

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HAWAIIAN TELCOM MANAGEMENT PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/02/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/02/2005</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/02/2005</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAWAIIAN TELCOM COMMUNICATIONS, INC</u> <u>1177 BISHOP STREET</u> <u>HONOLULU, HI 96813</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>16-1710376</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>808-546-4545</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>517000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>16-1710376</u>	2c Plan Sponsor's telephone number <u>808-546-4545</u>	2d Business code (see instructions) <u>517000</u>	
2b Employer Identification Number (EIN) <u>16-1710376</u>					
2c Plan Sponsor's telephone number <u>808-546-4545</u>					
2d Business code (see instructions) <u>517000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	MICHAEL R. MURPHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 508
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 184
a(2) Total number of active participants at the end of the plan year		6a(2) 177
b Retired or separated participants receiving benefits.....		6b 92
c Other retired or separated participants entitled to future benefits		6c 222
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 491
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 4
f Total. Add lines 6d and 6e		6f 495
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ 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.			

A Name of plan HAWAIIAN TELCOM MANAGEMENT PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAWAIIAN TELCOM COMMUNICATIONS, INC		D Employer Identification Number (EIN) 16-1710376	
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			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	8331860	
	b Actuarial value	2b	7920630	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	92	3256524	3256524
	b For terminated vested participants.....	233	1831547	1831547
	c For active participants	184	3299457	3324805
	d Total.....	509	8387528	8412876
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	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.....	4b		
5	Effective interest rate	5	5.78 %	
6	Target normal cost.....	6	275051	

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.

<div>SIGN HERE</div>	Signature of actuary		10/04/2021		Date	
JASON H. NATOF		Type or print name of actuary		20-06732		Most recent enrollment number
BUCK GLOBAL, LLC		Firm name		212-330-1000		Telephone number (including area code)
420 LEXINGTON AVENUE, 22ND FLOOR NEW YORK, NY 10170		Address of the firm				

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>20.02</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) 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>5.53</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	94.14 %
15 Adjusted funding target attainment percentage	15	90.85 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.51 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/13/2020	330000	0			
01/15/2021	107004	0			
			Totals ▶	18(b)	437004
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	416764
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
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

61

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 275051**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 492246 Installment 46215**b** Waiver amortization installment 0 0**33** 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. **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 321266**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 321266**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 416764**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 95498**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan HAWAIIAN TELCOM MANAGEMENT PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HAWAIIAN TELCOM COMMUNICATIONS, INC				D Employer Identification Number (EIN) 16-1710376	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: HAWAIIAN TELCOM COMMS MSTR RET TRST					
b Name of sponsor of entity listed in (a): HAWAIIAN TELCOM COMMUNICATIONS, INC.					
c EIN-PN 20-3108031-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9025699	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>HAWAIIAN TELCOM MANAGEMENT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAWAIIAN TELCOM COMMUNICATIONS, INC</u>	D Employer Identification Number (EIN) <u>16-1710376</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	194811	107004
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	8140802	9025699
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8335613	9132703

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	7361	17024
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7361	17024

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8328252	9115679
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	437004	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		437004
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1099838
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1536842

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	749415	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		749415
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		749415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		787427
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4327100</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan HAWAIIAN TELCOM MANAGEMENT PENSION PLAN</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 HAWAIIAN TELCOM COMMUNICATIONS, INC</div>	<div>D Employer Identification Number (EIN) 16-1710376</div>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063</div>		
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	<div>14</div>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☒ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?</div>	<div>☐ Yes ☐ No ☒ N/A</div>

Part III	Amendments
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<div>9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☒ No</div>
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," 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 _____

INDEPENDENT AUDITORS' REPORT

To the Participants and the Employee's Benefit Committee
Hawaiian Telcom Management Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hawaiian Telcom Management Pension Plan (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Northern Trust Company and Vanguard Fiduciary Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions from July 1, 2019 to December 31, 2020, and that Northern Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2019 to June 30, 2019. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

October 13, 2021

Cincinnati, Ohio

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for – and applied reasonability tests to – information on assets, contributions, plan provisions and data on people covered by the plan.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020**This Form is Open to Public
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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.

A Name of plan HAWAIIAN TELCOM MANAGEMENT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAWAIIAN TELCOM COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 16-1710376
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

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value	2a	8,331,860	
b Actuarial value	2b	7,920,630	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	92	3,256,524	3,256,524
b For terminated vested participants	233	1,831,547	1,831,547
c For active participants.....	184	3,299,457	3,324,805
d Total.....	509	8,387,528	8,412,876
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5 Effective interest rate.....	5	5.78%	
6 Target normal cost.....	6	275,051	

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.

**SIGN
HERE**

Jason H. Natof

Signature of actuary

10/04/2021

Date

2006732

Jason H. Natof

Type or print name of actuary

Buck Global, LLC

Firm name

420 Lexington Avenue, 22nd Floor

New York NY 10170

Address of the firm

Most recent enrollment number

212-330-1000

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) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>20.02</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) 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>5.53</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage.....	14	94.14%
15	Adjusted funding target attainment percentage.....	15	90.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.51%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

Contributions made to the plan for the plan year by employer(s) and employees						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/13/2020	330,000	0				
01/15/2021	107,004	0				
			Totals ►	18(b)	437,004	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	416,764

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	275,051	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	492,246	46,215	
b Waiver amortization installment	0	0	
33 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	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	321,266	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	321,266	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	416,764	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	95,498	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Line 15 – Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

Funding Target	\$	8,718,348
Actuarial Value of Assets	\$	7,920,875
Prefunding Balance	\$	0
AFTAP		90.85%

The AFTAP was certified on October 21, 2020 and showed the above values, which correspond to the pre-ARP Funding Target, Actuarial Value of Assets, and Prefunding Balance as of that date.

The Funding Target, Actuarial Value of Assets, and Prefunding Balance shown on the 2020 Schedule SB reflect the sponsor's elections with respect to the ARP provisions, elections that changed the prefunding balance as permitted under IRS Notice 2021-48, and contributions credited to the 2019 plan year after the date the 2020 AFTAP was certified.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Line 19(c) – Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Interest Rate of 5.78%	Days Discounted at Penalty Rate of 10.78%	Discounted Value
October 13, 2020	\$ 330,000	2020	286	0	\$ 315,824
January 15, 2021	<u>107,004</u>	2020	380	0	<u>100,940</u>
Total	\$ 437,004				\$ 416,764

These contributions were made by the due date under § 3608(a) of the CARES Act.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
36	1.0000	0.0120	0.0120	0.4320
37	1.9878	0.0120	0.0239	0.8826
38	1.9634	0.0120	0.0236	0.8953
39	3.9393	0.0120	0.0473	1.8436
40	4.8906	0.0080	0.0391	1.5650
41	5.8494	0.0080	0.0468	1.9186
42	8.7999	0.0080	0.0704	2.9568
43	12.7249	0.0080	0.1018	4.3774
44	17.6156	0.0080	0.1409	6.2007
45	22.4638	0.0050	0.1123	5.0544
46	27.3363	0.0050	0.1367	6.2873
47	33.1791	0.0050	0.1659	7.7971
48	35.9863	0.0050	0.1799	8.6367
49	43.7742	0.0050	0.2189	10.7247
50	54.5118	0.0020	0.1090	5.4512
51	62.3440	0.0020	0.1247	6.3591
52	74.1454	0.0020	0.1483	7.7111
53	81.9010	0.0020	0.1638	8.6815
54	87.6188	0.0020	0.1752	9.4628
55	94.3024	0.0455	4.2917	236.0416
56	101.8423	0.0752	7.6635	429.1563
57	104.9785	0.1013	10.6347	606.1772
58	99.1160	0.1419	14.0607	815.5209
59	89.8146	0.1819	16.3353	963.7837
60	83.2360	0.3000	24.9708	1,498.2481
61	68.0166	0.2500	17.0041	1,037.2527
62	56.7865	0.4000	22.7146	1,408.3062
63	40.8628	0.3000	12.2588	772.3064
64	33.4394	0.3500	11.7038	749.0425
65	27.5860	0.9000	24.8274	1,613.7802
66	5.6195	0.2000	1.1239	74.1769
67	6.4702	0.2000	1.2940	86.7012
68	6.1408	0.2000	1.2282	83.5151
69	5.8714	0.2000	1.1743	81.0249
70	5.6495	1.0000	5.6495	395.4657
71	2.0000	1.0000	<u>2.0000</u>	<u>142.0000</u>
Total			180.9758	11,089.7372
Weighted Average Retirement Age = 11,089.7372 / 180.9758				61.28
Rounded Weighted Average Retirement Age				61

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Line 22 - Description of Weighted Average Retirement Age (continued)

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.

Name of Plan: Hawaiian Telecom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding interest rates

For 2020 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.79%	4.75%
Second Segment Rate	3.92%	5.50%
Third Segment Rate	4.38%	6.27%
Effective Rate	4.10%	5.78%

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

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.28%	3.74%
Second Segment Rate	3.81%	5.35%
Third Segment Rate	4.46%	6.11%
Effective Rate	4.01%	5.53%

* Used for maximum tax-deduction, ERISA Section 4010 reporting, and 2020 PBGC premium Purposes.

** Used for minimum funding and benefit restriction purposes. 2020 interest rates reflect the ARP election.

PBGC Premium Funding Target

For 2020 Plan Year:	First Segment Rate	2.79%
	Second Segment Rate	3.92%
	Third Segment Rate	4.38%
For 2019 Plan Year:	First Segment	3.38%
	Second Segment Rate	4.32%
	Third Segment Rate	4.69%

The Alternative Premium Funding Target was elected for the 2020 plan year.

The effective interest rate for PBGC premium purposes is 4.10% for 2020. The effective interest rate for 2019 is not available.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Prescribed Funding Assumptions and Methods (continued)

Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1 as amended in IRS Notice 2019-26, applied on a static basis.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2020 IRC 417(e) Applicable Mortality table

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 and investment related expenses to be paid from plan assets during the year.

Since the plan is frozen, the Target Normal Cost represents expected plan expenses only.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Non-Prescribed Funding Assumptions and Methods

The non-prescribed economic assumptions were selected by the plan's enrolled actuary. They are based on plan sponsor guidance and are reviewed annually. The demographic assumptions were selected by the plan's prior enrolled actuary. These assumptions appear reasonable based on recent years' experience gains/losses and plans with similar demographics and characteristics. They will be re-evaluated once additional plan experience is collected and reviewed. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Expenses

Expected plan administrative and investment related expenses of \$275,051 were added to the Target Normal Cost. This assumption is based on the sum of the prior year's expenses (without PBGC Premium) and the current year's expected PBGC premium.

Cash Balance interest crediting rate

Current and Future Years:	2.40%
Prior Year:	3.60%

Frequency of optional payment forms

95% of participants are assumed to elect a lump sum form of payment under the plan when eligible and 5% are assumed to elect a single life annuity. Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) without application of generational mortality. Annuities were calculated from the cash balance accounts using the required methodology in IRS Regulation 1.430(d)-1(f)(5).

Marital percentage

90% of male participants and 50% of female participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)
Non-Prescribed Funding Assumptions and Methods (continued)

Termination / Retirement rates

For active participants:

Age	With less than 25 Years of Service	With at least 25 Years of Service
30-34	1.6%	1.6%
35-39	1.2%	1.2%
40-44	0.8%	0.8%
45-49	0.5%	0.5%
50-54	0.2%	0.2%
55	1.9%	6.0%
56	2.1%	10.0%
57	2.2%	14.0%
58	2.5%	20.0%
59	2.8%	25.0%
60	30.0%	30.0%
61	25.0%	25.0%
62	40.0%	40.0%
63	30.0%	30.0%
64	35.0%	35.0%
65	90.0%	90.0%
66-69	20.0%	20.0%
70 or older	100.0%	100.0%

For current deferred vested participants: 100% commencement at age 65.

Disability rates

None.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. 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 law and regulations 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.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2020 Expected Return	6.00%	6.27%	6.00%
2019 Expected Return	6.50%	6.11%	6.11%
2018 Expected Return	7.00%	6.29%	6.29%

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.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Non-Prescribed Funding Assumptions and Methods (continued)

Summary of Changes from the January 1, 2019 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation, including the new stabilized segment rates applicable to the 2020 plan year under the American Rescue Plan Act of 2021.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)- 1, applied on a static basis.
- Lump sum conversion mortality was updated to the 2020 IRC 417(e) Applicable Mortality table.
- The cash balance interest crediting rate was decreased from 3.60% to 2.40% due to changes in the underlying Treasury rates during 2019 that are used to determine this percentage.
The assumption changes listed above decreased the Funding Target by approximately \$0.2 million.
- The expense component of the Target Normal Cost was increased from \$240,000 to \$275,051.
- The expected rate of return on plan assets was changed from 6.50% to 6.00%. This change is based on updated information provided by Cincinnati Bell's investment consultant regarding the plan's asset allocation and forward-looking expected rates of return by asset category. This change had no impact on the Actuarial Value of Assets.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Part V - Summary of Plan Provisions

Effective Date

May 2, 2005. Most recently restated effective January 1, 2017.

Eligibility to Participate

Employed in a non-union salaried position other than an individual employed in a division or unit designated by the company to be a nonparticipating division or unit. Due to the plan freeze effective March 31, 2007, no new employees are eligible to participate after that date.

Credited Service

Elapsed time method from May 2, 2005 to date of separation, excluding any period of severance exceeding 12 months. If an employee transferred directly from Verizon Hawaii, then service earned under Verizon Management Plan as of May 1, 2005 is included for vesting purposes.

Credited service is also used for eligibility and vesting purposes.

Final Average Earnings

Average monthly compensation of the highest 60 consecutive months or the five highest consecutive calendar years out of the last ten years of service. Due to the plan freeze effective March 31, 2007, the Final Average Earnings is frozen as of March 31, 2007.

Pension Formula

Greater of:

- 1.65% of Final Average Earnings to March 31, 2007, multiplied by total Credited Service (with Verizon and Hawaiian Telcom) to March 31, 2007, less the accrued benefit at Verizon.
- 1.65% of Final Average Earnings at retirement, multiplied by total Credited Service with Hawaiian Telcom starting as of May 2, 2005 and ending as of March 31, 2007, using pay which includes pay while a Verizon employee.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Cash Balance Formula

Pay Credits plus Interest Credits as follows:

- Pay Credits

Points for any given month will be the sum of participant's age in years and completed months and Participant's net credited service as of January 1 in such a year. Pay Credit Percentage is multiplied by monthly Compensation.

Points	Pay Credit Percentage
Less than 35	4.0%
35 – 49	5.0%
50 – 64	6.0%
65 or more	7.0%

- Interest Credits

Interest Credit is determined based on the interest credit percentage for the month times the account balance of the Participant's cash balance account at the end of the prior month. Interest Credit Percentage is determined as 1/12 of the average annual yield of Treasury debt securities with a constant maturity of one year for the second month of the previous calendar quarter. 1/12 of one percentage point will be added to the Interest Credit Rate, with the total limited to 1/12 of the average annual yield on 30-year Treasury bonds.

The plan was frozen effective March 31, 2007 so no Pay Credits are applied after that date. Interest Credits will continue to apply until benefits commence or the cash balance account is distributed.

Normal Retirement

Eligibility

Later of age 65 and 5 years of vesting service.

Amount of Benefit

Participants with less than 10 years of service at January 1, 2002 (when at Verizon) are eligible for the benefit based on the Cash Balance Formula.

Participants with at least 10 years of service at January 1, 2002 (when at Verizon) are eligible for the benefit based on the Pension Formula or the Cash Balance Formula, whichever is greater.

Time and Form of Payment

The Automatic Form of Payment for a single participant is the Life Annuity. The Automatic Form of Payment for a married member is a 50% Joint and Survivor Annuity, Actuarially Equivalent to the Life Annuity.

Late Retirement

Amount of Benefit

The greater of the accrued benefit calculated at termination and the accrued benefit determined as if the Participant had terminated at Normal Retirement, actuarially increased to date of commencement.

Time and Form of Payment

The Automatic Form of Payment for a single participant is the Life Annuity. The Automatic Form of Payment for a married member is a 50% Joint and Survivor Annuity, Actuarially Equivalent to the Life Annuity. The accrued normal retirement benefit payable at age 65.

Name of Plan: Hawaiian Telcom Management Pension Plan
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Plan Year: January 1, 2020 to December 31, 2020

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

Early Retirement

Eligibility

Age 60 or 15 years of Credited Service.

Amount of Benefit

For Pension formula:

- For Participants who retire on or after age 55 with at least 25 years of Credited Service or age 60, benefits are the same as for Normal Retirement.
- For Participants who retire on or after age 55 with 15 years of Credited Service, benefits are equal to the Normal Retirement Benefit reduced by 3% for each year the Early Retirement Date precedes age 60.
- Otherwise benefits are equal to the Normal Retirement Benefit reduced by 5% for each year the Early Retirement Date precedes age 60 until age 46, then reduced actuarially for years prior to age 46. The actuarial adjustment is determined by reduction tables provided in the plan restatement.

For Cash Balance formula: Account Balance as of payment date

Time and Form of Payment

The Automatic Form of Payment for a single participant is the Life Annuity. The Automatic Form of Payment for a married member is a 50% Joint and Survivor Annuity, Actuarially Equivalent to the Life Annuity.

Death

Eligibility

Death of vested Participant before commencing retirement benefit.

Amount of benefit

If Participant was not eligible for benefits based on the Pension Formula, then Account Balance.

If Participant was eligible for benefits based on the Pension Formula, the benefits based on the two formulas are compared. If Pension Formula is greater, the 50% Joint and Survivor benefit would be payable to the spouse as if the Participant had terminated employment on the date of death, elected a 50% Joint and Survivor annuity and died on the same day. Early Retirement reductions apply to the benefit only if Participant dies after termination of employment.

Forms of Payment

- Single Life annuity
- Joint and Survivor annuity (50%, 66-2/3%, 75%, 100%)
- Period Certain and Life Annuity (5-year or 10-year)
- Lump sum benefit

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

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

Actuarial Equivalence

The participant's Cash Balance Account is converted to a single life annuity using the Internal Revenue Code Section 417(e)(3) assumptions with a lookback month for the applicable interest rate for the fifth month prior to the retirement date.

The participant's single life annuity is converted into an actuarially equivalent optional form of payment (except for lump sums) using the conversion tables that are provided in the plan restatement.

Summary of Changes from the January 1, 2019 Valuation

None.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The expense component of the Target Normal Cost was increased from \$240,000 to \$275,051.
- The cash balance interest crediting rate was decreased from 3.60% to 2.40% due to changes in the underlying Treasury rates during 2019 that are used to determine this percentage.
- The expected rate of return on plan assets was changed from 6.50% to 6.00%. This change is based on updated information provided by Cincinnati Bell's investment consultant regarding the plan's asset allocation and forward-looking expected rates of return by asset category. This change had no impact on the Actuarial Value of Assets.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2020 – Age by Service

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	4	0	0	0	0	0	0
40 to 44	0	0	0	4	7	6	0	0	0	0
45 to 49	0	0	1	13	4	5	5	2	0	0
50 to 54	0	0	0	11	4	7	11	9	0	0
55 to 59	0	0	0	9	2	5	3	13	7	1
60 to 64	0	0	0	9	2	3	3	2	6	16
65 to 69	0	0	0	4	1	0	1	0	1	1
70 & up	0	0	0	0	0	1	0	0	0	1

Note: Average compensation not shown since the plan has less than 1,000 active participants.

Name of Plan: Hawaiian Telcom Management Pension Plan
EIN / PN: 16-1710376 / 002
Plan Year: January 1, 2020 to December 31, 2020

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2020 ¹	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$492,246	1/1/2020	15	\$46,215

¹ Previous outstanding shortfall bases have been reset, a new shortfall base has been established to be amortized over 15 years due to the election under the American Rescues Plan Act of 2021 to implement the extended amortization schedule for the 2020 plan year.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2020 or fiscal plan year beginning		01/01/2020	and ending
		12/31/2020	
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
		☒ a single-employer plan ☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report	
		☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
		☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information			
1a	Name of plan Hawaiian Telcom Management Pension Plan	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 05/02/2005
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Hawaiian Telcom Communications, Inc 1177 Bishop Street Honolulu HI 96813	2b	Employer Identification Number (EIN) 16-1710376
		2c	Plan Sponsor's telephone number (808) 546-4545
		2d	Business code (see instructions) 517000

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

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

SIGN HERE		10/12/2021	Michael R. Murphy
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

**Hawaiian Telcom Management Pension Plan
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INDEPENDENT AUDITORS' REPORT

To the Participants and the Employee's Benefit Committee
Hawaiian Telcom Management Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hawaiian Telcom Management Pension Plan (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Northern Trust Company and Vanguard Fiduciary Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions from July 1, 2019 to December 31, 2020, and that Northern Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2019 to June 30, 2019. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

October 13, 2021

Cincinnati, Ohio

**Hawaiian Telcom Management Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Assets		
Plan interest in the Hawaiian Telcom Master Retirement Trust	\$ 9,025,699	\$ 8,140,802
Employer contribution receivable	<u>107,004</u>	<u>194,811</u>
Total assets	<u>9,132,703</u>	<u>8,335,613</u>
Liabilities		
Accounts payable	<u>17,024</u>	<u>7,361</u>
Total liabilities	<u>17,024</u>	<u>7,361</u>
Net assets available for benefits	<u><u>\$ 9,115,679</u></u>	<u><u>\$ 8,328,252</u></u>

The accompanying notes are an integral part of the financial statements.

Hawaiian Telcom Management Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions		
Employer contribution	\$ 437,004	\$ 494,238
Investment income -- net appreciation in fair value of investments and interest income from Hawaiian Telcom Master Retirement Trust	<u>1,347,710</u>	<u>1,430,043</u>
Total	<u>1,784,714</u>	<u>1,924,281</u>
Deductions		
Benefits paid to participants	749,415	1,275,652
Administrative expenses	<u>247,872</u>	<u>317,858</u>
Total	<u>997,287</u>	<u>1,593,510</u>
Net increase in net assets available for benefits	787,427	330,771
Net assets available for benefits:		
Beginning of year	<u>8,328,252</u>	<u>7,997,481</u>
End of year	<u><u>\$ 9,115,679</u></u>	<u><u>\$ 8,328,252</u></u>

The accompanying notes are an integral part of the financial statements.

Hawaiian Telcom Management Pension Plan
Statements of Accumulated Plan Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 3,134,582	\$ 3,147,874
Other participants	<u>5,358,885</u>	<u>5,951,763</u>
	8,493,467	9,099,637
Nonvested benefits	<u>15,028</u>	<u>33,603</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 8,508,495</u></u>	<u><u>\$ 9,133,240</u></u>

The accompanying notes are an integral part of the financial statements.

Hawaiian Telcom Management Pension Plan
Statements of Changes in Accumulated Plan Benefits
For the Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 9,133,240</u>	<u>\$ 9,225,798</u>
Increase (decrease) during the period attributable to:		
Increase for interest due to the decrease in the discount period	525,839	558,871
Actuarial gain	(27,754)	(205,051)
Assumption modification	(373,415)	829,274
Benefits paid	<u>(749,415)</u>	<u>(1,275,652)</u>
Net decrease	<u>(624,745)</u>	<u>(92,558)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 8,508,495</u></u>	<u><u>\$ 9,133,240</u></u>

The accompanying notes are an integral part of the financial statements.

Hawaiian Telcom Management Pension Plan
Notes to Financial Statements
For the Years Ended December 31, 2020 and 2019

1. Description of Plan

The Hawaiian Telcom Management Pension Plan (the "Plan") is a noncontributory cash balance plan covering management employees of Hawaiian Telcom Communications, Inc. and subsidiaries (the "Company" or "Employer"). Participants with 10 years of net credited service as of January 1, 2002 are also eligible for a defined pension benefit. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

Effective April 1, 2007, the Plan was frozen whereby participants will continue to be eligible for benefits earned through that date but will not earn additional benefits.

Cash Balance – Regular Benefit

Under the cash balance formula, each participant has a hypothetical cash balance account in the Plan. Pay credits and interest credits were added to the cash balance formula on a monthly basis as long as a participant was an eligible employee. Interest credits continue to be credited every month until the benefit is paid to the participant.

Pay credits were a dollar amount determined as a percentage of eligible earnings based on total points. Points used for determining pay credits were the total of the employee's age and net credited service. The pay credits were determined each January 1 and remained the same for the entire year. The pay credit percentages were: fewer than 35 points (4%), 35 to 49 points (5%), 50 to 64 points (6%) and 65 or more points (7%).

Interest credits are added to the cash balance plan account on a monthly basis. The annual interest credit rate is the average annual yield of U.S. Treasury Securities with a constant maturity of one year, plus 1%.

Effective April 1, 2007, all participants are fully vested in the cash balance benefit. Participants are eligible to receive benefits upon leaving the Company. Benefits are generally payable immediately as a lump sum, immediately as a monthly annuity, or at a later date up to the participant's normal retirement age of 65.

Cash Balance – Death Benefit

If a participant dies before the commencement of benefits, the beneficiary will receive a death benefit in an amount equal to the cash balance.

Cash Balance – Disability Benefit

If a participant is disabled by an accident while working for the Company, they may be eligible to receive a benefit equal to 66-2/3% of the average final salary less any amount paid by workers' compensation.

Pension – Regular Benefit

Participating employees that had at least 10 years of credited service with Verizon Communications, Inc. ("Verizon"), the Company's predecessor owner, as of January 1, 2002 are eligible for the higher of the benefit under the cash balance formula and the pension benefit using the highest average pay formula. The highest average pay formula provides for the participant to receive the greater of the following as limited by the Plan freeze effective April 1, 2007.

- The benefit determined as: (1) 1.65% of average final pay, as defined, to December 31, 2007 multiplied by total service with the Company and Verizon to December 31, 2007 less the accrued normal retirement benefit from Verizon as of May 1, 2005, plus (2) 1.65% of average final pay at termination/retirement multiplied by the years of services with the Company beginning on January 1, 2008.

Hawaiian Telcom Management Pension Plan
Notes to Financial Statements
For the Years Ended December 31, 2020 and 2019

- The benefit determined as 1.65% average final pay at termination/retirement multiplied by service with the Company beginning May 2, 2005.

Participants are eligible to receive benefits upon leaving the Company. Benefits are generally payable immediately as a lump sum, immediately as a monthly annuity, or at a later date up to the participant's normal retirement age of 65. The single life annuity may be reduced if the benefit begins prior to the participant reaching age 60.

Pension -- Death Benefit

If a participant dies before the commencement of benefits, the beneficiary will receive a death benefit. The death benefit is the greater of: (1) the cash balance or (2) the value of the 50% survivor benefit determined based on the highest average pay formula benefit.

Pension -- Disability Benefit

If a participant is disabled by an accident while working for the Company, they may be eligible to receive a benefit equal to 66-2/3% of the average final salary less any amount paid by workers' compensation.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan document.

2. Summary of Significant Accounting Policies

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

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities including equity funds, fixed income funds and short term investments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits reported are based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Hawaiian Telcom Management Pension Plan
Notes to Financial Statements
For the Years Ended December 31, 2020 and 2019**

Master Trust Arrangement

The assets of the Plan have been commingled with the assets of the Hawaiian Telcom Hourly Employees Pension Plan (collectively referred to as the "Plans") in the Hawaiian Telcom Master Retirement Trust (the "Master Trust") for investment and administrative purposes. The Plans do not own specific Master Trust assets but rather maintain an undivided beneficial interest in such assets. Each plan's interest in the Master Trust is credited or charged for contributions, transfers and distributions. Although assets of both plans are commingled in the Master Trust, the trustees maintain supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. Investment income is allocated to the Plans based on each plan's beneficial interest in the net assets of the Master Trust.

Master Trust Investment Valuation and Income Recognition

The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. The underlying investments include equity funds, fixed income funds and short term investments which are generally valued based on quoted market prices. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions for service that employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits has been determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2020 and 2019 are as follows:

Investment return: 6.00% at December 31, 2020 and 2019.

Mortality: Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2020, except for beneficiaries of deceased participants, at December 31, 2020. Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2019, except for beneficiaries of deceased participants, at December 31, 2019.

Retirement: The rates at which participants retire range by age and years of service from a probability at age 30 at 0.0160 to age 70 at 1.0000.

The actuarial assumption as to the percentage of retirees selecting lump-sum benefits at retirement is 95%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Hawaiian Telcom Management Pension Plan
Notes to Financial Statements
For the Years Ended December 31, 2020 and 2019

Subsequent Events

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is on-going and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available is uncertain and cannot be reasonably estimated at this time.

The Plan evaluated and gave recognition, if appropriate, to subsequent events which occurred after the financial statement date of December 31, 2020 through October 13, 2021, the date on which the financial statements were available to be issued.

3. Funding Policy

The Company's funding policy is to contribute funds to the trust for the Plan as necessary to provide for current service and for any unfunded projected benefit obligation over a reasonable period of time. To the extent that these requirements are covered by assets in the trust, the Company may elect not to make any contribution in a particular year. Company contributions to the Plan amounted to \$437,004 and \$494,238 for the years ended December 31, 2020 and 2019, respectively. The Plan met the minimum funding requirements of ERISA as of December 31, 2020 and 2019.

4. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in ERISA.

Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Hawaiian Telcom Management Pension Plan
Notes to Financial Statements
For the Years Ended December 31, 2020 and 2019

5. Master Trust Financial Information

At both December 31, 2020 and 2019 the Plan's interest in the net assets of the Master Trust was approximately 5%. The investments, at fair value, in the Master Trust as of December 31, 2020 and 2019 were as follows.

	<u>2020</u>	<u>2019</u>
Master Trust balances	\$ 180,962,340	\$ 173,155,033
Plan's interest in Master Trust balances	9,025,699	8,140,802

The following are the changes in net assets and related investment activity for the Master Trust for the years ended December 31, 2020 and 2019.

	<u>2020</u>	<u>2019</u>
Net appreciation in fair value of investments	\$ 16,328,780	\$ 25,865,752
Interest, dividend and capital gain distribution income	10,693,641	3,694,627
Net investment income of Hawaiian Telcom Master Retirement Trust	27,022,421	29,560,379
Net changes	<u>(19,215,114)</u>	<u>(11,533,936)</u>
Net assets increase	7,807,307	18,026,443
Net assets beginning of year	<u>173,155,033</u>	<u>155,128,590</u>
Net assets end of year	<u><u>\$ 180,962,340</u></u>	<u><u>\$ 173,155,033</u></u>
Plan's interest in the net investment income from the Master Trust	<u><u>\$ 1,347,710</u></u>	<u><u>\$ 1,430,043</u></u>

Fair Value Measurements

In accordance with accounting standards for fair value measurements, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. There were only Level 1 investments as of December 31, 2020 and 2019. The following table sets forth a summary of the Master Trust's investments measured at fair value on a recurring basis.

	<u>2020</u>	<u>2019</u>
Equity funds	\$ 95,048,537	\$ 88,457,539
Fixed income funds	85,010,558	84,291,184
Money funds	<u>903,245</u>	<u>406,310</u>
	<u><u>\$ 180,962,340</u></u>	<u><u>\$ 173,155,033</u></u>

Hawaiian Telcom Management Pension Plan
Notes to Financial Statements
For the Years Ended December 31, 2020 and 2019

6. Information Certified by the Plan's Trustees (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting under ERISA. Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions from July 1, 2019 to December 31, 2020, and Northern Trust Company held the Plan's investment assets and executed investment transactions as of June 30, 2019, and for the period January 1, 2019 to June 30, 2019 except for certain cash distribution activity which continued through December 31, 2020. Accordingly, Vanguard Fiduciary Trust Company and Northern Trust Company, the trustees of the Plan, have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019 and related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.

7. Federal Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 26, 2017 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Related-Party Transactions

Vanguard Fiduciary Trust Company and Northern Trust Company ("Trustees") are the trustees for the Plan. Fees paid to Vanguard Fiduciary Trust Company by the Master Trust and allocated to the Plan for services amounted to \$1,836 and \$1,824 for the years ended December 31, 2020 and 2019, respectively. Fees paid to Northern Trust Company by the Master Trust and allocated to the Plan for services amounted to \$904 and \$3,617 for the years ended December 31, 2020 and 2019, respectively.