

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed 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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                     |                                       |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                     |                                       |                                                                                                                                                                                                     |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                     |                                       |                                                                                                                                                                                                     |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> | a single-employer plan                | <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
|                                                                                                          | <input type="checkbox"/>            | a one-participant plan                | <input type="checkbox"/> a foreign plan                                                                                                                                                             |
| <b>B</b> This return/report is                                                                           | <input type="checkbox"/>            | the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                                    |
|                                                                                                          | <input checked="" type="checkbox"/> | an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                      |
| <b>C</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> | Form 5558                             | <input type="checkbox"/> automatic extension                                                                                                                                                        |
|                                                                                                          | <input type="checkbox"/>            | special extension (enter description) | <input type="checkbox"/> DFVC program                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    |                                                |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|------------------------------------------------|--------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                             |                                                                                          |    |                                                |              |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                                                                                                             | PENSION PLAN FOR MAINTENANCE SHOP AND CONTAINER YARD EMPLOYEES OF HAWAII TERMINALS, INC. |    | <b>1b</b> Three-digit plan number (PN) ►       | 003          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>HAWAII STEVEDORES, INC.<br><br>1601 SAND ISLAND PARKWAY<br>HONOLULU, HI 96819 |                                                                                          |    | <b>1c</b> Effective date of plan               | 01/01/2002   |
|                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    | <b>2b</b> Employer Identification Number (EIN) | 99-0108338   |
|                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    | <b>2c</b> Sponsor's telephone number           | 808-527-3400 |
|                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    | <b>2d</b> Business code (see instructions)     | 488300       |
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.<br><br>HAWAII TERMINALS, INC.<br><br>1601 SAND ISLAND PARKWAY<br>HONOLULU, HI 96819                                                                                                                                                                 |                                                                                          |    | <b>3b</b> Administrator's EIN                  | 47-3961529   |
|                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    | <b>3c</b> Administrator's telephone number     | 808-527-3400 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                             |                                                                                          |    | <b>4b</b> EIN                                  |              |
|                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    | <b>4d</b> PN                                   |              |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                     | <b>5a</b>                                                                                | 41 |                                                |              |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                                                                                                                                            | <b>5b</b>                                                                                | 42 |                                                |              |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                    | <b>5c</b>                                                                                |    |                                                |              |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                            | <b>5d(1)</b>                                                                             | 27 |                                                |              |
| <b>d(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                  | <b>5d(2)</b>                                                                             | 25 |                                                |              |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                         | <b>5e</b>                                                                                | 0  |                                                |              |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/28/2021 | JAY BOWDEN                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4235324. (See instructions.)

**Part III Financial Information**

| <b>7 Plan Assets and Liabilities</b>                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 9664652                      | 12094644               |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 9664652                      | 12094644               |
| <b>8 Income, Expenses, and Transfers for this Plan Year</b>                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> | 1041481                      |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | 1857271                      |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 2898752                |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 468760                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ...                       | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    |                              |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 468760                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 2429992                |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1B 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| <b>10 During the plan year:</b>                                                                                                                                                                                                           |            | <b>Yes</b>                          | <b>No</b>                           | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                       | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | <input checked="" type="checkbox"/> |                                     | 500000        |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | <b>10e</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |                                     |                                     |               |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                       | <b>10i</b> |                                     |                                     |               |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b** **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR MAINTENANCE SHOP AND CONTAINER YARD EMPLOYEES OF HAWAII TERMINALS, INC.</u>                  | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>HAWAII STEVEDORES, INC.</u>                                | <b>D</b> Employer Identification Number (EIN)<br><u>99-0108338</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                              |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>9640470</u>                                                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>10138081</u>                                                     |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>12</u> <u>5131394</u> <u>5131394</u>                                       |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>2</u> <u>444233</u> <u>444233</u>                                          |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>27</u> <u>6520181</u> <u>7063993</u>                                       |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>41</u> <u>12095808</u> <u>12639620</u>                                     |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.69</u> %                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>404616</u>                                                        |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                     |                                                      |
|---------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                    |                                                      |
| Signature of actuary<br><u>MISTY LAM, EA, MSPA, MAAA</u>            | <u>01/21/2021</u>                                    |
| Type or print name of actuary<br><u>BUCK GLOBAL, LLC</u>            | Date<br><u>20-06737</u>                              |
| Firm name<br><u>1050 QUEEN STREET, SUITE 100 HONOLULU, HI 96814</u> | Most recent enrollment number<br><u>808-258-0315</u> |
| Address of the firm                                                 | Telephone number (including area code)               |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2019 v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-5.59</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 718223                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.89</u> % ..... |                       | 42303                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 760526                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 80.20 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 80.00 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 80.00 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2019               | 211853                            | 0                               |                          |                                   |                                 |
| 07/15/2019               | 211853                            | 0                               |                          |                                   |                                 |
| 10/11/2019               | 211853                            | 0                               |                          |                                   |                                 |
| 01/15/2020               | 211853                            | 0                               |                          |                                   |                                 |
| 12/30/2020               | 194069                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 1041481                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 991041 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.74 %                                                                                                                       | 2nd segment:<br>5.35 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 404616             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 2501539             |                    | 586425        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 991041             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 991041             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 991041             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.**

**EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 26 - Schedule of Active Participant Data**

| Attained<br>Age | Years of Credited Service |       |       |         |         |         |         |         |         |         |
|-----------------|---------------------------|-------|-------|---------|---------|---------|---------|---------|---------|---------|
|                 | Under 1                   | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & up |
| Under 25        |                           |       |       |         |         |         |         |         |         |         |
| 25 - 29         |                           |       |       |         |         |         |         |         |         |         |
| 30 - 34         |                           |       |       |         |         |         |         |         |         |         |
| 35 - 39         |                           |       | 1     |         |         |         |         |         |         |         |
| 40 - 44         |                           | 1     |       | 1       |         |         |         |         |         |         |
| 45 - 49         |                           | 3     |       | 3       |         | 1       | 1       |         |         |         |
| 50 - 54         |                           |       |       | 1       |         |         | 2       |         |         |         |
| 55 - 59         |                           |       |       | 1       |         | 1       | 6       | 1       |         |         |
| 60 - 64         |                           |       |       |         |         | 1       |         |         |         |         |
| 65 - 69         |                           |       | 1     |         |         | 1       |         |         |         |         |
| 70 & up         |                           |       |       |         |         | 1       |         |         |         |         |
| Total           |                           | 4     | 2     | 6       |         | 5       | 9       | 1       |         |         |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Prescribed Funding Assumptions and Methods**

The following assumptions and methods are prescribed by ERISA.

**Funding interest rates**

For 2019 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | <b>Unconstrained Rates*</b> | <b>Rates Reflecting Corridor**</b> |
|---------------------|-----------------------------|------------------------------------|
| First Segment Rate  | 2.28%                       | 3.74%                              |
| Second Segment Rate | 3.81%                       | 5.35%                              |
| Third Segment Rate  | 4.46%                       | 6.11%                              |
| Effective Rate      | 4.15%                       | 5.69%                              |

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | <b>Unconstrained Rates*</b> | <b>Rates Reflecting Corridor**</b> |
|---------------------|-----------------------------|------------------------------------|
| First Segment Rate  | 1.75%                       | 3.92%                              |
| Second Segment Rate | 3.76%                       | 5.52%                              |
| Third Segment Rate  | 4.66%                       | 6.29%                              |
| Effective Rate      | 4.26%                       | 5.89%                              |

\* Used for maximum tax-deduction purposes.

\*\* Used for minimum funding and benefit restriction purposes.

**Mortality**

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)**

**Non-Prescribed Funding Assumptions and Methods**

The following assumptions were selected by the plan's enrolled actuary. The assumptions are based on plan experience and plan sponsor guidance and are reviewed periodically. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under applicable legislation.

**Expenses**

Plan sponsor does not expect to pay administrative expenses from the plan trust during 2019.

**Frequency of optional payment forms**

100% of single participants are assumed to elect a Single Life Annuity. 100% of married participants are assumed to elect an unreduced 75% Joint and Survivor Annuity.

**Marital percentage**

88% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**Retirement rates**

Retirement rates are based on a 2011 Buck study of retirements by employees in the stevedoring industry.

Actives

| Age        | Assumption |
|------------|------------|
| 61 & Under | 0%         |
| 62         | 16%        |
| 63         | 18%        |
| 64         | 6%         |
| 65         | 8%         |
| 66         | 18%        |
| 67         | 33%        |
| 68         | 15%        |
| 69         | 10%        |
| 70         | 15%        |
| 71 & Over  | 100%       |

Terminated Vested

Age 62 or attained age if greater.

**Disability rates**

None.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Withdrawal rates for active participants not eligible for retirement**

None.

**Asset valuation method**

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2- years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current legislation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The Actuary's Assumption is consistent with the expected long-term rate of return selected by the plan sponsor for accounting purposes. This assumption is based on the plan sponsor's estimate of long-term future experience, taking into account asset allocation and historical and expected plan experience.

|                      | <b>Actuary's Assumption</b> | <b>Third Segment Rate</b> | <b>Reflecting PPA Limit</b> |
|----------------------|-----------------------------|---------------------------|-----------------------------|
| 2019 Expected Return | 7.50%                       | 6.11%                     | 6.11%                       |
| 2018 Expected Return | 7.50%                       | 6.29%                     | 6.29%                       |
| 2017 Expected Return | 7.50%                       | 6.48%                     | 6.48%                       |

**Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

**Summary of Changes from the January 1, 2018 Valuation**

- The segment interest rates with four-month lookback used for funding purposes were updated to the current valuation date. These rates are constrained in accordance with relevant legislation.
- The mortality tables used for funding purposes were updated with projections specified by IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02.
- The changes in assumptions listed above increased the Funding Target by approximately \$494,000.

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br><small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small><br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                      |                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|
| <b>A</b> Name of plan<br>PENSION PLAN FOR MAINTENANCE SHOP AND CONTAINER YARD<br>EMPLOYEES OF HAWAII TERMINALS, INC. | <b>B</b> Three-digit plan number (PN) <u>003</u>                |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Hawaii Stevedores, Inc.              | <b>D</b> Employer Identification Number (EIN)<br><br>99-0108338 |  |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

**Part I Basic Information**

|          |                                                                                                                                                                                                           |                            |                           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                                  |                            |                           |
| <b>2</b> | Assets:                                                                                                                                                                                                   |                            |                           |
|          | <b>a</b> Market value                                                                                                                                                                                     | <b>2a</b>                  | 9,640,470                 |
|          | <b>b</b> Actuarial value                                                                                                                                                                                  | <b>2b</b>                  | 10,138,081                |
| <b>3</b> | Funding target/participant count breakdown                                                                                                                                                                | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                                     | 12                         | 5,131,394                 |
|          | <b>b</b> For terminated vested participants                                                                                                                                                               | 2                          | 444,233                   |
|          | <b>c</b> For active participants                                                                                                                                                                          | 27                         | 6,520,181                 |
|          | <b>d</b> Total                                                                                                                                                                                            | 41                         | 12,095,808                |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                   |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate                                                                                                                                                                                   | <b>5</b>                   | 5.69%                     |
| <b>6</b> | Target normal cost                                                                                                                                                                                        | <b>6</b>                   | 404,616                   |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                                                                                                                                                                              |                                                                                                                                                                              |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | Misty Lam<br><br>Signature of actuary<br><br>MISTY LAM, EA, MSPA, MAAA<br>Type or print name of actuary<br><br>BUCK GLOBAL, LLC<br>Firm name<br><br>1050 QUEEN STREET, SUITE 100<br>HONOLULU HI 96814<br>Address of the firm | <div style="text-align: right; font-size: 1.2em;">1/21/2021</div> Date<br>2006737<br>Most recent enrollment number<br>808-258-0315<br>Telephone number (including area code) |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2019  
v. 190130



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|           |                                       |                                                           |                                                |                                     |
|-----------|---------------------------------------|-----------------------------------------------------------|------------------------------------------------|-------------------------------------|
| <b>21</b> | Discount rate:                        |                                                           |                                                |                                     |
| <b>a</b>  | Segment rates:                        | 1st segment:<br>3.74 %                                    | 2nd segment:<br>5.35 %                         | 3rd segment:<br>6.11 %              |
|           |                                       | <input type="checkbox"/> N/A, full yield curve used       |                                                |                                     |
| <b>b</b>  | Applicable month (enter code) .....   | <b>21b</b>                                                | 4                                              |                                     |
| <b>22</b> | Weighted average retirement age ..... | <b>22</b>                                                 | 66                                             |                                     |
| <b>23</b> | Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

**Part VI Miscellaneous Items**

|           |                                                                                                                                                              |                                         |                                        |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|           |                                                                                                                            |           |   |
|-----------|----------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> | Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|           |                                                                                                                                                                            |                     |               |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|
| <b>31</b> | Target normal cost and excess assets (see instructions):                                                                                                                   |                     |               |
| <b>a</b>  | Target normal cost (line 6) .....                                                                                                                                          | <b>31a</b>          | 404,616       |
| <b>b</b>  | Excess assets, if applicable, but not greater than line 31a .....                                                                                                          | <b>31b</b>          | 0             |
| <b>32</b> | Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment   |
| <b>a</b>  | Net shortfall amortization installment .....                                                                                                                               | 2,501,539           | 586,425       |
| <b>b</b>  | Waiver amortization installment .....                                                                                                                                      | 0                   | 0             |
| <b>33</b> | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |               |
| <b>34</b> | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 991,041       |
|           | Carryover balance                                                                                                                                                          | Prefunding balance  | Total balance |
| <b>35</b> | Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0             |
| <b>36</b> | Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 991,041       |
| <b>37</b> | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 991,041       |
| <b>38</b> | Present value of excess contributions for current year (see instructions)                                                                                                  |                     |               |
| <b>a</b>  | Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0             |
| <b>b</b>  | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0             |
| <b>39</b> | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0             |
| <b>40</b> | Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|           |                                                                         |                                                                                                                         |
|-----------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> | If an election was made to use PRA 2010 funding relief for this plan:   |                                                                                                                         |
| <b>a</b>  | Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b>  | Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

| (1)<br>Age                                                   | (2)<br>Expected<br>Active | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements | (5)<br>Weighted Age<br>(1)*(4) |
|--------------------------------------------------------------|---------------------------|---------------------------|--------------------------------|--------------------------------|
| 59                                                           | 22.6375                   | 0.0493                    | 1.1163                         | 65.8636                        |
| 60                                                           | 22.4202                   | 0.0428                    | 0.9600                         | 57.6018                        |
| 61                                                           | 21.3460                   | 0.0167                    | 0.3568                         | 21.7659                        |
| 62                                                           | 20.8654                   | 0.1600                    | 3.3385                         | 206.9853                       |
| 63                                                           | 17.3896                   | 0.1800                    | 3.1301                         | 197.1978                       |
| 64                                                           | 14.1300                   | 0.0600                    | 0.8478                         | 54.2593                        |
| 65                                                           | 13.1653                   | 0.0800                    | 1.0532                         | 68.4594                        |
| 66                                                           | 11.9911                   | 0.1800                    | 2.1584                         | 142.4547                       |
| 67                                                           | 10.7109                   | 0.3300                    | 3.5346                         | 236.8175                       |
| 68                                                           | 7.0568                    | 0.1500                    | 1.0585                         | 71.9790                        |
| 69                                                           | 6.9118                    | 0.1000                    | 0.6912                         | 47.6913                        |
| 70                                                           | 6.1276                    | 0.1500                    | 0.9191                         | 64.3394                        |
| 71                                                           | 5.1177                    | 1.0000                    | <u>5.1177</u>                  | <u>363.3559</u>                |
| <b>Total</b>                                                 |                           |                           | <b>24.2823</b>                 | <b>1,598.7709</b>              |
| <b>Weighted Average Retirement Age = 1598.7709 / 24.2823</b> |                           |                           |                                | <b>65.84</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>               |                           |                           |                                | <b>66</b>                      |

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 32 - Schedule of Amortization Bases**

| <b>Type of Base</b> | <b>Present Value of<br/>Remaining Installments<br/>as of January 1, 2019</b> | <b>Date Established</b> | <b>Remaining<br/>Installments</b> | <b>Shortfall<br/>Amortization<br/>Installment</b> |
|---------------------|------------------------------------------------------------------------------|-------------------------|-----------------------------------|---------------------------------------------------|
| Shortfall           | \$769,771                                                                    | 1/1/2019                | 7                                 | \$125,078                                         |
| Shortfall           | \$497,579                                                                    | 1/1/2018                | 6                                 | \$91,756                                          |
| Shortfall           | \$395,953                                                                    | 1/1/2017                | 5                                 | \$85,110                                          |
| Shortfall           | \$760,656                                                                    | 1/1/2016                | 4                                 | \$200,762                                         |
| Shortfall           | (\$5,077)                                                                    | 1/1/2015                | 3                                 | (\$1,755)                                         |
| Shortfall           | (\$5,739)                                                                    | 1/1/2014                | 2                                 | (\$2,922)                                         |
| Shortfall           | \$88,396                                                                     | 1/1/2013                | 1                                 | \$88,396                                          |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

**Prescribed Funding Assumptions and Methods**

The following assumptions and methods are prescribed by ERISA.

**Funding interest rates**

For 2019 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | <b>Unconstrained Rates*</b> | <b>Rates Reflecting Corridor**</b> |
|---------------------|-----------------------------|------------------------------------|
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| Second Segment Rate | 3.81%                       | 5.35%                              |
| Third Segment Rate  | 4.46%                       | 6.11%                              |
| Effective Rate      | 4.15%                       | 5.69%                              |

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | <b>Unconstrained Rates*</b> | <b>Rates Reflecting Corridor**</b> |
|---------------------|-----------------------------|------------------------------------|
| First Segment Rate  | 1.75%                       | 3.92%                              |
| Second Segment Rate | 3.76%                       | 5.52%                              |
| Third Segment Rate  | 4.66%                       | 6.29%                              |
| Effective Rate      | 4.26%                       | 5.89%                              |

\* Used for maximum tax-deduction purposes.

\*\* Used for minimum funding and benefit restriction purposes.

**Mortality**

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)**

**Non-Prescribed Funding Assumptions and Methods**

The following assumptions were selected by the plan's enrolled actuary. The assumptions are based on plan experience and plan sponsor guidance and are reviewed periodically. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under applicable legislation.

**Expenses**

Plan sponsor does not expect to pay administrative expenses from the plan trust during 2019.

**Frequency of optional payment forms**

100% of single participants are assumed to elect a Single Life Annuity. 100% of married participants are assumed to elect an unreduced 75% Joint and Survivor Annuity.

**Marital percentage**

88% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**Retirement rates**

Retirement rates are based on a 2011 Buck study of retirements by employees in the stevedoring industry.

Actives

| Age        | Assumption |
|------------|------------|
| 61 & Under | 0%         |
| 62         | 16%        |
| 63         | 18%        |
| 64         | 6%         |
| 65         | 8%         |
| 66         | 18%        |
| 67         | 33%        |
| 68         | 15%        |
| 69         | 10%        |
| 70         | 15%        |
| 71 & Over  | 100%       |

Terminated Vested

Age 62 or attained age if greater.

**Disability rates**

None.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)**

**Non-Prescribed Funding Assumptions and Methods (continued)**

**Withdrawal rates for active participants not eligible for retirement**

None.

**Asset valuation method**

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2- years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current legislation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The Actuary's Assumption is consistent with the expected long-term rate of return selected by the plan sponsor for accounting purposes. This assumption is based on the plan sponsor's estimate of long-term future experience, taking into account asset allocation and historical and expected plan experience.

|                      | <b>Actuary's Assumption</b> | <b>Third Segment Rate</b> | <b>Reflecting PPA Limit</b> |
|----------------------|-----------------------------|---------------------------|-----------------------------|
| 2019 Expected Return | 7.50%                       | 6.11%                     | 6.11%                       |
| 2018 Expected Return | 7.50%                       | 6.29%                     | 6.29%                       |
| 2017 Expected Return | 7.50%                       | 6.48%                     | 6.48%                       |

**Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

**Summary of Changes from the January 1, 2018 Valuation**

- The segment interest rates with four-month lookback used for funding purposes were updated to the current valuation date. These rates are constrained in accordance with relevant legislation.
- The mortality tables used for funding purposes were updated with projections specified by IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02.
- The changes in assumptions listed above increased the Funding Target by approximately \$494,000.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions**

**Effective Date**

January 1, 2002. Amended and restated effective January 1, 2015. Plan amended December 30, 2019 for negotiated benefit improvements effective July 1, 2019 and later.

**Eligibility to participate**

Employees who have completed one Year of Service whose terms and conditions of employment are subject to or covered by the collective bargaining agreement with respect to maintenance shop or container yard employees between Hawaii Terminals, Inc. (Horizon Lines, LLC prior to May 29, 2015) and the ILWU Local 142. However, an eligible employee on January 1, 2002 who was a member of the Retirement Plan for Maintenance Shop Employees of Hawaii Stevedores, Inc. ("Former Plan") on December 2, 2001 became a member of this Plan on January 1, 2002.

**Service**

**Year of Service**

One Year of Service is earned for completion of 1,000 Hours of Service in the twelve-month period commencing on an employee's hire date and each anniversary thereof.

**Credited Vesting Service**

One year of Credited Vesting Service is earned for the twelve-month period commencing on an employee's hire date and each anniversary thereof. In addition, Credited Vesting Service includes all vesting service prior to January 1, 2002 credited under the Former Plan. Credited Vesting Service is also earned for eligible leaves of absence to serve as union officials or in the uniformed services.

**Credited Benefit Service**

One-twelfth of a year of Credited Benefit Service is earned for each month of employment in which the member is eligible to participate in the Plan and had at least one Hour of Service. In addition, all benefit service credited under the Former Plan is included, as well as the month of December 2001 in the case of a member who had at least one Hour of Service during that month and was eligible at January 1, 2002. Credited Benefit Service is also earned for eligible leaves of absence to serve in the uniformed services to the extent required by law.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Normal Retirement**

Eligibility

Age 62.

Amount of Benefit

The monthly benefit is equal to the greater of (1) and (2) below:

(1) Basic Retirement Income

1/12 of 1% of compensation during Credited Benefit Service prior to January 1, 2004.

(2) Minimum Retirement Income

Years of Credited Benefit Service (up to maximum amounts specified in the plan) times the benefit level in effect on the earlier of the employee's retirement or termination of covered employment.

For active members who retire on or after January 1, 2008 and prior to July 1, 2014:

| Effective    | Benefit Level | Max. Credited Benefit Service |
|--------------|---------------|-------------------------------|
| July 1, 2008 | \$160         | 37 years                      |
| July 1, 2009 | \$165         | 37 years                      |
| July 1, 2012 | \$170         | 37 years                      |
| July 1, 2013 | \$180         | 37 years                      |

For active members who retire on or after July 1, 2014:

| Effective    | Benefit Level | Max. Credited Benefit Service |
|--------------|---------------|-------------------------------|
| July 1, 2014 | \$180         | 37 years                      |
| July 1, 2017 | \$187.50      | 37 years                      |
| July 1, 2018 | \$200         | 37 years                      |
| July 1, 2019 | \$205         | 37 years                      |
| July 1, 2020 | \$210         | 37 years                      |
| July 1, 2021 | \$215         | 37 years                      |

Benefits are based on total service recognized by the bargaining agreement and are net of benefits payable from the Former Plan for any of that service. For Funding purposes in this valuation, Benefit Level increases effective after the Plan Year are not measured.

Members in payment status will receive monthly increases to their benefit shown in the table below. Beneficiaries will receive the applicable benefit percentage of the increased benefit. For Funding purposes in this valuation, additional monthly benefits effective after the Plan Year are not measured.

| Date of Retirement   | Additional Monthly Benefit Effective |            |            |
|----------------------|--------------------------------------|------------|------------|
|                      | 7/1/2019                             | 7/1/2020   | 7/1/2021   |
| Before 7/1/1987      | \$66/month                           | \$66/month | \$66/month |
| 7/1/1987 – 6/30/1999 | \$70/month                           | \$70/month | \$70/month |
| 7/1/1999 – 6/30/2002 | \$35/month                           | \$35/month | \$35/month |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Time and Form of Payment**

The normal form of benefit is a single life annuity payable beginning on the first of the month coincident with or next following eligibility for normal retirement. The automatic form of payment for a married member is an unreduced 60% joint and survivor annuity. For normal retirements on or after July 1, 2015, the automatic form of payment for a married member is an unreduced 75% joint and survivor annuity.

**Supplemental Normal Retirement Benefit ("Bridge")**

**Eligibility**

Retirement from active service after age 55 and before Social Security full retirement age.

**Amount of Benefit**

If age 62 or over, \$300 per month. If under age 62, \$300 per month actuarially reduced for early retirement.

**Time and Form of Payment**

Payable from date of retirement to the earlier of Social Security full retirement age or death; if member retires with 25 or more years of Credited Benefit Service and dies prior to Social Security full retirement age, the benefit will continue to an eligible survivor.

**Early Retirement**

**Eligibility**

Age 55 and 5 years of Credited Vesting Service, or age 60.

**Amount of Benefit**

For employees who retire after age 60, or employees who retire after age 55 and completion of 5 or more years of Credited Vesting Service, benefits are the same as for Normal Retirement, but are reduced five-twelfths of 1% for each month by which the Early Retirement Date precedes the Normal Retirement Date. For employees who retire on or after age 55 and before age 60 and have completed at least 3 but less than 5 years of Credited Vesting Service, benefits are equal to the Basic Retirement Income only, reduced by five-twelfths of 1% for each month by which the Early Retirement Date precedes the Normal Retirement Date.

**Time and Form of Payment**

Normal form of payment is a single life annuity beginning on any first of the month coincident with or following eligibility for Early Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 60% joint and survivor annuity. For retirements on or after July 1, 2015, the automatic form of payment for a married member is an unreduced 75% joint and survivor annuity.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Early Retirement Window**

Eligibility

Age 59 years and 6 months and 5 years of Credited Vesting Service.

Amount of Benefit

Benefits are the same as for Normal Retirement, without the reduction that would otherwise apply to benefits commencing at an Early Retirement Date.

Time and Form of Payment

Payable to employees who meet eligibility requirements during the period July 1, 2019 to June 30, 2022.

Normal form of payment is a single life annuity beginning on any first of the month coincident with or following eligibility for Early Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 75% joint and survivor annuity.

**Deferred Retirement**

Eligibility

Any time after eligibility for Normal Retirement.

Amount of Benefit

Benefits are the same as for Normal Retirement, using Compensation and Credited Benefit Service earned up to the Deferred Retirement Date. If the retirement date is after the April 1 of the calendar year following the calendar year in which the employee attains age 70-1/2, the deferred retirement benefit is not less than the benefit as of such April 1 with actuarial adjustment for the period following such April 1.

Time and Form of Payment

Normal form of payment is a single life annuity beginning on any first of the month following eligibility for Normal Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 60% joint and survivor annuity. For deferred retirements on or after July 1, 2015, the automatic form of payment for a married member is an unreduced 75% joint and survivor annuity.

**Termination**

Eligibility

5 years of Credited Vesting Service or attainment of age 60 while an eligible employee to be vested in Normal Retirement benefit; otherwise, 3 years of Credited Vesting Service or attainment of age 55 while an eligible employee to be vested in the Basic Retirement Income (if applicable).

**Pension Plan for Maintenance Shop and Container Yard Employees of  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Amount of Benefit**

If an employee completes at least 5 years of Credited Vesting Service or terminates after attainment of age 60, the amount of the termination benefit is the same as that earned under the Normal Retirement benefit; otherwise, the benefit is limited to the Basic Retirement Income (if applicable).

**Time and Form of Payment**

Normal form of payment for the termination benefit is a single life annuity beginning at Normal Retirement age. The automatic form for a married member who was not eligible for an immediate early, normal or deferred retirement at termination is a reduced 50% joint and survivor annuity. The member may elect to receive the termination benefit starting any time after eligibility for Early Retirement, but the benefit will be reduced 5/9% for each of the first 60 months by which early retirement precedes age 62 and 5/18% for each month over 60.

**Pre-Retirement Surviving Spouse Death Benefit**

**Eligibility**

Eligible for a vested benefit or retirement and married at least one year at time of death.

**Amount of Benefit**

- (1) If active and died before July 1, 2019:  
the applicable percentage from Table 1 of the Normal Retirement Benefit.

| Table 1                                            |          |          |          |
|----------------------------------------------------|----------|----------|----------|
| Spouse's Benefit Percentage for Payments Effective |          |          |          |
| Date of Death                                      | 7/1/2019 | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999                                    | 71.73%   | 73.39%   | 75.00%   |
| 7/1/1999 – 6/30/2002                               | 68.39%   | 71.72%   | 75.00%   |
| 7/1/2002 – 6/30/2008                               | 68.33%   | 71.72%   | 75.00%   |

- (2) If active, age 59 with 25 years of Credited Benefit Service, and not eligible for benefit (1) above:  
the applicable percentage from Table 2 of the Normal Retirement Benefit.

| Table 2                                  |                 |                      |
|------------------------------------------|-----------------|----------------------|
| Spouse's Benefit Percentage for Payments |                 |                      |
| Date of Death                            | Before 7/1/2015 | On or After 7/1/2015 |
| Before 7/1/1999                          | 50%             | 70%                  |
| 7/1/1999 – 6/30/2008                     | 50%             | 65%                  |
| 7/1/2008 – 6/30/2011                     | 50%             | 75%                  |
| 7/1/2011 – 6/30/2015                     | 60%             | 75%                  |
| 7/1/2015 and later                       | 75%             | 75%                  |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

- (3) If active, not eligible for benefit in (1) or (2) above, and either
- (a) with at least 5 years of Credited Vesting Service and age 55, or
  - (b) with at least 5 years of Credited Vesting Service and with 25 years of Credited Benefit Service, or
  - (c) at least age 60:
- The applicable percentage from Table 2 of Normal Retirement Benefit, reduced 5/12 of 1% for each month before age 62, subject to a maximum 35% reduction.
- (4) If active, age 55 but not eligible for benefits in (1), (2) or (3) above:  
The applicable percentage from Table 2 of Basic Retirement Income, reduced 5/12 of 1% for each month before age 62.
- (5) (a) If active, with at least 3 years of Credited Vesting Service, but not eligible for benefits in (1), (2), (3) or (4) above, or
- (b) if a terminated vested member:  
50% of the reduced 50% Joint & Survivor Early Retirement Benefit that would have been in effect had the member terminated on the date of death (and, if under age 55, survived to age 55).

**Time and Form of Payment**

The death benefit will be paid for the life of the spouse. Payment will begin on the first of the month next following the employee's death, except in (5) where payments begin when the member would have reached age 55, if later.

**Post-Retirement Surviving Spouse Death Benefit**

**Eligibility**

Spouse of a Member who retired from active service and elected an Unreduced Joint and Survivor annuity (automatic form of payment).

**Amount of Benefit**

The applicable percentage of the Normal Retirement Benefit shown below.

| Date of Retirement   | Spouse's Benefit Percentage for Payments Effective |          |          |
|----------------------|----------------------------------------------------|----------|----------|
|                      | 7/1/2019                                           | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999      | 71.73%                                             | 73.39%   | 75.00%   |
| 7/1/1999 – 6/30/2002 | 68.39%                                             | 71.72%   | 75.00%   |
| 7/1/2002 and later   | 68.33%                                             | 71.72%   | 75.00%   |

**Time and Form of Payment**

The death benefit will be paid for the life of the spouse.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Pre-Retirement Supplemental Retirement Death Benefit**

**Eligibility**

Dies on or after 7/1/08 in active service as an eligible employee after completion of 25 years of Credited Benefit Service and before Social Security full retirement age with a surviving spouse to whom he was married during the one-year preceding death or eligible dependent child(ren).

**Time and Form of Payment**

Monthly payments will begin on the later of first of the month next following the member's death or the date the member, if living, would have reached his earliest retirement date (age 55). Payments end at the date the member, if living, would have attained Social Security full retirement age. Payments are in the same amount that would have been paid as a Supplemental Retirement Benefit to the member, if living, and are paid to the eligible surviving spouse; if the eligible surviving spouse dies before the member's Social Security full retirement age or if there is no eligible surviving spouse, payments are shared equally to eligible dependent children as defined in the plan.

**Disability**

**Eligibility**

After six months of disability and determination that the employee is permanently and continuously disabled and unable to perform work for the Company within the Bargaining Unit and is not receiving any other disability benefits from the Company or any worker's compensation.

**Amount of Benefit**

The greater of the Normal Retirement Benefit earned to Disability Retirement Date, unreduced for early commencement of benefits, or \$125.00 per month.

**Time and Form of Payment**

Normal form of payment is a single life annuity commencing after six months of disability and a determination of eligibility. The automatic form for married members is an unreduced 60% joint and survivor annuity. For disability retirements after July 1, 2015, the automatic form for married members is an unreduced 75% joint and survivor annuity.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Forms of Payment**

- Single Life annuity for unmarried members
- Unreduced Joint and Survivor annuity for married members who retire from active service or terminate after retirement eligibility with the surviving spouse percentages shown below:

| <b>Retirement Date</b> | <b>Spouse's Benefit Percentage<br/>for Payments Before 7/1/15</b> | <b>Spouse's Benefit Percentage for<br/>Payments on or after 7/1/15</b> |
|------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|
| Before 7/1/99          | 50%                                                               | 70%                                                                    |
| 7/1/99 – 6/30/08       | 50%                                                               | 65%                                                                    |
| 7/1/08 – 6/30/11       | 50%                                                               | 75%                                                                    |
| 7/1/11 – 6/30/15       | 60%                                                               | 75%                                                                    |
| 7/1/15 and later       | 75%                                                               | 75%                                                                    |

- Reduced 50% Joint and Survivor annuity for married members who terminate prior to retirement eligibility
- 50% Joint and Survivor annuity
- 75% Joint and Survivor annuity
- 100% Joint and Survivor annuity
- Lump sum payment for repatriating employees hired prior to January 1, 1950
- Lump sum payment or equal monthly installments for disability retirement
- Lump sum payment for employees laid off in certain reductions in workforce
- Lump sum payment if not greater than \$5,000 (optional at member's election)

**Actuarial Equivalence**

The member's life annuity is converted into an actuarially equivalent other form of payment using (except for lump sums) the Unisex Pension 1984 Mortality Table set back two years for members and seven years for contingent annuitants and an interest rate of 6.5% per year.

The lump sum form of payment is calculated as the present value of the accrued benefit payable at Normal Retirement Date (or actual retirement date, if later), using the Internal Revenue Code Section 417(e)(3) assumptions with a lookback month for the applicable interest rate of the November in the preceding plan year. The minimum lump sum payment under a Disability Retirement Benefit is the Basic Retirement Income monthly benefit multiplied by 90.

The Supplemental Retirement Benefit commencing before attainment of age 62 is determined using the 1971 Group Annuity Mortality Table set back one year and an interest rate of 6.0% per year.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Summary of Changes from the January 1, 2018 Valuation**

- Normal Retirement
  - For active members who retire on or after July 1, 2014, the benefit levels are increases from \$200.

| Effective    | Benefit Level | Max. Credited Benefit Service |
|--------------|---------------|-------------------------------|
| July 1, 2019 | \$205         | 37 years                      |
| July 1, 2020 | \$210         | 37 years                      |
| July 1, 2021 | \$215         | 37 years                      |

- Members in payment status will receive monthly increases to their benefit shown in the table below. Beneficiaries will receive the applicable benefit percentage of the increased benefit.

| Date of Retirement   | Additional Monthly Benefit Effective |            |            |
|----------------------|--------------------------------------|------------|------------|
|                      | 7/1/2019                             | 7/1/2020   | 7/1/2021   |
| Before 7/1/1987      | \$66/month                           | \$66/month | \$66/month |
| 7/1/1987 – 6/30/1999 | \$70/month                           | \$70/month | \$70/month |
| 7/1/1999 – 6/30/2002 | \$35/month                           | \$35/month | \$35/month |

- Pre-Retirement Surviving Spouse – The Spouse of an Active members who died prior to July 1, 2019 shall receive benefit increases based on the following benefit percentages.

| Date of Death        | Spouse's Benefit Percentage for Payments Effective |          |          |
|----------------------|----------------------------------------------------|----------|----------|
|                      | 7/1/2019                                           | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999      | 71.73%                                             | 73.39%   | 75.00%   |
| 7/1/1999 – 6/30/2002 | 68.39%                                             | 71.72%   | 75.00%   |
| 7/1/2002 – 6/30/2008 | 68.33%                                             | 71.72%   | 75.00%   |

- Post-Retirement Surviving Spouse – The Spouse of Member who retired from active service and elected an Unreduced Joint and Survivor shall receive benefit increases based on the following benefit percentages.

| Date of Retirement   | Spouse's Benefit Percentage for Payments Effective |          |          |
|----------------------|----------------------------------------------------|----------|----------|
|                      | 7/1/2019                                           | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999      | 71.73%                                             | 68.39%   | 68.33%   |
| 7/1/1999 – 6/30/2002 | 73.39%                                             | 71.72%   | 71.72%   |
| 7/1/2002 and later   | 75.00%                                             | 75.00%   | 75.00%   |

- Early Retirement Window – Active members who are at least age 59 years and 6 months with 5 years of Credited Vesting Service may elect to commence Early Retirement, during the period from July 1, 2019 to June 30, 2022, with no reduction applied to their Normal Retirement Benefit.
- The changes to plan provisions listed above increased the Funding Target by approximately \$900,000.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
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**Schedule SB, Line 15 – Reconciliation of differences between valuation results and  
amounts used to determine AFTAP**

The Enrolled Actuary signed an AFTAP Certification on 3/29/2019. That certification did not include the final contribution amount made on 6/27/2019. It showed an Adjusted Funding Target Attainment Percentage of 80.00% using these values:

|                                    |    |            |
|------------------------------------|----|------------|
| Funding Target                     | \$ | 11,739,184 |
| Actuarial Value of Assets          | \$ | 9,391,348  |
| Adjusted Funding Target            | \$ | 11,739,184 |
| Adjusted Actuarial Value of Assets | \$ | 9,391,348  |

The 2019 AFTAP would have been 80.20% using assets on line 2b after contribution amount made on 6/27/2019 and the Funding Target shown on line 3d after reflecting changes resulting from a plan amendment. As this results in an immaterial change, the plan sponsor has not requested and the enrolled actuary has not signed a 2019 AFTAP Certification after contribution amount made on 6/27/2019 and a plan amendment was adopted on December 30, 2019.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.**

**EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 26 - Schedule of Active Participant Data**

| Attained | Years of Credited Service |       |       |         |         |         |         |         |         |         |
|----------|---------------------------|-------|-------|---------|---------|---------|---------|---------|---------|---------|
| Age      | Under 1                   | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & up |
| Under 25 |                           |       |       |         |         |         |         |         |         |         |
| 25 - 29  |                           |       |       |         |         |         |         |         |         |         |
| 30 - 34  |                           |       |       |         |         |         |         |         |         |         |
| 35 - 39  |                           |       | 1     |         |         |         |         |         |         |         |
| 40 - 44  |                           | 1     |       | 1       |         |         |         |         |         |         |
| 45 - 49  |                           | 3     |       | 3       |         | 1       | 1       |         |         |         |
| 50 - 54  |                           |       |       | 1       |         |         | 2       |         |         |         |
| 55 - 59  |                           |       |       | 1       |         | 1       | 6       | 1       |         |         |
| 60 - 64  |                           |       |       |         |         | 1       |         |         |         |         |
| 65 - 69  |                           |       | 1     |         |         | 1       |         |         |         |         |
| 70 & up  |                           |       |       |         |         | 1       |         |         |         |         |
| Total    |                           | 4     | 2     | 6       |         | 5       | 9       | 1       |         |         |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Line 19 - Discounted Employer Contributions**

| <u>Date</u>                                                                                     | <u>Amount</u>    | <u>Plan Year</u> | <u>Days Discounted<br/>at Effective Rate<br/>of 5.69%</u> | <u>Days Discounted<br/>at Effective Rate<br/>of 5.52%<sup>1</sup></u> | <u>Discounted Value</u> |
|-------------------------------------------------------------------------------------------------|------------------|------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|
| <b>Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year</b> |                  |                  |                                                           |                                                                       |                         |
| 4/15/2019                                                                                       | 211,853          | 2019             | 104                                                       | 0                                                                     | 208,539                 |
| 7/15/2019                                                                                       | 211,853          | 2019             | 195                                                       | 0                                                                     | 205,681                 |
| 10/11/2019                                                                                      | 211,853          | 2019             | 283                                                       | 0                                                                     | 202,955                 |
| 1/15/2020                                                                                       | 211,853          | 2019             | 379                                                       | 0                                                                     | 200,023                 |
| 12/30/2020                                                                                      | 194,069          | 2019             | 623                                                       | 106                                                                   | 173,843                 |
| <b>Total</b>                                                                                    | <b>1,041,481</b> |                  |                                                           |                                                                       | <b>991,041</b>          |

<sup>1</sup> Deferred contribution discounted at Effective Interest Rate as of 1/1/2020, as allowed under CARES Act

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

| (1)<br>Age                                                   | (2)<br>Expected<br>Active | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements | (5)<br>Weighted Age<br>(1)*(4) |
|--------------------------------------------------------------|---------------------------|---------------------------|--------------------------------|--------------------------------|
| 59                                                           | 22.6375                   | 0.0493                    | 1.1163                         | 65.8636                        |
| 60                                                           | 22.4202                   | 0.0428                    | 0.9600                         | 57.6018                        |
| 61                                                           | 21.3460                   | 0.0167                    | 0.3568                         | 21.7659                        |
| 62                                                           | 20.8654                   | 0.1600                    | 3.3385                         | 206.9853                       |
| 63                                                           | 17.3896                   | 0.1800                    | 3.1301                         | 197.1978                       |
| 64                                                           | 14.1300                   | 0.0600                    | 0.8478                         | 54.2593                        |
| 65                                                           | 13.1653                   | 0.0800                    | 1.0532                         | 68.4594                        |
| 66                                                           | 11.9911                   | 0.1800                    | 2.1584                         | 142.4547                       |
| 67                                                           | 10.7109                   | 0.3300                    | 3.5346                         | 236.8175                       |
| 68                                                           | 7.0568                    | 0.1500                    | 1.0585                         | 71.9790                        |
| 69                                                           | 6.9118                    | 0.1000                    | 0.6912                         | 47.6913                        |
| 70                                                           | 6.1276                    | 0.1500                    | 0.9191                         | 64.3394                        |
| 71                                                           | 5.1177                    | 1.0000                    | <u>5.1177</u>                  | <u>363.3559</u>                |
| <b>Total</b>                                                 |                           |                           | <b>24.2823</b>                 | <b>1,598.7709</b>              |
| <b>Weighted Average Retirement Age = 1598.7709 / 24.2823</b> |                           |                           |                                | <b>65.84</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>               |                           |                           |                                | <b>66</b>                      |

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 15 – Reconciliation of differences between valuation results and  
amounts used to determine AFTAP**

The Enrolled Actuary signed an AFTAP Certification on 3/29/2019. That certification did not include the final contribution amount made on 6/27/2019. It showed an Adjusted Funding Target Attainment Percentage of 80.00% using these values:

|                                    |    |            |
|------------------------------------|----|------------|
| Funding Target                     | \$ | 11,739,184 |
| Actuarial Value of Assets          | \$ | 9,391,348  |
| Adjusted Funding Target            | \$ | 11,739,184 |
| Adjusted Actuarial Value of Assets | \$ | 9,391,348  |

The 2019 AFTAP would have been 80.20% using assets on line 2b after contribution amount made on 6/27/2019 and the Funding Target shown on line 3d after reflecting changes resulting from a plan amendment. As this results in an immaterial change, the plan sponsor has not requested and the enrolled actuary has not signed a 2019 AFTAP Certification after contribution amount made on 6/27/2019 and a plan amendment was adopted on December 30, 2019.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 19 - Discounted Employer Contributions**

| <u>Date</u>                                                                                     | <u>Amount</u>    | <u>Plan Year</u> | <u>Days Discounted<br/>at Effective Rate<br/>of 5.69%</u> | <u>Days Discounted<br/>at Effective Rate<br/>of 5.52%<sup>1</sup></u> | <u>Discounted Value</u> |
|-------------------------------------------------------------------------------------------------|------------------|------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|
| <b>Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year</b> |                  |                  |                                                           |                                                                       |                         |
| 4/15/2019                                                                                       | 211,853          | 2019             | 104                                                       | 0                                                                     | 208,539                 |
| 7/15/2019                                                                                       | 211,853          | 2019             | 195                                                       | 0                                                                     | 205,681                 |
| 10/11/2019                                                                                      | 211,853          | 2019             | 283                                                       | 0                                                                     | 202,955                 |
| 1/15/2020                                                                                       | 211,853          | 2019             | 379                                                       | 0                                                                     | 200,023                 |
| 12/30/2020                                                                                      | 194,069          | 2019             | 623                                                       | 106                                                                   | 173,843                 |
| <b>Total</b>                                                                                    | <b>1,041,481</b> |                  |                                                           |                                                                       | <b>991,041</b>          |

<sup>1</sup> Deferred contribution discounted at Effective Interest Rate as of 1/1/2020, as allowed under CARES Act

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions**

**Effective Date**

January 1, 2002. Amended and restated effective January 1, 2015. Plan amended December 30, 2019 for negotiated benefit improvements effective July 1, 2019 and later.

**Eligibility to participate**

Employees who have completed one Year of Service whose terms and conditions of employment are subject to or covered by the collective bargaining agreement with respect to maintenance shop or container yard employees between Hawaii Terminals, Inc. (Horizon Lines, LLC prior to May 29, 2015) and the ILWU Local 142. However, an eligible employee on January 1, 2002 who was a member of the Retirement Plan for Maintenance Shop Employees of Hawaii Stevedores, Inc. ("Former Plan") on December 2, 2001 became a member of this Plan on January 1, 2002.

**Service**

**Year of Service**

One Year of Service is earned for completion of 1,000 Hours of Service in the twelve-month period commencing on an employee's hire date and each anniversary thereof.

**Credited Vesting Service**

One year of Credited Vesting Service is earned for the twelve-month period commencing on an employee's hire date and each anniversary thereof. In addition, Credited Vesting Service includes all vesting service prior to January 1, 2002 credited under the Former Plan. Credited Vesting Service is also earned for eligible leaves of absence to serve as union officials or in the uniformed services.

**Credited Benefit Service**

One-twelfth of a year of Credited Benefit Service is earned for each month of employment in which the member is eligible to participate in the Plan and had at least one Hour of Service. In addition, all benefit service credited under the Former Plan is included, as well as the month of December 2001 in the case of a member who had at least one Hour of Service during that month and was eligible at January 1, 2002. Credited Benefit Service is also earned for eligible leaves of absence to serve in the uniformed services to the extent required by law.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.**  
**EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Normal Retirement**

Eligibility

Age 62.

Amount of Benefit

The monthly benefit is equal to the greater of (1) and (2) below:

(1) Basic Retirement Income

1/12 of 1% of compensation during Credited Benefit Service prior to January 1, 2004.

(2) Minimum Retirement Income

Years of Credited Benefit Service (up to maximum amounts specified in the plan) times the benefit level in effect on the earlier of the employee's retirement or termination of covered employment.

For active members who retire on or after January 1, 2008 and prior to July 1, 2014:

| Effective    | Benefit Level | Max. Credited Benefit Service |
|--------------|---------------|-------------------------------|
| July 1, 2008 | \$160         | 37 years                      |
| July 1, 2009 | \$165         | 37 years                      |
| July 1, 2012 | \$170         | 37 years                      |
| July 1, 2013 | \$180         | 37 years                      |

For active members who retire on or after July 1, 2014:

| Effective    | Benefit Level | Max. Credited Benefit Service |
|--------------|---------------|-------------------------------|
| July 1, 2014 | \$180         | 37 years                      |
| July 1, 2017 | \$187.50      | 37 years                      |
| July 1, 2018 | \$200         | 37 years                      |
| July 1, 2019 | \$205         | 37 years                      |
| July 1, 2020 | \$210         | 37 years                      |
| July 1, 2021 | \$215         | 37 years                      |

Benefits are based on total service recognized by the bargaining agreement and are net of benefits payable from the Former Plan for any of that service. For Funding purposes in this valuation, Benefit Level increases effective after the Plan Year are not measured.

Members in payment status will receive monthly increases to their benefit shown in the table below. Beneficiaries will receive the applicable benefit percentage of the increased benefit. For Funding purposes in this valuation, additional monthly benefits effective after the Plan Year are not measured.

| Date of Retirement   | Additional Monthly Benefit Effective |            |            |
|----------------------|--------------------------------------|------------|------------|
|                      | 7/1/2019                             | 7/1/2020   | 7/1/2021   |
| Before 7/1/1987      | \$66/month                           | \$66/month | \$66/month |
| 7/1/1987 – 6/30/1999 | \$70/month                           | \$70/month | \$70/month |
| 7/1/1999 – 6/30/2002 | \$35/month                           | \$35/month | \$35/month |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Time and Form of Payment**

The normal form of benefit is a single life annuity payable beginning on the first of the month coincident with or next following eligibility for normal retirement. The automatic form of payment for a married member is an unreduced 60% joint and survivor annuity. For normal retirements on or after July 1, 2015, the automatic form of payment for a married member is an unreduced 75% joint and survivor annuity.

**Supplemental Normal Retirement Benefit ("Bridge")**

**Eligibility**

Retirement from active service after age 55 and before Social Security full retirement age.

**Amount of Benefit**

If age 62 or over, \$300 per month. If under age 62, \$300 per month actuarially reduced for early retirement.

**Time and Form of Payment**

Payable from date of retirement to the earlier of Social Security full retirement age or death; if member retires with 25 or more years of Credited Benefit Service and dies prior to Social Security full retirement age, the benefit will continue to an eligible survivor.

**Early Retirement**

**Eligibility**

Age 55 and 5 years of Credited Vesting Service, or age 60.

**Amount of Benefit**

For employees who retire after age 60, or employees who retire after age 55 and completion of 5 or more years of Credited Vesting Service, benefits are the same as for Normal Retirement, but are reduced five-twelfths of 1% for each month by which the Early Retirement Date precedes the Normal Retirement Date. For employees who retire on or after age 55 and before age 60 and have completed at least 3 but less than 5 years of Credited Vesting Service, benefits are equal to the Basic Retirement Income only, reduced by five-twelfths of 1% for each month by which the Early Retirement Date precedes the Normal Retirement Date.

**Time and Form of Payment**

Normal form of payment is a single life annuity beginning on any first of the month coincident with or following eligibility for Early Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 60% joint and survivor annuity. For retirements on or after July 1, 2015, the automatic form of payment for a married member is an unreduced 75% joint and survivor annuity.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Early Retirement Window**

Eligibility

Age 59 years and 6 months and 5 years of Credited Vesting Service.

Amount of Benefit

Benefits are the same as for Normal Retirement, without the reduction that would otherwise apply to benefits commencing at an Early Retirement Date.

Time and Form of Payment

Payable to employees who meet eligibility requirements during the period July 1, 2019 to June 30, 2022.

Normal form of payment is a single life annuity beginning on any first of the month coincident with or following eligibility for Early Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 75% joint and survivor annuity.

**Deferred Retirement**

Eligibility

Any time after eligibility for Normal Retirement.

Amount of Benefit

Benefits are the same as for Normal Retirement, using Compensation and Credited Benefit Service earned up to the Deferred Retirement Date. If the retirement date is after the April 1 of the calendar year following the calendar year in which the employee attains age 70-1/2, the deferred retirement benefit is not less than the benefit as of such April 1 with actuarial adjustment for the period following such April 1.

Time and Form of Payment

Normal form of payment is a single life annuity beginning on any first of the month following eligibility for Normal Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 60% joint and survivor annuity. For deferred retirements on or after July 1, 2015, the automatic form of payment for a married member is an unreduced 75% joint and survivor annuity.

**Termination**

Eligibility

5 years of Credited Vesting Service or attainment of age 60 while an eligible employee to be vested in Normal Retirement benefit; otherwise, 3 years of Credited Vesting Service or attainment of age 55 while an eligible employee to be vested in the Basic Retirement Income (if applicable).

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Amount of Benefit**

If an employee completes at least 5 years of Credited Vesting Service or terminates after attainment of age 60, the amount of the termination benefit is the same as that earned under the Normal Retirement benefit; otherwise, the benefit is limited to the Basic Retirement Income (if applicable).

**Time and Form of Payment**

Normal form of payment for the termination benefit is a single life annuity beginning at Normal Retirement age. The automatic form for a married member who was not eligible for an immediate early, normal or deferred retirement at termination is a reduced 50% joint and survivor annuity. The member may elect to receive the termination benefit starting any time after eligibility for Early Retirement, but the benefit will be reduced 5/9% for each of the first 60 months by which early retirement precedes age 62 and 5/18% for each month over 60.

**Pre-Retirement Surviving Spouse Death Benefit**

**Eligibility**

Eligible for a vested benefit or retirement and married at least one year at time of death.

**Amount of Benefit**

- (1) If active and died before July 1, 2019:  
the applicable percentage from Table 1 of the Normal Retirement Benefit.

| <b>Table 1</b>                                            |                 |                 |                 |
|-----------------------------------------------------------|-----------------|-----------------|-----------------|
| <b>Spouse's Benefit Percentage for Payments Effective</b> |                 |                 |                 |
| <b>Date of Death</b>                                      | <b>7/1/2019</b> | <b>7/1/2020</b> | <b>7/1/2021</b> |
| Before 7/1/1999                                           | 71.73%          | 73.39%          | 75.00%          |
| 7/1/1999 – 6/30/2002                                      | 68.39%          | 71.72%          | 75.00%          |
| 7/1/2002 – 6/30/2008                                      | 68.33%          | 71.72%          | 75.00%          |

- (2) If active, age 59 with 25 years of Credited Benefit Service, and not eligible for benefit (1) above:  
the applicable percentage from Table 2 of the Normal Retirement Benefit.

| <b>Table 2</b>                                  |                        |                             |
|-------------------------------------------------|------------------------|-----------------------------|
| <b>Spouse's Benefit Percentage for Payments</b> |                        |                             |
| <b>Date of Death</b>                            | <b>Before 7/1/2015</b> | <b>On or After 7/1/2015</b> |
| Before 7/1/1999                                 | 50%                    | 70%                         |
| 7/1/1999 – 6/30/2008                            | 50%                    | 65%                         |
| 7/1/2008 – 6/30/2011                            | 50%                    | 75%                         |
| 7/1/2011 – 6/30/2015                            | 60%                    | 75%                         |
| 7/1/2015 and later                              | 75%                    | 75%                         |

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.**  
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**Schedule SB, Part V - Summary of Plan Provisions (continued)**

- (3) If active, not eligible for benefit in (1) or (2) above, and either
- (a) with at least 5 years of Credited Vesting Service and age 55, or
  - (b) with at least 5 years of Credited Vesting Service and with 25 years of Credited Benefit Service, or
  - (c) at least age 60:
- The applicable percentage from Table 2 of Normal Retirement Benefit, reduced 5/12 of 1% for each month before age 62, subject to a maximum 35% reduction.
- (4) If active, age 55 but not eligible for benefits in (1), (2) or (3) above:  
The applicable percentage from Table 2 of Basic Retirement Income, reduced 5/12 of 1% for each month before age 62.
- (5) (a) If active, with at least 3 years of Credited Vesting Service, but not eligible for benefits in (1), (2), (3) or (4) above, or
- (b) if a terminated vested member:  
50% of the reduced 50% Joint & Survivor Early Retirement Benefit that would have been in effect had the member terminated on the date of death (and, if under age 55, survived to age 55).

**Time and Form of Payment**

The death benefit will be paid for the life of the spouse. Payment will begin on the first of the month next following the employee's death, except in (5) where payments begin when the member would have reached age 55, if later.

**Post-Retirement Surviving Spouse Death Benefit**

**Eligibility**

Spouse of a Member who retired from active service and elected an Unreduced Joint and Survivor annuity (automatic form of payment).

**Amount of Benefit**

The applicable percentage of the Normal Retirement Benefit shown below.

| Date of Retirement   | Spouse's Benefit Percentage for Payments Effective |          |          |
|----------------------|----------------------------------------------------|----------|----------|
|                      | 7/1/2019                                           | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999      | 71.73%                                             | 73.39%   | 75.00%   |
| 7/1/1999 – 6/30/2002 | 68.39%                                             | 71.72%   | 75.00%   |
| 7/1/2002 and later   | 68.33%                                             | 71.72%   | 75.00%   |

**Time and Form of Payment**

The death benefit will be paid for the life of the spouse.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Pre-Retirement Supplemental Retirement Death Benefit**

**Eligibility**

Dies on or after 7/1/08 in active service as an eligible employee after completion of 25 years of Credited Benefit Service and before Social Security full retirement age with a surviving spouse to whom he was married during the one-year preceding death or eligible dependent child(ren).

**Time and Form of Payment**

Monthly payments will begin on the later of first of the month next following the member's death or the date the member, if living, would have reached his earliest retirement date (age 55). Payments end at the date the member, if living, would have attained Social Security full retirement age. Payments are in the same amount that would have been paid as a Supplemental Retirement Benefit to the member, if living, and are paid to the eligible surviving spouse; if the eligible surviving spouse dies before the member's Social Security full retirement age or if there is no eligible surviving spouse, payments are shared equally to eligible dependent children as defined in the plan.

**Disability**

**Eligibility**

After six months of disability and determination that the employee is permanently and continuously disabled and unable to perform work for the Company within the Bargaining Unit and is not receiving any other disability benefits from the Company or any worker's compensation.

**Amount of Benefit**

The greater of the Normal Retirement Benefit earned to Disability Retirement Date, unreduced for early commencement of benefits, or \$125.00 per month.

**Time and Form of Payment**

Normal form of payment is a single life annuity commencing after six months of disability and a determination of eligibility. The automatic form for married members is an unreduced 60% joint and survivor annuity. For disability retirements after July 1, 2015, the automatic form for married members is an unreduced 75% joint and survivor annuity.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.**  
**EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Forms of Payment**

- Single Life annuity for unmarried members
- Unreduced Joint and Survivor annuity for married members who retire from active service or terminate after retirement eligibility with the surviving spouse percentages shown below:

| <b>Retirement Date</b> | <b>Spouse's Benefit Percentage<br/>for Payments Before 7/1/15</b> | <b>Spouse's Benefit Percentage for<br/>Payments on or after 7/1/15</b> |
|------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|
| Before 7/1/99          | 50%                                                               | 70%                                                                    |
| 7/1/99 – 6/30/08       | 50%                                                               | 65%                                                                    |
| 7/1/08 – 6/30/11       | 50%                                                               | 75%                                                                    |
| 7/1/11 – 6/30/15       | 60%                                                               | 75%                                                                    |
| 7/1/15 and later       | 75%                                                               | 75%                                                                    |

- Reduced 50% Joint and Survivor annuity for married members who terminate prior to retirement eligibility
- 50% Joint and Survivor annuity
- 75% Joint and Survivor annuity
- 100% Joint and Survivor annuity
- Lump sum payment for repatriating employees hired prior to January 1, 1950
- Lump sum payment or equal monthly installments for disability retirement
- Lump sum payment for employees laid off in certain reductions in workforce
- Lump sum payment if not greater than \$5,000 (optional at member's election)

**Actuarial Equivalence**

The member's life annuity is converted into an actuarially equivalent other form of payment using (except for lump sums) the Unisex Pension 1984 Mortality Table set back two years for members and seven years for contingent annuitants and an interest rate of 6.5% per year.

The lump sum form of payment is calculated as the present value of the accrued benefit payable at Normal Retirement Date (or actual retirement date, if later), using the Internal Revenue Code Section 417(e)(3) assumptions with a lookback month for the applicable interest rate of the November in the preceding plan year. The minimum lump sum payment under a Disability Retirement Benefit is the Basic Retirement Income monthly benefit multiplied by 90.

The Supplemental Retirement Benefit commencing before attainment of age 62 is determined using the 1971 Group Annuity Mortality Table set back one year and an interest rate of 6.0% per year.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Part V - Summary of Plan Provisions (continued)**

**Summary of Changes from the January 1, 2018 Valuation**

- Normal Retirement
  - For active members who retire on or after July 1, 2014, the benefit levels are increases from \$200.

| Effective    | Benefit Level | Max. Credited Benefit Service |
|--------------|---------------|-------------------------------|
| July 1, 2019 | \$205         | 37 years                      |
| July 1, 2020 | \$210         | 37 years                      |
| July 1, 2021 | \$215         | 37 years                      |

- Members in payment status will receive monthly increases to their benefit shown in the table below. Beneficiaries will receive the applicable benefit percentage of the increased benefit.

| Date of Retirement   | Additional Monthly Benefit Effective |            |            |
|----------------------|--------------------------------------|------------|------------|
|                      | 7/1/2019                             | 7/1/2020   | 7/1/2021   |
| Before 7/1/1987      | \$66/month                           | \$66/month | \$66/month |
| 7/1/1987 – 6/30/1999 | \$70/month                           | \$70/month | \$70/month |
| 7/1/1999 – 6/30/2002 | \$35/month                           | \$35/month | \$35/month |

- Pre-Retirement Surviving Spouse – The Spouse of an Active members who died prior to July 1, 2019 shall receive benefit increases based on the following benefit percentages.

| Date of Death        | Spouse's Benefit Percentage for Payments Effective |          |          |
|----------------------|----------------------------------------------------|----------|----------|
|                      | 7/1/2019                                           | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999      | 71.73%                                             | 73.39%   | 75.00%   |
| 7/1/1999 – 6/30/2002 | 68.39%                                             | 71.72%   | 75.00%   |
| 7/1/2002 – 6/30/2008 | 68.33%                                             | 71.72%   | 75.00%   |

- Post-Retirement Surviving Spouse – The Spouse of Member who retired from active service and elected an Unreduced Joint and Survivor shall receive benefit increases based on the following benefit percentages.

| Date of Retirement   | Spouse's Benefit Percentage for Payments Effective |          |          |
|----------------------|----------------------------------------------------|----------|----------|
|                      | 7/1/2019                                           | 7/1/2020 | 7/1/2021 |
| Before 7/1/1999      | 71.73%                                             | 68.39%   | 68.33%   |
| 7/1/1999 – 6/30/2002 | 73.39%                                             | 71.72%   | 71.72%   |
| 7/1/2002 and later   | 75.00%                                             | 75.00%   | 75.00%   |

- Early Retirement Window – Active members who are at least age 59 years and 6 months with 5 years of Credited Vesting Service may elect to commence Early Retirement, during the period from July 1, 2019 to June 30, 2022, with no reduction applied to their Normal Retirement Benefit.
- The changes to plan provisions listed above increased the Funding Target by approximately \$900,000.

**Pension Plan for Maintenance Shop and Container Yard Employees of  
Hawaii Terminals, Inc.  
EIN/PN: 99-0108338 / 003**

**Schedule SB, Line 32 - Schedule of Amortization Bases**

| <b>Type of Base</b> | <b>Present Value of<br/>Remaining Installments<br/>as of January 1, 2019</b> | <b>Date Established</b> | <b>Remaining<br/>Installments</b> | <b>Shortfall<br/>Amortization<br/>Installment</b> |
|---------------------|------------------------------------------------------------------------------|-------------------------|-----------------------------------|---------------------------------------------------|
| Shortfall           | \$769,771                                                                    | 1/1/2019                | 7                                 | \$125,078                                         |
| Shortfall           | \$497,579                                                                    | 1/1/2018                | 6                                 | \$91,756                                          |
| Shortfall           | \$395,953                                                                    | 1/1/2017                | 5                                 | \$85,110                                          |
| Shortfall           | \$760,656                                                                    | 1/1/2016                | 4                                 | \$200,762                                         |
| Shortfall           | (\$5,077)                                                                    | 1/1/2015                | 3                                 | (\$1,755)                                         |
| Shortfall           | (\$5,739)                                                                    | 1/1/2014                | 2                                 | (\$2,922)                                         |
| Shortfall           | \$88,396                                                                     | 1/1/2013                | 1                                 | \$88,396                                          |