</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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 **04/01/2024** and ending **03/31/2025**

A Name of plan HONDA HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶	517
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN HONDA MOTOR CO., INC.	D Employer Identification Number (EIN) 31-1231708	

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

NORTHERN TRUST COMPANY

36-1561860

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

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

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

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)

UMR

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1668591	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)

ALIGHT SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	710448	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)

QUANTUM HEALTH

20-8423895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	627519	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)

BLUE CROSS BLUE SHIELD OF ALABAMA

63-0103830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	221263	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)

CAREMARK

95-3382344

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	71838	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"/>

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 04/01/2024 and ending 03/31/2025

A Name of plan <u>HONDA HEALTH AND WELFARE BENEFITS TRUST</u>	B Three-digit plan number (PN)	<u>517</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN HONDA MOTOR CO., INC.</u>	D Employer Identification Number (EIN) <u>31-1231708</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	HONDA SURVIVOR MEDICAL PROGRAM	
b Name of plan sponsor	AMERICAN HONDA MOTOR CO., INC.	c EIN-PN 95-2041006-514

a Plan name	HONDA RETIREMENT MEDICAL PROGRAM	
b Name of plan sponsor	AMERICAN HONDA MOTOR CO., INC.	c EIN-PN 95-2041006-503

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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 04/01/2024 and ending 03/31/2025	
A Name of plan HONDA HEALTH AND WELFARE BENEFITS TRUST	B Three-digit plan number (PN) ▶ 517
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN HONDA MOTOR CO., INC.	D Employer Identification Number (EIN) 31-1231708

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.

		(a) Beginning of Year	(b) End of Year
Assets			
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)		
(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)	19981661	31973566
(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	19981661	31973566
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19981661	31973566

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)		
(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)		0
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)		0
(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)	892853	
(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)		16
c Other income	2c		11382
d Total income. Add all income amounts in column (b) and enter total	2d		904251

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)		0
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)	3299658	
(3) Recordkeeping fees	2i(3)	16	
(4) IQPA audit fees	2i(4)		
(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)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	391447	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3691121
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3691121

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2786870
l Transfers of assets:			
(1) To this plan	2l(1)		142481257
(2) From this plan	2l(2)		127702482

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:

(2) EIN:

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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.

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: HONDA HEALTH AND WELFARE BENEFITS TRUST
1b Three-digit plan number (PN): 517
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN HONDA MOTOR CO., INC.
2b Employer Identification Number (EIN): 31-1231708
2c Plan Sponsor's telephone number: 937-642-5000
2d Business code (see instructions)

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 plan administrator, employer/plan sponsor, and DFE (signed by Mike Talcott on 1/8/2026).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Administrator - Benefits 24025 Honda Parkway Marysville OH 43040	3b Administrator's EIN 33-4828321 3c Administrator's telephone number 937-642-5000
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
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) 6a(2) 6b 6c 6d 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:

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

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

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

Mike Talcott – signing as Plan Administrator pursuant to delegation by Administrator-
Benefits.

5500 Supplemental Schedules

1 APR 24 - 31 MAR 25

Account number VEBAH
Account Name HONDA WELFARE BENEFIT TRUST

Page 4 of 26

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
United States - USD									
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	3,285,672.470	15 Apr 24	1.0000			0.00	3,285,672.47	3,285,672.47	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	6,872,673.790	19 Apr 24	1.0000			0.00	6,872,673.79	6,872,673.79	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,812,279.880	13 May 24	1.0000			0.00	1,812,279.88	1,812,279.88	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	6,473,931.500	28 May 24	1.0000			0.00	6,473,931.50	6,473,931.50	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,890,814.650	14 Jun 24	1.0000			0.00	1,890,814.65	1,890,814.65	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	6,375,173.500	25 Jun 24	1.0000			0.00	6,375,173.50	6,375,173.50	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	2,995,156.090	1 Jul 24	1.0000			0.00	2,995,156.09	2,995,156.09	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,865,363.290	15 Jul 24	1.0000			0.00	1,865,363.29	1,865,363.29	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	6,833,212.000	30 Jul 24	1.0000			0.00	6,833,212.00	6,833,212.00	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,157,074.830	9 Aug 24	1.0000			0.00	1,157,074.83	1,157,074.83	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,289,623.210	13 Aug 24	1.0000			0.00	1,289,623.21	1,289,623.21	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	5,978,573.910	28 Aug 24	1.0000			0.00	5,978,573.91	5,978,573.91	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	3,191,691.370	9 Sep 24	1.0000			0.00	3,191,691.37	3,191,691.37	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,803,770.010	16 Sep 24	1.0000			0.00	1,803,770.01	1,803,770.01	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	5,973,989.160	26 Sep 24	1.0000			0.00	5,973,989.16	5,973,989.16	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,431,784.000	9 Oct 24	1.0000			0.00	1,431,784.00	1,431,784.00	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,795,130.080	16 Oct 24	1.0000			0.00	1,795,130.08	1,795,130.08	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	7,163,561.000	28 Oct 24	1.0000			0.00	7,163,561.00	7,163,561.00	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,789,292.050	18 Nov 24	1.0000			0.00	1,789,292.05	1,789,292.05	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	7,193,280.500	25 Nov 24	1.0000			0.00	7,193,280.50	7,193,280.50	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	3,752,126.950	6 Dec 24	1.0000			0.00	3,752,126.95	3,752,126.95	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	7,260,223.500	16 Dec 24	1.0000			0.00	7,260,223.50	7,260,223.50	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,756,071.530	23 Dec 24	1.0000			0.00	1,756,071.53	1,756,071.53	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	6,796,649.030	22 Jan 25	1.0000			0.00	6,796,649.03	6,796,649.03	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	2,421,401.550	14 Feb 25	1.0000			0.00	2,421,401.55	2,421,401.55	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	1,932,998.540	18 Feb 25	1.0000			0.00	1,932,998.54	1,932,998.54	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	5,317,108.450	25 Feb 25	1.0000			0.00	5,317,108.45	5,317,108.45	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	2,634,491.600	19 Mar 25	1.0000			0.00	2,634,491.60	2,634,491.60	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	14,054,600.620	21 Mar 25	1.0000			0.00	14,054,600.62	14,054,600.62	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,247,298.070	4 Apr 24		1.0000		0.00	1,247,298.07	1,247,298.07	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,034,061.600	9 Apr 24		1.0000		0.00	1,034,061.60	1,034,061.60	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,324,595.550	11 Apr 24		1.0000		0.00	1,324,595.55	1,324,595.55	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,239,133.930	18 Apr 24		1.0000		0.00	2,239,133.93	2,239,133.93	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,156,015.780	25 Apr 24		1.0000		0.00	2,156,015.78	2,156,015.78	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,843,870.610	2 May 24		1.0000		0.00	1,843,870.61	1,843,870.61	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,236,334.700	9 May 24		1.0000		0.00	2,236,334.70	2,236,334.70	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,884,547.270	16 May 24		1.0000		0.00	1,884,547.27	1,884,547.27	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,275,389.110	30 May 24		1.0000		0.00	1,275,389.11	1,275,389.11	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,867,665.180	31 May 24		1.0000		0.00	1,867,665.18	1,867,665.18	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,137,411.380	6 Jun 24		1.0000		0.00	2,137,411.38	2,137,411.38	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,126,846.910	20 Jun 24		1.0000		0.00	2,126,846.91	2,126,846.91	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,086,106.860	27 Jun 24		1.0000		0.00	2,086,106.86	2,086,106.86	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,734,982.190	5 Jul 24		1.0000		0.00	2,734,982.19	2,734,982.19	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,162,243.810	11 Jul 24		1.0000		0.00	1,162,243.81	1,162,243.81	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,527,705.630	18 Jul 24		1.0000		0.00	1,527,705.63	1,527,705.63	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,159,201.390	19 Jul 24		1.0000		0.00	1,159,201.39	1,159,201.39	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,096,598.980	25 Jul 24		1.0000		0.00	1,096,598.98	1,096,598.98	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,599,581.970	1 Aug 24		1.0000		0.00	1,599,581.97	1,599,581.97	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,674,058.340	8 Aug 24		1.0000		0.00	2,674,058.34	2,674,058.34	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,680,681.150	15 Aug 24		1.0000		0.00	1,680,681.15	1,680,681.15	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,607,267.420	22 Aug 24		1.0000		0.00	1,607,267.42	1,607,267.42	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,040,990.740	29 Aug 24		1.0000		0.00	2,040,990.74	2,040,990.74	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,412,698.390	6 Sep 24		1.0000		0.00	1,412,698.39	1,412,698.39	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,882,366.070	12 Sep 24		1.0000		0.00	2,882,366.07	2,882,366.07	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,980,568.640	19 Sep 24		1.0000		0.00	1,980,568.64	1,980,568.64	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,889,169.450	3 Oct 24		1.0000		0.00	1,889,169.45	1,889,169.45	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,374,066.940	7 Oct 24		1.0000		0.00	1,374,066.94	1,374,066.94	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-3,451,774.470	10 Oct 24		1.0000		0.00	3,451,774.47	3,451,774.47	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,258,371.690	17 Oct 24		1.0000		0.00	2,258,371.69	2,258,371.69	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,470,113.110	24 Oct 24		1.0000		0.00	1,470,113.11	1,470,113.11	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,402,755.170	31 Oct 24		1.0000		0.00	1,402,755.17	1,402,755.17	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,538,339.480	7 Nov 24		1.0000		0.00	1,538,339.48	1,538,339.48	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,470,024.350	14 Nov 24		1.0000		0.00	2,470,024.35	2,470,024.35	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,666,072.880	21 Nov 24		1.0000		0.00	1,666,072.88	1,666,072.88	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,384,430.340	29 Nov 24		1.0000		0.00	1,384,430.34	1,384,430.34	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-3,345,520.420	12 Dec 24		1.0000		0.00	3,345,520.42	3,345,520.42	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-4,567,294.040	19 Dec 24		1.0000		0.00	4,567,294.04	4,567,294.04	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-4,750,386.760	6 Jan 25		1.0000		0.00	4,750,386.76	4,750,386.76	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,377,559.890	17 Jan 25		1.0000		0.00	1,377,559.89	1,377,559.89	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,447,203.950	30 Jan 25		1.0000		0.00	1,447,203.95	1,447,203.95	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,204,876.710	6 Feb 25		1.0000		0.00	1,204,876.71	1,204,876.71	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,421,401.550	13 Feb 25		1.0000		0.00	2,421,401.55	2,421,401.55	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,879,380.700	21 Feb 25		1.0000		0.00	1,879,380.70	1,879,380.70	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,898,418.870	27 Feb 25		1.0000		0.00	1,898,418.87	1,898,418.87	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

5500 Supplemental Schedules

1 APR 24 - 31 MAR 25

Account number VEBAH
Account Name HONDA WELFARE BENEFIT TRUST

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,785,971.170	6 Mar 25		1.0000		0.00	1,785,971.17	1,785,971.17	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,115,818.890	13 Mar 25		1.0000		0.00	2,115,818.89	2,115,818.89	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-1,736,373.500	20 Mar 25		1.0000		0.00	1,736,373.50	1,736,373.50	0.00
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	-2,433,226.270	27 Mar 25		1.0000		0.00	2,433,226.27	2,433,226.27	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

5500 Supplemental Schedules

1 APR 24 - 31 MAR 25

Account number VEBAH
Account Name HONDA WELFARE BENEFIT TRUST

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	Total acquisitions	96	131,455,086.04		0.00	131,455,086.04	131,455,086.04
	Total dispositions	128		119,469,665.79	0.00	119,469,665.79	119,469,665.79

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 19,981,661.08

5500 Supplemental Schedules

31 MAR 25

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	31,882,471.070	31,882,471.07	31,882,471.07
Total United States - USD		31,882,471.07	31,882,471.07
Total Value of Interest in Registered Investment Com		31,882,471.07	31,882,471.07
<i>Other</i>			
United States - USD			
EQUITY COMWLTH CUSIP: CKE628105	50,000.000	0.00	0.00
Total United States - USD		0.00	0.00
Total Other		0.00	0.00
Total		31,882,471.07	31,882,471.07

** All or a portion of this security participates in Securities Lending.