Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 03/12/1976

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)
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS

1717 HOE STREET
HONOLULU, HI 96819

2b Employer Identification Number (EIN) 99-0149626

2c Plan Sponsor's telephone number 808-847-4676

2d Business code (see instructions) 813930

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.	10/12/2026	JASON BOQUER-WINTJEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3433
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2640
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2635
b	Retired or separated participants receiving benefits	**6b**	778
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3413
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4L 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION		501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS	99-0149626	

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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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)

WIKOFF COMBS & CO., LLC

1001 BISHOP ST., STE 2760
HONOLULU, HI 96813

65-1203311

(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	PLAN AUDITOR	15707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIRACLE MILE ADVISORS, LLC

11300 W OLYMPIC BLVD 800
LOS ANGELES, CA 90064

20-8196553

(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?
27	INVESTMENT ADVISOR	5705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS

D Employer Identification Number (EIN)
99-0149626

Part I Asset and Liability Statement

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

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)	9656	9868
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	983365	974074
(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)	693170	779210
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1686191	1763152
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	32645	34670
1k Total liabilities (add all amounts in lines 1g through1j)	1k	32645	34670
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1653546	1728482

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)	117632	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		117632
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	491	
(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)		491
(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)	19196	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		19196
(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)	-99289	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-99289

		(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)		173815
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		211845
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	97993	
(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)		97993
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)		
(3) Recordkeeping fees	2i(3)	17504	
(4) IQPA audit fees	2i(4)	15707	
(5) Investment advisory and investment management fees	2i(5)	5705	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		38916
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		136909
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		74936
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) [X] 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)** [X] 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: WIKOFF COMBS & CO., LLC **(2)** EIN: 65-1203311

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

STATE OF HAWAII
ORGANIZATION OF POLICE OFFICERS
RELIEF ASSOCIATION

Financial Statements
and Supplementary Information

December 31, 2025 and 2024

STATE OF HAWAII
ORGANIZATION OF POLICE OFFICERS
RELIEF ASSOCIATION

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Wikoff Combs & Co., LLC
Certified Public Accountants

Independent Auditors' Report

Board of Trustees
State of Hawaii Organization of Police Officers
Relief Association

Opinion

We have audited the accompanying financial statements of the State of Hawaii Organization of Police Officers Relief Association (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the State of Hawaii Organization of Police Officers Relief Association as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the State of Hawaii Organization of Police Officers Relief Association'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.

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Mikoff Combs & Co., LLC

August 3, 2026

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

ASSETS

	2025	2024
Cash	$ 967,870	$ 979,138
Investments, at fair value		
Money market funds	6,204	4,227
Exchange traded funds	779,210	693,170
Total investments	785,414	697,397
SHOPO contribution receivable	9,868	9,656
Total assets	1,763,152	1,686,191

LIABILITIES

Payable to SHOPO	34,670	32,645
Net assets available for benefits	$ 1,728,482	$ 1,653,546

See accompanying notes to financial statements.

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Net appreciation in fair value of investments	$ 68,821	$ 61,384
Interest and dividends	19,687	16,359
Net investment income	88,508	77,743
Contributions from SHOPO	117,632	118,036
Total additions	206,140	195,779
Deductions		
Benefits paid to participants:		
Death	95,493	61,401
Other benefits	2,500	1,800
Total benefits paid to participants	97,993	63,201
Administrative expenses:		
Professional services	15,707	19,895
Administrative services	17,504	17,170
Total administrative expenses	33,211	37,065
Total deductions	131,204	100,266
Net increase in net assets available for benefits	74,936	95,513
Net assets available for benefits		
Beginning of year	1,653,546	1,558,033
End of year	$ 1,728,482	$ 1,653,546

See accompanying notes to financial statements.

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

Notes to Financial Statements

December 31, 2025 and 2024

1. Description of the Plan

A brief description of the State of Hawaii Organization of Police Officers Relief Association (Plan) is provided for general information only. Beneficiaries should refer to the plan instrument for more complete information concerning the Plan.

General – The Plan provides benefits covering substantially all members (including members of their immediate family) and associate members of the State of Hawaii Organization of Police Officers (SHOPO). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits – The Plan provides aid and assistance to police officers and their families in the event of death, illness and disability. The Plan also provides other benefits that are beneficial to the health, welfare, happiness and security of those who are eligible.

Contributions – SHOPO's Board of Directors has designated three dollars of SHOPO monthly member dues to be contributed to the Plan.

Plan Termination – Although it has not expressed any intention to do so, SHOPO and the Board of Trustees have the right to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, the Trustees shall pay all debts and distribute any remaining funds to such qualified recipients as may be selected under the terms of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

2. Summary of Significant Accounting Policies, continued

Payment of Benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events – The Plan's management has considered subsequent events through the date of the independent auditors' report, which is the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

Level 2 – inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

3. Fair Value Measurements, continued

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

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

The investments are held in money market funds and exchange traded funds. Money market funds and exchange traded funds are valued at the closing price reported on the active market on which the individual investments are traded. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Level 1	Level 2	Level 3	Total
As of December 31, 2025:				
Money market funds	$ 6,204	$ -	$ -	$ 6,204
Exchange traded funds	779,210	-	-	779,210
Total investments at fair value	$ 785,414	$ -	$ -	$ 785,414
As of December 31, 2024:				
Money market funds	$ 4,227	$ -	$ -	$ 4,227
Exchange traded funds	693,170	-	-	693,170
Total investments at fair value	$ 697,397	$ -	$ -	$ 697,397

4. Related Party and Party-In-Interest Transactions

SHOPO is a Hawaii not-for-profit corporation whose purpose is to promote the professionalization and specialization of police services; improve the economics, social and civil status of its members and their families; monitor and improve the working conditions, welfare, benefits and efficiency in the police departments; and represent and act for its members in matters affecting or arising out of their employment relationships.

4. Related Party and Party-In-Interest Transactions, continued

In 1976, SHOPO created the Plan which is administered by a Board of Trustees, all of whom are members of the Board of Directors of SHOPO. Transactions between the Plan and SHOPO during 2025 and 2024, were as follows:

	2025	2024
As of December 31:		
SHOPO contribution receivable	$ 9,868	$ 9,656
Payable to SHOPO	$ 34,670	$ 32,645
During the Year Ended December 31:		
Contributions from SHOPO	$ 117,632	$ 118,036
Administrative services provided by SHOPO	$ 17,504	$ 17,170

The Plan invests in money market funds managed by Charles Schwab. The plan investments are held by Charles Schwab, custodian, and managed by Miracle Mile Advisors. These investments and transactions in these investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. During each of the years 2025 and 2024, the Plan paid approximately $5,700 and $5,000, respectively, in investment advisory fees.

5. Income Taxes

The trust established under the Plan to hold the Plan's assets is qualified as a nonprofit voluntary employee's beneficiary association (VEBA) pursuant to section 501(c)(9) of the Internal Revenue Code (IRC), and accordingly, the trust's net investment income is exempt from federal and Hawaii income taxes. The trust has obtained a favorable tax determination letter from the Internal Revenue Service. The trust was amended after receiving the determination letter. However, the trust administrator and trust's tax counsel believe that the trust is designed and currently being operated in compliance with the applicable requirements of the IRC.

The Internal Revenue Service allows VEBAs to "set-aside" net investment income from certain activities for the payment of life, sick, accident or other benefits to its members. During 2025 and 2024, the Board of Trustees elected to set-aside net investment income of approximately $188,000 and $42,000 per year, respectively, to pay member benefits.

6. Concentrations

Credit Risk – The Plan maintains its cash with a financial institution that is insured by the National Credit Union Administration (NCUA), and cash and securities in an investment firm, which is insured by the Securities Investor Protection Corporation (SIPC). At times, the balances exceeded the limits insured by NCUA and SIPC. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risks with respect to its cash, securities, and money market balances.

Economic Dependency – During 2025 and 2024, contributions from SHOPO accounted for approximately 86% and 91% of total additions, respectively, excluding net investment gains/losses, per year. Discontinuation of SHOPO as the exclusive bargaining representative for police officers would have an adverse effect on Plan contributions and the Plan's ability to continue its activities.

7. Risks and Uncertainties

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

SUPPLEMENTARY INFORMATION

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

Schedule I

EIN: 99-0170963 PN: 501

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

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Money market funds			
*	Schwab Govt Money Fund	Money market, 6,203.77 units	$ 6,204	$ 6,204
	Total money market funds		6,204	6,204
	Exchange traded funds			
	Invesco Nasdaq 100	Exchange traded fund, 312.0000 units	75,067	78,911
	Invesco Aerospace & Defense	Exchange traded fund, 62.0000 units	5,534	9,711
	State Street Financial Select Sector SPDR	Exchange traded fund, 167.0000 units	8,931	9,147
	State Street SPDR portfolio S&P 500	Exchange traded fund, 2425.0000 units	187,574	194,534
	Victoryshares Free Cash Flow	Exchange traded fund, 738.0000 units	27,933	29,062
	Victoryshares Free Cash Flow Growth	Exchange traded fund, 992.0000 units	28,212	27,935
	State Street SPDR portfolio S&P 400 Mid Cap	Exchange traded fund, 317.0000 units	18,440	18,357
	State Street SPDR portfolio S&P 600 Small Cap	Exchange traded fund, 195.0000 units	9,110	9,138
	Dimensional International Small Cap ETF	Exchange traded fund, 145.0000 units	4,367	4,776
	iShares MSCI EAFE Value	Exchange traded fund, 201.0000 units	12,892	14,353
*	Schwab International Equity	Exchange traded fund, 1976.0000 units	43,531	47,503
	Pacific North of South EM Equity Active	Exchange traded fund, 152.0000 units	4,692	4,892
	JPMorgan U.S. Tech Leaders	Exchange traded fund, 103.0000 units	7,861	9,277
	Vanguard FTSE Emerging Markets	Exchange traded fund, 258.0000 units	13,813	13,870
	Capital Group International Bond	Exchange traded fund, 589.0000 units	15,067	14,937
	Wisdomtree India Earnings Fund	Exchange traded fund, 50.0000 units	2,252	2,315
	iShares 0-3 Month Treasury Bond	Exchange traded fund, 46.0000 units	4,617	4,617
	iShares 0-5 Year Tips Bond	Exchange traded fund, 145.0000 units	14,877	14,847
	iShares 1-5 Year Investment Grade Corporate Bond	Exchange traded fund, 570.0000 units	29,568	30,142
	iShares AAA-A Rated Corporate Bond	Exchange traded fund, 936.0000 units	44,122	45,012
	iShares Flexible Income Active	Exchange traded fund, 227.0000 units	11,925	11,979
	iShares MBS	Exchange traded fund, 794.0000 units	74,124	75,605
	Vanguard Total Bond Market	Exchange traded fund, 1462.0000 units	111,297	108,290
	Total exchange traded funds		755,806	779,210
	Total assets (held at end of year)		$ 762,010	$ 785,414

* Party-in-interest

See accompanying independent auditors' report.

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

Schedule II

EIN: 99-0170963 PN: 501

Schedule H, line 4j - Schedule of Reportable Transactions (Transactions or Series of Transactions in Excess of 5% of the Current Value of Plan Assets)

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Charles Schwab	Invesco QQQ Trust Series I	$ -	$ 85,913	$ -	$ 32,903	$ 85,913	$ 53,010
Charles Schwab	Invesco QQQ Trust Series I	$ 1,477	$ -	$ -	$ 1,477	$ 1,477	$ -
Charles Schwab	State Street SPDR Portfolio S&P 500 EFT	$ 187,574	$ -	$ -	$ 187,574	$ 187,574	$ -

See accompanying independent auditors' report.

2025 Form 5500 *e-file* Signature Authorization

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION 501
1717 HOE STREET
HONOLULU, HI 96819

Employer Identification Number: 99-0149626

Client Identification Number: SHO0003

You, as plan administrator, are authorizing that Wikoff Combs & Co., LLC electronically file the 2025 Form 5500 for STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS as an EFAST2 Service Provider.

Authorization

As plan administrator for STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS, I authorize Wikoff Combs & Co., LLC to electronically file Form 5500 for the tax year 2025. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Jason Boguer-Wintjen

Date: 10/9/2026

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning _____ and ending _____

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

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS RELIEF ASSOCIATION

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 03/12/1976

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)
STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS

1717 HOE STREET

HONOLULU HI 96819

2b Employer Identification Number (EIN) 99-0149626

2c Plan Sponsor's telephone number 808-847-4676

2d Business code (see instructions) 813930

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	Jason Boquer-Wintjen	10/9/2026	JASON BOQUER-WINTJEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4d** PN	
c Plan Name		
5 Total number of participants at the beginning of the plan year	**5**	3433
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2640
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2635
b Retired or separated participants receiving benefits	**6b**	778
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c.**	**6d**	3413
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e.**	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4L 4Q

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] 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) [ ] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) [ ] **DCG** (Individual Plan Information) – Number Attached ____
(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] **A** (Insurance Information) – Number Attached ____
(4) [X] **C** (Service Provider Information)
(5) [ ] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)

Federal Statements

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS

Plan: 501

Plan transactions in excess of 5% of plan assets

Name	Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
CHARLES SCHWAB	INVESCO QQQ TRUST SERIES I	$	$ 85,913	$	$	$ 32,903	$ 85,913	$ 53,010
CHARLES SCHWAB	INVESCO QQQ TRUST SERIES I	1,477				1,477	1,477	
CHARLES SCHWAB	STATE STREET SPDR PORTFOLIO	187,574				187,574	187,574	

Federal Statements

STATE OF HAWAII ORGANIZATION OF POLICE OFFICERS

Plan: 501

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
X	SCHWAB GOVT MONEY	MMF 6,203.77 UNITS	$ 6,204	$ 6,204
	INVESCO NASDAQ 100	ETF 312.0000 UNITS	75,067	78,911
	INVESCO AEROSPACE &	ETF 62.0000 UNITS	5,534	9,711
	STATE STREET FINANCI	ETF 167.0000 UNITS	8,931	9,147
	STATE STREET SPDR PO	ETF 2425.0000 UNITS	187,574	194,534
	VICTORYSHARES FREE C	ETF 738.0000 UNITS	27,933	29,062
	VICTORYSHARES FREE C	ETF 992.0000 UNITS	28,212	27,935
	STATE STREET SPDR PO	ETF 317.0000 UNITS	18,440	18,357
	STATE STREET SPDR PO	ETF 195.0000 UNITS	9,110	9,138
	DIMENSIONAL INTERNAT	ETF 145.0000 UNITS	4,367	4,776
	ISHARES MSCI EAFE VA	ETF 201.0000 UNITS	12,892	14,353
X	SCHWAB INTERNATIONAL	ETF 1976.0000 UNITS	43,531	47,503
	PACIFIC NORTH OF SOU	ETF 152.0000 UNITS	4,692	4,892
	JPMORGAN U.S. TECH L	ETF 103.0000 UNITS	7,861	9,277
	VANGUARD FTSE EMERGI	ETF 258.0000 UNITS	13,813	13,870
	CAPITAL GROUP INTERN	ETF 589.0000 UNITS	15,067	14,937
	WISDOMTREE INDIA EAR	ETF 50.0000 UNITS	2,252	2,315
	ISHARES 0-3 MONTH TR	ETF 46.0000 UNITS	4,617	4,617
	ISHARES 0-5 YEAR TIP	ETF 145.0000 UNITS	14,877	14,847
	ISHARES 1-5 YEAR INV	ETF 570.0000 UNITS	29,568	30,142
	ISHARES AAA-A RATED	ETF 936.0000 UNITS	44,122	45,012
	ISHARES FLEXIBLE INC	ETF 227.0000 UNITS	11,925	11,979
	ISHARES MBS	ETF 794.0000 UNITS	74,124	75,605
	VANGUARD TOTAL BOND	ETF 1462.0000 UNITS	111,297	108,290
	TOTAL INVESTMENTS		762,010	785,414