Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROSERVICE HAWAII 401(K) PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1996

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)
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

6600 KALANIANAOLE HWY
SUITE 200
HONOLULU, HI 96825

2b Employer Identification Number (EIN) 61-1582293

2c Plan Sponsor's telephone number 808-394-8878

2d Business code (see instructions) 561300

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.	03/17/2023	DERI ARAKAKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name PROSERVICE PACIFIC LLC

c Plan Name PROSERVICE HAWAII 401(K) PLAN

4b EIN 61-1582293

4d PN 333

5 Total number of participants at the beginning of the plan year	**5**	10804
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)**	8155
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8017
b Retired or separated participants receiving benefits	**6b**	35
c Other retired or separated participants entitled to future benefits	**6c**	2984
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11036
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f Total. Add lines **6d** and **6e**	**6f**	11044
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	7396
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	163
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:

2E 2F 2G 3D 2J 2K 2T 3H 2S

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

D Employer Identification Number (EIN)
61-1582293

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	930026	7396	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	10498227
5	Current value of plan's interest under this contract in separate accounts at year end	5	226915805

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	12230043
c	Additions: (1) Contributions deposited during the year	7c(1)	380826		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	149348		
	(4) Transferred from separate account	7c(4)	2754801		
	(5) Other (specify below)	7c(5)	797462		
	▶ LOAN REPAYMENTS, ADDITIONS TO FORFEITURE AND EXPENSE BUDGET ACCOUNTS				
	(6) Total additions			7c(6)	4082437
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	16312480
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3057350		
	(2) Administration charge made by carrier	7e(2)	60818		
	(3) Transferred to separate account	7e(3)	2114550		
	(4) Other (specify below)	7e(4)	581535		
	▶ LOANS ISSUED, ALLOCATED EXPENSES, FORFEITURES AND ADVANCED EMPLOYER				
	(5) Total deductions			7e(5)	5814253
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	10498227

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

D Employer Identification Number (EIN)
61-1582293

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

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

PROSERVICE HAWAII

61-1582294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	284547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	765711	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HICKS PENSION SERVICES

99-0178392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	149425	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MESIROW FINANCIAL INC.

36-3194849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY- PLAN	43373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

D Employer Identification Number (EIN)
61-1582293

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: AEGON BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-119	P	3142472

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-842	P	1340031

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS GR FD OF AMERICA RT OP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-844	P	5284752

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS NEW PERSPECTIVE RT OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-828	P	1351325

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-841	P	2692611

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-628	P	334755

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPP RT OP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-860	P	1821381

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CONTRARIAN CORE RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-864	P	733433

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INF-PROTECTED SEC PRTF RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-526	P	1005911

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL SMALL CAP VAL PRTF RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-723	P	72459

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP PRTF RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-725	P	813189

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
82-5217478-035	P	1391639

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD MID CAP RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-870	P	1678504

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE AND TECHNOLOGY RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-875	P	7394393

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-834	P	990814

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INV GRADE BD RT OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-086	P	3225863

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

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)
39-0989781-166	P	14402815

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN REAL EST RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-935	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1269075

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-216	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1498542

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER EQUITY INCOME RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-907	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3688011

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER FUNDAMENTAL GROWTH RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-905	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6472156

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-117	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 805708

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX RT O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2152682

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1251274

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP IDX RETMENT RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-683	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13990920

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2025 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-676	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22644998

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2030 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-677	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23157495

a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LP INDEX 2035 RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-678	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21370843
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LP INDEX 2040 RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-679	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17156216
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LP INDEX 2045 RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-680	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17041176
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LP INDEX 2050 RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-681	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14602404
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LP INDEX 2055 RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-682	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9418530
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LP INDEX 2060 RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-822	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4205438
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA VANGUARD TOTAL STOCK MKT IDX RT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10079940
a Name of MTIA, CCT, PSA, or 103-12 IE:	THORNBURG INTL VALUE RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-936	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2055104
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA HIGH YIELD BD RT OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-790	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3353021
a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLS FARGO SPECIAL MD CP VAL RT OP		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-916	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3025925

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SM CAP VAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-947	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(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 plan sponsor	**c** EIN-PN
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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

D Employer Identification Number (EIN)
61-1582293

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)	68712	145367
(2) Participant contributions	1b(2)	267350	564799
(3) Other	1b(3)	40367	10793
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)	3801921	3657426
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	178034311	226915805
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12230043	10498227
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	194442704	241792417
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	194442704	241792417

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)	6881663	
	(B) Participants	2a(1)(B)	20135081	
	(C) Others (including rollovers)	2a(1)(C)	4494380	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		31511124
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)	194674	
	(F) Other	2b(1)(F)	149413	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		344087
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		25721193
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1080
d Total income. Add all **income** amounts in column (b) and enter total	2d		57577484
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14968585	
(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)		14968585
f Corrective distributions (see instructions)	2f		344448
g Certain deemed distributions of participant loans (see instructions)	2g		221449
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	284547	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	192798	
(4) Other	2i(4)	765711	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1243056
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16777538
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		40799946
l Transfers of assets:			
(1) To this plan	2l(1)		13842227
(2) From this plan	2l(2)		7292460

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: VERITY ACCOUNTANCY CORPORATION **(2)** EIN: 45-4462880

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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)
KCPHR SERVICES, LLC DBA MAKAI HR	20-5507008	333
INSPERITY 401(K) PLAN	76-0178498	001
INTEGRATED FACILITY SERVICES HAWAII, INC. 401K PLAN	82-0804102	002
HAWAII SMILE DESIGNS RETIREMENT PLAN & TRUST	81-1915924	001

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

D Employer Identification Number (EIN)
61-1582293

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** | 0

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): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3**

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.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a**

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b**

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) ..... | **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

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? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 _____

Financial Statements and Report of Independent Certified Public Accountants

ProService Hawaii 401(k) Plan

December 31, 2021 and 2020

Contents

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VERITY
Certified Public Accountants

Report of Independent Certified Public Accountants

Participants and Plan Administrator,
ProService Hawaii 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of ProService Hawaii 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statement of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2021, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year ended December 31, 2021, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from Transamerica Life Insurance Company ("Transamerica"), the Trustee of the Plan as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3, 4, and 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- the information in the accompanying 2021 Financial Statements related to assets held by and certified to by Transamerica agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for twelve months from the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, *Schedule H, Line 4i – Schedule of Assets (Held at end of Year)*, which is the responsibility of Plan management, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluate whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matters (continued)

2021 Supplemental Schedule Required by ERISA (continued)

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by Transamerica agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis of Accounting

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the Statement of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year ended December 31, 2020, and the related notes to the financial statements ("2020 Financial Statements") of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by Transamerica. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 Financial Statements, and (b) the form and content of the information included in the 2020 Financial Statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Verity CPAs

October 17, 2022

ProService Hawaii 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)

As of December 31,

	2021	2020
ASSETS		
INVESTMENTS:		
Investments in pooled separate accounts, participant directed, at fair value	$ 226,915,805	$ 178,034,311
Investments in investment contract, participant directed	10,498,227	12,230,043
Total investments	237,414,032	190,264,354
RECEIVABLES:		
Participant	564,799	267,350
Employer	145,367	68,712
Other	10,793	40,367
Total receivables	720,959	376,429
PARTICIPANT LOANS	3,657,426	3,801,921
NET ASSETS AVAILABLE FOR BENEFITS	$ 241,792,417	$ 194,442,704

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

ProService Hawaii 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Modified Cash Basis)

For the year ended December 31,

	2021
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net change in fair value of pooled separate accounts	$ 25,721,193
Net change in value of investment contract	149,413
Total investment income	25,870,606
Interest income on participant loans	194,674
Contributions:	
Participant	20,135,081
Employer	6,881,663
Rollover	4,494,380
Total contributions	31,511,124
Other income	1,080
Total additions	57,577,484
DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:	
Distributions:	
Benefits paid to participants	14,968,585
Corrective distributions	344,448
Deemed distributions	221,449
Total distributions	15,534,482
Administrative expenses	1,243,056
Total deductions	16,777,538
NET CHANGE	40,799,946
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	194,442,704
Transfers of assets to this plan	13,842,227
Transfers of assets from this plan	(7,292,460)
End of the year	$ 241,792,417

The accompanying notes are an integral part of this financial statement.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the ProService Hawaii 401(k) Plan (the "Plan") provides general information only. For a more complete description of the Plan's provisions, refer to the agreement governing the plan (the "Plan Agreement"), the individual employer adoption and acceptance agreements (the "Adoption Agreements"), and Summary Plan Descriptions.

General

The Plan is a multiple-employer defined contribution plan administered by ProService Pacific, LLC, the principal participating employer (the "Principal Employer") for the benefit of employees of the Principal Employer and other participating employers (the "Participating Employers") that are covered by the agreements between the Participating Employers and the Principal Employer, as defined by the Plan Agreement. Effective January 1, 2012, ProService Hawaii Business Development Corporation merged with and into ProService Pacific, LLC. Previously, ProService Hawaii Business Development Corporation was the Principal Employer and administered the Plan. Each employer participating in the Plan signs an individual adoption agreement. Employees who are 21 years are eligible to participate in the Plan upon completion of the service requirements in accordance with the individual adoption agreements.

Plan administration

The Plan's assets are held by Transamerica Life Insurance Company ("Transamerica"), which invests cash received, interest, and dividend income and issues distributions to participants. Transamerica also administers the payment of interest and principal on the loans, which are reimbursed to Transamerica through contributions, as determined by the Plan Agreement and Adoption Agreements.

Contributions

Participants may elect to defer their compensation as employee savings contributions, subject to the Adoption Agreements and the Internal Revenue Code ("IRC") limitations of $19,500 for the calendar years ended December 31, 2021 and 2020, adjusted annually for the cost of living, plus an additional $6,500 for employees age 50 and over for the calendar years ended December 31, 2021 and 2020. Plan participants who have attained age 50 before the end of the Plan year may defer catch-up contributions, subject to the IRC limitations. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

Employers may make contributions to the Plan on behalf of eligible participants in accordance with the individual Adoption Agreements.

Participants direct the investment of their contributions and their respective employer's contributions into various investment options offered by the Plan. In addition, participants have the right to change their investment elections with respect to future contributions or transfer existing account balances between the various investment options at any time.

Participant accounts

Separate accounts are maintained for each participant, which are adjusted to reflect the participant's contributions and the related employer matching contributions, as well as the participant's share of the Plan's income and any related administrative expenses.

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Vesting

Participants are immediately vested in their salary deferral contributions plus actual earnings or less actual losses thereon. Employer contributions allocated to participants' accounts vest based upon years of continuous service as defined by individual Adoption Agreements.

Participant loans

Participants may borrow from their fund accounts, upon the approval of the Plan's administrative committee, up to a maximum equal to the lesser of $50,000 or 50% of their vested balance, which is the amount limited under the IRC. Loans may be paid over a maximum of five years. In cases where loans are used to acquire principal residences, the maturity may exceed five years.

Payment of benefits

A participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account or a portion of their account, subject to limitations imposed by federal law or options elected by the respective Participating Employer. Participants may withdraw all or a portion of their contributions upon a showing of financial hardship and compliance with other restrictions in the Plan. Participants should refer to their respective Adoption Agreements for more information.

Forfeitures

Forfeitures of the nonvested balances of terminated participants' accounts are used to pay Plan expenses and reduce the contributions of the respective Participating Employers. Forfeitures in the amount of $48,187 were used to reduce Participating Employers' contributions and pay plan expenses during the year ended December 31, 2021. At December 31, 2021 and 2020, unused forfeitures amounted to $591,287 and $358,998, respectively.

Administrative expenses

Certain costs incurred in the administration of the Plan are paid by the Principal Employer.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies, consistently applied in the preparation of the accompanying financial statements are as follows:

Basis of accounting

The financial statements of the Plan have been prepared on the cash-basis of accounting, modified to record assets or liabilities with respect to cash transactions and events that provide a benefit or result in an obligation that covers a period greater than the period in which the cash transaction or event occurred. The modifications result in the recording of investments and related short-term term obligations on the Statement of Net Assets Available for Benefits (Modified Cash Basis).

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of accounting (continued)

This method of accounting represents a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). The modified cash basis of accounting differs from U.S. GAAP primarily because certain income and related assets (such as contributions receivable and contribution income not yet collected, and other accrued income and receivables) have been recognized when received rather than when earned and certain expenses and related liabilities (such as benefits payable and expenses for goods or services received but not yet paid, and other accrued liabilities and expenses) have been recognized when paid rather than when the obligations were incurred.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

The outbreak of the COVID-19 pandemic has adversely affected, and may continue to adversely affect, economic activity globally, nationally, and locally. Following the COVID-19 outbreak in March 2020, the values of investment securities have experienced significant volatility. These economic and market conditions and other effects of the COVID-19 pandemic may continue to adversely affect the Plan. The extent of the adverse impact to the amounts reported in the 2021 Statements of Net Assets Available for Benefits (Modified Cash Basis) will depend on future developments that are highly uncertain and cannot be accurately predicted.

Investment contract

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets available for plan benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Therefore, the statement of the net assets available for benefits is required to present the fair value of the Plan's investment as well as the adjustment from fair value to contract value for the fully benefit-responsive investment contracts, and the statement of changes in net assets available for benefits is required to be prepared on a contract value basis for the fully benefit-responsive investment contracts.

The Plan has an investment contract with Transamerica through the Stable Value Fund. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their account balances at contract value. Thus, the investment contract is considered fully benefit-responsive.

Transamerica maintains the contributions and invests them in Transamerica's general account. The investment seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and with no set maturity. Contract charges may reduce this return. The effective credited interest rate is set monthly and effective on the first day of the month.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment contract (continued)

Certain events limit the ability of the Plan to transact at contract value with Transamerica. Such events include the following: (1) the Plan is changed so as to significantly affect Transamerica's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract requirements, (5) failure to provide information, (6) the sum of the contract account values at any time equals $20,000 or less, or (7) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

During the years ended December 31, 2021 and 2020, the interest rates for the Stable Value Fund were as follows:

	2021	2020
Minimum Rate	1.45%	1.55%
Average Rate	1.45%	1.55%
Closing Rate	1.45%	1.55%

Investment valuation

The pooled separate accounts with Transamerica are stated at fair value as reported to the Plan by Transamerica based on the quoted market prices of the underlying funds. The unit value of the pooled separate account is calculated by dividing the total value of the assets of the separate account by the number of units in the separate account. For separate accounts that invest exclusively in mutual funds, the total value of the assets of the separate account is based on the net asset value ("NAV"), or price per share, of the underlying mutual fund. The mutual fund calculates its NAV by dividing the mutual fund's net assets by the mutual fund's outstanding number of shares. Those separate accounts investing in mutual funds or equity securities are measured using quoted prices in active markets for identical assets. Those separate accounts directly investing in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who in tum generally use the means of bid and ask prices but may also use alternative observable pricing inputs for certain securities.

Investment in the stable value fund, which is a fully benefit-responsive contract, is carried at contract value. The contract value of this contract approximates fair value due to the monthly resetting of interest rates and no stated maturity dates. Also, the amount payable on demand is the contract value. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Recognition of income

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

Participant loans

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and expensed when they are incurred. Delinquent participant loans are deemed distributed based upon the terms of the plan document or if there is a failure to make regular loan payments for more than one quarter in accordance with the IRC. No allowance for credit losses has been recorded as of December 31, 2021.

Payment of benefits

Benefits are recorded when paid.

NOTE 3 – INFORMATION CERTIFIED BY TRANSAMERICA

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified the completeness and accuracy of all investments reflected in the accompanying Statements of Net Assets Available for Plan Benefits (Modified Cash Basis) as of December 31, 2021 and 2020, the related investment activity reflected in the accompanying Statement of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) for the year ended December 31, 2021.

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited)

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Pooled separate accounts: Valued at the NAV of units held by the Plan at year end as provided by Transamerica. The NAV is based on the fair value or the market value of its underlying investments. The NAV is not a public-quoted price in an active market but is equal to the total value of all the securities in each fund's portfolio, less any liabilities based on the closing market prices of the underlying investments. There are currently no redemption restrictions on these investments.

Investment contract: Valued at a contract value (book value) basis and is deemed to be fair value for an insurance company.

There have been no changes in the methodologies used during the years ended December 31, 2021 and 2020.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited) (continued)

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 95,869,458	$ 131,046,347	$ -	$ 226,915,805
Total investments in the fair value hierarchy	95,869,458	131,046,347	-	226,915,805
Investment contract	-	-	-	10,498,227
Total investments at fair value	$ 95,869,458	$ 131,046,347	$ -	$ 237,414,032

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ 74,798,260	$ 103,236,051	$ -	$ 178,034,311
Total investments in the fair value hierarchy	74,798,260	103,236,051	-	178,034,311
Investment contract	-	-	-	12,230,043
Total investments at fair value	$ 74,798,260	$ 103,236,051	$ -	$ 190,264,354

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Transamerica is the trustee as defined by the Plan and, therefore, qualifies as a party-in-interest. Fees paid by the Plan for contract administrator services amounted to $284,547 for the year ended December 31, 2021.

NOTE 6 – PLAN TERMINATION

Although the Principal Employer expects to continue the Plan indefinitely, the Principal Employer has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan (“full termination”) subject to the provisions of ERISA. In the event of full termination, termination with respect to a group or class of participants (“partial plan termination”) or a partial discontinuance of contributions, the unvested portion of Principal Employer contributions for participants subject to such full termination, partial termination, or partial discontinuance will become fully vested and nonforfeitable.

NOTE 7 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed by a determination letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

The modified cash basis of accounting requires plan management 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. It is the Plan's policy to recognize interest accrued related to underpayment of income taxes in interest expense and penalties in administrative expenses The Plan has no uncertain tax positions as of December 31, 2021 and 2020.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits (Modified Cash Basis).

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2021, financial statements for subsequent events through October 17, 2022, the date the financial statements were available to be issued and was not aware of any subsequent events that would require additional recognition or disclosure in the financial statements.

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Supplementary Information

ProService Hawaii 401(k) Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Investment contract			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	$ 10,498,227
		Total investment contract		10,498,227
	Pooled separate accounts			
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2030 Ret Opt	**	23,157,495
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2025 Ret Opt	**	22,644,998
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2035 Ret Opt	**	21,370,843
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2040 Ret Opt	**	17,156,216
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2045 Ret Opt	**	17,041,176
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2050 Ret Opt	**	14,602,404
	Morgan Stanley	Morgan Stanley Growth Ret Opt	**	14,402,815
*	Transamerica Life Insurance Company	Transamerica LifeGoal Ret with BlackRock RetOpt	**	13,990,920
*	Transamerica Life Insurance Company	TA Vanguard Total Stck Mrkt Index Ret Opt	**	10,079,940
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2055 Ret Opt	**	9,418,530
	Ivy Funds	Ivy Science & Technology Inv Opt	**	7,394,393
	Pioneer Investments	Pioneer Fdmntl Gr Ret Opt	**	6,472,156
	American Funds	American Funds Growth Fund of America Inv Opt	**	5,284,752
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2060 Ret Opt	**	4,205,438
	Pioneer Investments	Pioneer Eqt Inc Ret Opt	**	3,688,011
*	Transamerica Life Insurance Company	Transamerica High Yield Bond Ret Opt	**	3,353,021
	Natixis Funds	Loomis Sayles Investment Grade Bond Ret Opt	**	3,225,863
	AEGON NV	AEGON Balanced Ret Opt	**	3,142,472
	Wells Fargo Funds	Wells Fargo Special Mid Cap Val Ret Opt	**	3,025,925
	American Funds	American Funds Blncd Ret Opt	**	2,692,611
	State Street Global Advisors	State Street Russell Sm Cap Index Ret Opt	**	2,152,682
	Thornburg	Thornburg Intrntl Val Ret Opt	**	2,055,104
	BlackRock	BlackRock Health Scncs Opps Ret Opt	**	1,821,381
	Hartford Mutual Funds	Hartford Mid Cap Ret Opt	**	1,678,504
	Invesco	Oppenheimer Global Ret Opt	**	1,498,542
	Franklin Tempelton Investments	Franklin Small Cap Value Ret Opt	**	1,391,639
	American Funds	American Funds New Perspective Ret Opt	**	1,351,325
	American Funds	Amer Funds EuroPacific Growth Ret Opt	**	1,340,031
	Neuberger Berman	Neuberger Berman Real Estate Ret Opt	**	1,269,075
	State Street Global Advisors	State Street S&P Mid Cap Index Ret Opt	**	1,251,274
	Dimensional Fund Advisors	DFA Infltn-Protctd Sec Port Ret Opt	**	1,005,911
	Janus Henderson	Janus Henderson Triton Ret Opt	**	990,814
	Dimensional Fund Advisors	DFA U.S. Sm Cap Port Ret Opt	**	813,189
	State Street Global Advisors	State Street Emerging Markets Index Ret Opt	**	805,708
	Columbia	Columbia Contrarian Core Ret Opt	**	733,433
	American Funds	American Funds New World Ret Opt	**	334,755
	Dimensional Fund Advisors	DFA Intrntl Sm Cap Val Port Ret Opt	**	72,459
		Total pooled separate accounts		226,915,805
	Participant loans			
*	Participants	Participant Loans Rate - 4.25% to 7.50%		3,657,426
		Total participant loans		3,657,426
		Total Assets (Held at End of Year)		$ 241,071,458

* In column (a), if applicable, denotes party-in-interest to the Plan.

** In column (d), cost information is omitted for participant-directed investments.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Plan Year Ending: December 31, 2021

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
ProService Pacific, LLC dba ProService Hawaii	61-1582294	7.75%	16,173,004
Concrete Pool & Spa, Inc.	99-0337701	0.07%	298,048
J.E. Merk & Associates, Inc.	99-0229931	0.00%	173,934
The Earl & Doris Bakken Foundation	99-0339501	0.00%	287,610
Maui Seafoods, LLC	99-0147143	0.00%	290,893
Bekins Hawaiian Movers, Inc.	99-0328762	0.00%	338
Farish Media, Inc.	99-0332803	0.19%	188,821
H.K. Construction Corp.	22-3906736	0.01%	41,805
Mattress Team, LLC	20-5834737	0.00%	296,828
Maui Custom Woodworks, Inc	99-0355232	0.24%	947,085
I & L Rentals, LLC	20-2824463	0.00%	19,718
Soul Construction, Inc.	27-0083354	0.00%	2,308
Gouvea's & Purity Foods, Inc.	26-3218111	0.34%	1,227,413
Element Environmental, LLC	20-3594479	2.03%	5,716,284
Railing Systems Hawaii, LLC	27-0007413	0.09%	88,097
Paradise Carpet & Tile, Inc.	99-0302471	0.00%	38,729
Folli Follie Hawaii, Inc. dba Folli Follie	99-0353397	0.00%	198,220
RT Hawaii Restaurants, Inc. dba Ruby Tuesday	54-2119017	0.16%	1,302,297
Homeworks Construction, Inc.	99-0319332	0.77%	4,493,853
O'Keefe & Sons, LLC	99-0341300	0.00%	9,369
Island Harvest, Inc.	99-0292208	0.05%	145,522
Cavalier Construction, Inc.	99-0352110	0.16%	163,294
Westside Maintenance Services, LLC	20-2929913	0.00%	1,066
Grass Busters Landscape, LLC	54-2089351	0.01%	66,403
North Shore Medical Center LLC	80-5092262	0.00%	15,683
David T. Doi DDS, Inc.	99-0210285	0.00%	1,470
HonBlue, Inc.	99-0117143	1.36%	16,669,610
Fred Lau Hawaiian Landscape Maintenance Company, LLC	56-2321584	0.18%	695,261
Eye Care Center of Kauai, Inc.	26-1170598	0.00%	32,144
T. Kaneshiro Store, Inc.	95-0111569	0.00%	21,422
Alii Community Care dba: Alii Health Center	26-0318372	2.19%	3,895,648
CBI, Inc. dba Newmark Grubb CBI	99-0198542	0.11%	410,247

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Plan Year Ending: December 31, 2021

Children's Dental Associates, Inc.	47-0914822	0.09%	-
Association of Apartment Owners of the Whaler on Kaanapali Beach	99-0159842	0.49%	1,657,351
Bigger Bird Creative, Inc.	20-2943471	0.00%	14,237
Wailuku Tire Center, LLC	94-3282068	0.00%	64,332
Its All About Kids, LLC	99-2200236	0.00%	40,043
Pacific Buddhist Academy	04-3660909	0.31%	673,788
Joanne K.O. Shimada	57-6495125	0.00%	4,210
Big Island Carbon, LLC	26-3108620	0.00%	68,369
Kimura Physical Therapy, LLC	26-4554475	0.12%	580,395
Resort Management Company LLC	51-0651712	0.58%	3,379,024
Ko Olina Golf Club	99-0344707	0.52%	2,748,008
MM Restaurant Hawaii	26-2568534	0.00%	34,760
BICC Golf LLC	27-1465092	0.00%	16,802
Kona Ambulatory Surgery Center LLC	26-3083706	0.08%	388,128
Hawaii Health Information Exchange	41-2201519	0.38%	699,517
Gerald H.B. Wong, D.M.D, Inc.	99-0159578	0.00%	342,490
Ulupono Sustainable Agriculture Developement, LLC	27-1452329	0.00%	1,332
Ho'ola Lahui Hawaii	99-0250542	1.07%	4,565,767
Horizons Academy of Maui, Inc.	94-3264165	0.04%	92,400
Tanikai, Inc.	99-0302106	0.00%	277,124
Virgo USA Inc.	56-2572286	0.01%	137,470
Kuehnle Agrosystems, Inc.	26-1870204	0.02%	301,172
Hawaii MVCC, LLC	45-4834597	0.00%	369,757
Cellana LLC	51-0658850	0.00%	11,592
Boys and Girls Club of Maui, Inc.	99-0272347	0.29%	679,075
Quality Design/Build, Inc.	99-0347258	0.17%	1,422,442
Ikayzo, Inc	32-0137747	0.34%	549,314
A. Rodriguez & Associates Inc.	94-3260106	0.00%	28,418
Mattoch & Kirley, LLC	86-2773792	0.12%	2,715,858
John Harlan Meyer M.D. Inc	26-1710809	0.21%	390,748
Maui Beach Hotel, Inc.	99-6011807	0.36%	858,887
Elleair Maui Golf Club, LLC	99-0342416	0.00%	4,626
Specialty Lumber. Inc.	99-0349716	0.14%	498,390
Laulima Families, LLC	46-1718944	0.35%	1,337,413
Native Nations Education Foundation	48-1307077	0.02%	95,632
Pono Kai Interval Owners Association	99-0260384	0.16%	339,408

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Plan Year Ending: December 31, 2021

Alliance Personnel Inc.	91-2182964	0.15%	362,921
Hi'ilei Aloha LLC	26-1210564	0.74%	2,338,662
Hawaii Landscape & Nursery, Inc.	99-0208466	0.21%	807,447
Mina Corporation	94-3276947	0.00%	393,428
South Pacific Distributors, LLC	99-0355189	0.02%	158,251
Watanabe Floral, Inc.	99-0170077	0.36%	1,317,296
theStrategist, LLC	80-0493327	0.00%	33,788
Imua Orthopedics, Sports & Health, LLC	90-0879457	0.08%	115,174
The Chamber of Commerce of Hawaii	99-0035510	0.31%	653,107
Residential Choices, Inc.	99-0338874	0.31%	935,332
Communications Pacific, Inc.	99-0140779	0.11%	300,525
Marcus & Associates, Inc.	99-0146909	0.93%	6,088,281
Revolusun LLC	27-0558508	0.40%	314,310
Brandon T. Yokota, DDS, LLC	20-4064930	0.13%	220,400
Hawaii Mortgage Experts, LLC	26-3284541	1.77%	3,236,145
Kaanapali Medical Services, Inc.	99-0238232	0.41%	1,007,934
Ahahui Koa Anuenue	23-7253559	0.16%	382,972
Union Mak Corporation	20-2435998	0.00%	131,949
Pali Women's Health Center, Inc.	99-0247110	0.12%	453,219
Trisha K. Watson dba Honua Consulting	57-5060761	0.06%	116,020
Sealtech Inc. DBA Seal Masters Of Hawaii	99-0279176	2.17%	6,190,776
Pukalani Country Club LLC	38-3937332	0.02%	112,132
Honua Kai Condominium Association	26-3224932	0.62%	1,164,042
Scott Karli Stone and Tile, Inc.	26-2839619	0.11%	241,220
Complete Construction Services Corp	99-0348705	0.03%	262,630
Flooring Investment Group LLC	61-1736255	0.39%	1,225,178
Hookele Health Innovations LLC	20-5002351	0.18%	235,265
The Wright Dentist, LLC	87-2167661	0.33%	544,857
Hawaiian Island Tire Co Inc	99-0292624	0.33%	1,949,484
Kani, Inc.	20-2987627	0.08%	233,846
Kleidosty Pacific LLC	20-8786475	0.32%	474,190
Kingdom Katalyst	46-0821095	0.17%	664,308
Cetra Technology Inc	26-2880460	0.44%	632,730
Iruka Hawaii LLC	75-3267514	0.00%	231,497
Environ Control Inc	99-0253432	0.12%	292,244
Mason A Savage DDS LLC	68-0520172	0.11%	206,599

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Plan Year Ending: December 31, 2021

Island Construction and Demolition LLC	20-1638121	0.00%	31,970
Island Top Soil LLC	99-0336174	0.03%	60,063
Smith's Motor Boat Service, Inc.	99-0112294	1.05%	6,770,719
Wailea Point AOAO	99-0247221	0.51%	1,472,708
Koolau Women's Health Care, Inc.	99-0296070	0.64%	1,087,762
AVS Audio Visual Services Hawaii Corp	25-1912242	0.25%	1,124,465
Housing and Land Enterprise of Maui	20-5325361	0.11%	116,548
Autotech Maui, Inc.	20-1753262	0.09%	57,852
Anaina Hou Community Park	90-0819688	0.00%	29,836
Volcano Art Center	99-0162321	0.15%	260,144
NS Financial Services Group	45-2490050	0.00%	10,217
Eskimo Candy Inc	99-0253089	0.53%	1,184,031
Ke Ola Mamo	99-0288045	0.23%	286,547
Hawaii Life Real Estate Brokers	26-2630516	0.39%	597,415
Andara Plantation LLC	71-0999561	0.00%	3,546
Pacificomm Systems LLC	37-1518843	0.06%	172,984
Plaza at Waikiki, LP	30-1741493	0.11%	135,509
Punchbowl Retirement Center, LLC	99-0354204	0.10%	826,959
Plaza at Pearl City, LLC	45-3522550	0.09%	190,489
Plaza at Moanalua, LP	27-0335015	0.13%	295,372
Ukuwai Properties, LLC	20-5906142	0.23%	403,749
Island Audiology, LLC	71-0967188	0.05%	138,312
Tikis Grill & Bar, LLC	99-0357563	0.10%	317,436
EZ Trucking Honolulu, Inc.	47-4578701	0.00%	10,544
Impact Sports, Inc. dba Action Physical Therapy	68-0568233	0.02%	18,419
The Friends of Iolani Palace	99-0115665	0.00%	64,751
Nanea Kai, Inc. dba Ocean Sports Waikoloa	99-0115665	0.02%	37,950
Hana Ranch Agriculture, LLC	30-0781819	0.30%	754,614
Brown Development, LLC	27-1298985	0.24%	283,925
Interstate Restoration Hawaii LLC	81-0692982	0.90%	2,324,682
Alan H. Kodama LLC DBA Pacstar Financial Group	81-1881321	0.11%	290,540
Hamakua Framing & Structure, Inc.	20-2064412	0.40%	470,021
1Heart, LLC	46-4946480	0.08%	34,517
Makena Shared Services, LLC	37-1749454	3.49%	5,236,318
International Wastewater Technologies, Inc.	87-0729797	0.02%	24,498
Alex & Son Builders LLC	47-1042846	0.39%	404,058

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Plan Year Ending: December 31, 2021

Savor Brands, Inc.	20-4209228	0.56%	1,349,231
Massage Envy	45-0713573	0.82%	745,203
Manyu Flowers, Inc.	26-3887730	0.00%	25,475
Integrated Broadband Network Solutions, Inc.	47-3010381	0.02%	311,983
Plantation Tavern, LLC.	47-1099166	0.00%	234,068
American Renaissance Academy	26-0186914	0.02%	87,830
Courier Corporation of Hawaii	99-0276290	0.17%	433,661
Central Pacific Specialty Contractors, Inc.	45-3250496	0.95%	2,171,755
Kailua Acupuncture Clinic, LLC	26-0042792	0.02%	49,479
MOA Hawaii	27-0290386	0.00%	22,876
Pacific Island Health Officers Association	20-0298040	0.21%	649,986
Redhammer, LLC	45-1064390	0.31%	255,723
Ken Sakuda DPM, LLC	56-2650271	0.04%	106,128
Volcano Island Honey Company, LLC dba Rare Hawaiian Honey Company	20-3746569	0.02%	118,061
Loeffler Construction, Inc.	61-1582293	0.06%	178,470
Pacific Islands Primary Care Association	20-2027791	0.07%	59,709
Greenleaf Woodworks, Inc.	46-1287271	0.03%	81,066
Iopono Holdings Group, LLC dba Bergeman Project	27-2927163	0.84%	1,393,399
Real Geeks, LLC	26-3114026	0.00%	49,736
Kanehunamoku Voyaging Academy	46-5563571	0.14%	301,514
WTS International, Inc.	52-0965127	0.00%	16,313
Junior Achievement of Hawaii	99-0088861	0.01%	11,689
Able Pest Exterminators, Inc.	47-0907299	0.00%	34,183
Hokuli'a Community Association, Inc.	61-1582293	0.11%	148,693
Hokuli'a Park & Cultural Sites Association, Inc.	61-1582293	0.01%	7,017
Jay Miyaki, CPA, LLC	26-2451632	0.35%	343,281
The Club at Hokuli'a, Inc.	61-1582293	0.32%	1,098,327
Hokukahu, LLC	61-1582293	0.00%	1,057,989
HRG Technologies, LLC	61-1582293	0.37%	729,394
Neu Events, LLC	46-1648573	0.00%	14,064
Barbers Point Aviation Services LLC	45-5197509	0.11%	162,912
KUY Restaurants Limited Liability Company	46-2243085	0.02%	95,559
Blueprint Audio Visual, LLC.	43-2061884	0.04%	60,372
Carpert Masters, Inc.	99-0308975	0.38%	635,567
Honolulu Habitat for Humanity	99-0261871	0.16%	86,692
Gary O. Galiher dba Molakai Center	99-0191183	0.15%	149,190

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A&A Motor Werkes, LLC.	20-0557008	0.02%	-
Barnett Construction, Inc.	83-0346938	0.13%	202,048
HC Retail, LLC dba Honolulu Coffee	26-0775336	0.24%	215,019
Edney & Sellers dba Tropical Dreams Ice Cream	99-0357382	0.00%	294
Revacomm, Inc.	99-0354473	1.02%	734,544
Tokunaga Builders, Inc.	99-0356376	0.10%	242,348
Venere Corporation	99-0347622	0.13%	261,261
B & K Builders General Contracting, LLC	68-0660840	0.55%	930,607
Hui Ku Maoli Ola, LLC.	99-0342736	0.09%	48,261
Hawaii Bio-Waste Systems, Inc.	99-0289218	0.17%	230,555
Waianae Coast Early Childhood Services, Inc.	23-7106164	0.06%	166,610
ABF Tax Advisors	47-2701578	0.22%	505,029
Pristine Air Conditioning Corporation	46-4476016	0.12%	165,629
Walk on Wood Floor Company, Inc.	47-2763529	0.03%	69,804
Seaside Ohana Investments, Inc.	99-0079492	0.62%	769,020
HCD dba Hawaii One Floor & Home	99-0208355	0.08%	389,707
Bubbies Homemade Ice Cream & Desserts, Inc.	99-0235623	1.32%	1,663,005
David Samsami, MD, Inc.	32-0241241	0.00%	135
At Home Mobile Veterinary Services, LLC	80-0209188	0.53%	595,654
Aloha Power Equipment Distributors, LLC	99-0237182	0.28%	1,417,980
Pacific Accounting & Business Services Inc.	46-2051268	0.17%	102,324
Aloha Harvest	99-0344209	0.04%	32,563
Derek N. O. Takai DDS Inc.	20-2464574	0.32%	595,412
Robb T. Shibayama OD Inc.	99-0351073	0.37%	1,557,388
Soccer Locker, Inc.	20-5166237	0.02%	-
Hoohuli Contracting Hawaii Inc	45-1275455	0.01%	17,721
Kaneohe Yacht Club	99-0043990	0.06%	484,970
Grassroot Institute of Hawaii Inc.	99-0354397	0.09%	91,747
888, INC. dba Longhi's	99-0203104	0.02%	546,656
Caring Manoa LLC	27-2911953	0.16%	122,914
Hawaiian Solar & Plumbing, Inc.	99-0293476	0.07%	131,155
Autism Behavior Consulting Group	35-2259496	0.32%	297,053
JQ Investments Inc. dba Teddys Bigger Burgers	45-3192860	0.00%	1,285
Moiliili Hongwanji Mission	99-0143990	0.00%	444
ProService Pacific, LLC dba ProService Hawaii	42-1613880	0.06%	178,345
Hawaii Theatre Center	99-0229658	0.09%	358,321

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The Mediation Center of the Pacific	99-0192700	0.11%	129,414
Dental Fitness, Inc.	65-1223186	0.05%	110,952
Ulu Development LLC	47-4028251	0.03%	14,790
Manini Holdings LLC	73-1688980	0.02%	31,347
Trade Winds Family Medicine, LLC	26-4743216	0.26%	648,639
Pacific Gloves & Service LLC	99-0352741	0.08%	871,116
Big Island Substance Abuse Council	99-0118043	0.25%	618,531
Bocha, LLC	81-1703432	0.34%	292,275
Moanulua Golf Club	99-0041945	0.05%	66,835
Home Remedies, LLC	45-4909681	0.11%	125,111
The Growing Patch 24 Hour Childen's Academy LLC	47-4449802	0.00%	49
Kleen Sweeps, LLC	99-0286773	0.08%	101,089
Millenium HI Carbon LLC	47-1798567	0.05%	45,373
MTP Operating Company LLC	32-0312498	0.00%	8,632
Jordan Park Group LLC - Hawaii Office	81-4906112	0.00%	17,127
Jurassic Kahili Ranch LLC	42-1577825	0.10%	112,651
Pacific Mirror and Glass LLC	75-3040588	0.27%	352,698
Milestones	82-2863418	0.00%	31,273
The Intuitive Home LLC	47-2130690	0.23%	278,549
Olomana Loomis ISC, Inc.	61-1582500	0.40%	1,032,360
John Allen Sign Company LLC	26-3437880	0.12%	109,532
John T. Ito	82-4582853	0.07%	61,140
ACM Consulting LLC	81-1114257	0.30%	369,281
Hotel And Restaurant Industry Employment & Training Trust	99-6009966	0.09%	112,830
Special Education Center of Hawaii dba SECOH	99-0141008	0.19%	1,537,404
AOAO Ocean Villas at Turtle Bay Resort	90-0280838	0.06%	75,324
C & B Quality Painting, LLC	14-1927692	0.03%	32,831
Diamond Head Dental Care Corp.	47-1276485	0.16%	208,032
Blue Chakra Connections, Inc. dba Gourmet Events Hawaii and Staffing by GEH	61-1456308	0.03%	148,305
Sunshine Arts, Inc.	20-8068164	0.06%	201,151
Hawaii Senior Care, LLC	81-4792798	0.19%	114,734
Metro Christian Church	90-0774243	0.12%	86,631
Kevin Isoda dba Isoda and Associates	57-5803751	0.12%	89,577
Mana'o Construction LLC	26-1317423	0.11%	127,786
Kai Coffee, LLC	46-4540777	0.05%	41,282
QRSE LLC	46-1671892	1.10%	725,592

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Na Pu'uwai	99-0255760	0.32%	262,406
Rainbow Plaza LLC	72-1599282	0.00%	73,485
Allan Y. Segawa, DDS Inc.	99-0210046	0.02%	28,335
Kaloko Dental, LLC	27-3305411	0.00%	116,678
Neighborhood Power Corporation	27-0640639	0.30%	261,733
Stone Solutions Incorporated	26-3180266	0.33%	161,472
Hawaii Independent Physicians Association	94-3271860	0.06%	96,703
Triple F Holdings, LLC dba Triple F Distributing	27-3923227	1.06%	4,278,563
ZR Systems Group, LLC	20-5324251	0.04%	-
T&T Tinting Specialists, Inc.	99-0216738	0.66%	2,383,307
Diamond Sprinkler and Farm Supply, Inc.	82-3433424	0.04%	136,093
Aloha Sunshine Tours, LLC	83-1123905	0.00%	8,459
Nathan Wood General Contractor, LLC	27-3383527	0.26%	306,150
Shon S. Gregory dba Surface Shield	26-3505640	0.56%	408,568
SSA Express, Inc. dba Expediters Hawaii	20-1550921	0.00%	1,640,811
Pacific Forum International	82-4525112	0.50%	384,527
Speech Pathology of Hawaii, LLC dba Speech Solutions	26-3729001	0.40%	279,244
Oahu Extraction LLC	26-4723460	0.00%	3,669
Ken Do Construction Inc.	90-0143225	0.07%	54,768
Full Life	99-0350129	0.31%	402,962
Papa Ola Lokahi	99-0273765	0.12%	84,958
The Vanguard Theory, Inc.	27-2832482	0.01%	30,662
Tee's Electrical and Maintenance LLC	26-1908471	0.04%	305,367
The ARC in Hawaii	99-0089327	0.50%	386,658
Flooring 323, Inc.	51-0677948	0.07%	197,849
Pure Hawaii Travel, LLC dba Pure Kauai	82-4717466	0.10%	960,446
Edward L. Punua, CPA, Inc.	75-2978395	0.14%	142,662
Granite Funds IV, LLC dba Hotel Wailea	27-1600360	0.38%	583,214
Team Physical Therapy, LLC dba Enchanted Lake Physical Therapy	27-3985506	0.22%	221,062
AAA Legal Process, Inc.	46-5733387	0.07%	44,868
GreenTech Infrastructure Partners, LLC	82-1183899	0.00%	28,412
Seal Pro's LLC	26-3729070	0.06%	128,893
Feed My Sheep, Inc.	91-2196666	0.01%	9,152
Aquatic Solutions Hawaii, LLC	46-0819609	0.18%	173,962
Coconut Hotel Plaza Associates LLC dba Coconut Waikiki Hotel	20-8057250	0.04%	46,986
Seaside Waikiki Hotel Fund LLC dba Shoreline Hotel Waikiki	45-4397474	0.14%	306,430

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Hawaii Veterinary Hospital dba Petvet Animal Hospital	37-1824715	0.31%	530,860
Gerdyn Enterprise, LLC	26-0138769	0.14%	267,238
Ion Builders, LLC	45-4282487	0.03%	103,890
Bobby Benson Center	99-0327049	0.13%	562,445
Holomua Physical Therapy, LLC	45-2924236	0.20%	85,832
The Professionals Kauai, LLC	27-3570399	0.00%	48,520
Samantha Thavasa USA, Inc.	74-3190718	0.00%	1,190
Kauai Seascapes Nursery, Inc.	99-0352462	0.12%	88,827
Capelli Corp.	20-4899349	0.18%	191,172
Stellar Home Care LLC dba Visiting Angels	46-3502995	0.02%	13,448
Inpac Wealth Solutions LLC	35-2493335	0.04%	27,184
Fresh Catch LLC	26-2768934	0.02%	17,981
Bonfire Engineering & Consulting	81-3753483	0.22%	225,324
Hawaii Ear, Nose, and Throat Consultants Corp.	20-4330260	0.48%	2,529,770
GO Commercial, LLC dba SVN | GO Commercial	83-4138188	0.19%	381,754
Hookuaaina	45-2517616	0.07%	52,576
Integrated Facility Services Hawaii Inc.	82-0804102	0.00%	-
Michael Christopher LLC dba Pono Praxis	27-4296536	0.07%	62,982
POHAKU PACIFIC, LLC	47-2476382	0.26%	238,205
Hi End Construction Inc.	82-3931086	0.03%	21,880
Pulama Yard Service, LLC	27-2622423	0.03%	21,821
Bernardo Benigno dba Bernardo's Painting	57-5411114	0.03%	33,422
Pearlridge Dental Care LLC dba Dental Care of Pearlridge	46-1935428	0.13%	66,443
Dr. Cedric T. Lewis, LLC dba Waialae Dental Care	99-0360063	0.00%	1,068
Wing Spirit, Inc.	83-2357074	0.00%	-
Japan Aviation Academy of Hawaii, Inc.	83-1221683	0.00%	1,310
KK Air Conditioning	45-5553330	0.08%	73,982
Linda L. Nguyen OD LLC dba Maui Optometry	90-0840148	0.24%	329,684
Edwin P. Herd MD	83-0917504	0.02%	42,373
Campbell Wagner Frazier & Dvorchak, LLC	46-5321427	0.35%	739,353
Vares Contracting, Inc.	47-1254137	0.00%	49,921
10J Hara Store, Inc.	99-0307165	0.19%	92,060
Hapa Landscaping LLC	46-3213441	0.09%	36,842
Crossroads Rehab, LLC dba Kona Rehab	81-1783393	0.01%	5,858
Renewable Energy Services, Inc	99-0297164	0.09%	42,216
Johnny Rockets	81-1943998	0.01%	6,442

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Hawaii Smile Designs LLC	81-1915924	0.00%	-
Matsuyama Enterprises, Inc. dba Matsuyama Food Mart & Matsuyama Market	99-0214060	0.46%	224,942
Kilauea Point Natural History Association dba Friends of Kaua'i Wildlife Refuges	99-0226697	0.01%	10,524
Weiss PT, Inc. dba Island Neuro Rehab	54-2184041	0.02%	11,683
Barton Institute for Community Action	83-4295300	0.54%	314,928
THE PLAZA AT KANEOHE LP dba The Plaza at Kaneohe	37-1714706	0.11%	43,910
James Panetta, DO, PLLC dba Windward Digestive Health Center	90-0664126	0.01%	2,754
Physicians Exchange of Honolulu, Inc.	99-0181717	0.21%	960,920
R&M Reyes Enterprise LLC	20-4716556	0.09%	76,663
Summa Hawaii, Inc. dba Summa International	68-0590470	0.00%	1,099
Credit Union Service Network, LLC	80-0211636	0.96%	2,725,223
Friends of Auwahi Forest Restoration Project	87-0700795	0.12%	77,168
Readyman Services, Inc.	20-4764837	0.05%	26,421
Indeco Inc.	27-5090878	0.15%	69,922
Telecom Square Hawaii, LLC	37-1955278	0.09%	58,739
Consolidated Systems, Inc.	46-2310183	0.12%	56,659
AOAO of Hawaiian Princess at Makaha Beach dba AOAO of Hawaiian Princess	99-0197835	0.02%	8,998
Wallace Theaters Management Corporation	99-0341305	0.04%	13,289
Hoshino Resorts Hawaii LLC dba The Surfjack Hotel & Swim Club	32-0509325	0.31%	162,414
Plaza Care Solutions, LLC	84-3199710	0.47%	497,861
Lahaina Carpet & Interiors, Inc.	99-0332777	0.18%	245,009
East Hawaii I.P.A.	99-0310967	0.45%	369,736
Titan Industries, LLC	26-1871078	0.87%	832,406
KAI PONO BUILDERS, INC.	99-0346685	0.09%	1,535,745
Wee Pediatrics, Inc.	99-0276291	0.10%	469,884
Building Science, LLC	46-1660208	0.10%	56,460
Vanessa Choy, DDS, LLC	83-4578916	0.09%	96,082
The Queens Medical Center	99-0073524	0.72%	422,901
Gail M. Hamada	94-3267512	0.02%	60,144
D & M HYDRAULIC SALES & SERVICE, INC	99-0304378	0.35%	1,306,150
Wailuku Hongwanji Mission	99-0082412	0.00%	1,151
Lincoln Koike dba Hawaii Wealth and Legacy Planning Group	57-5867939	0.11%	58,586
Molokai Ohana Health Care, Inc. dba Molokai Community Health Center	50-0437659	0.49%	602,426
Island Glass Hawaii LLC	46-3279267	0.08%	26,292
Standard Commercial LLC and Standard Management LLC	46-4161645	0.09%	37,367
The Kalia Inc. dba The Kalia	99-0093316	0.02%	10,640

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Mau Loa Learning, LLC	83-3261422	0.09%	42,576
Genki Sushi USA, Inc. dba Genki Sushi	99-0296107	0.63%	776,664
Haleakala Waldorf School	99-0151085	0.53%	1,814,238
Ohana Construction, Inc.	47-1271151	0.04%	132,138
Association of Apartment Owners Hale Kaanapali dba Maui Kaanapali Villas	99-0222989	0.20%	235,121
Vintage European Posters, Inc.	27-3332519	0.16%	51,731
Monica Scheel, MD, LLC dba Dr. Monica Scheel	20-4625284	0.41%	1,015,063
Puuwai Design & Construction, LLC	99-0356090	0.22%	89,569
akaCRM Inc.	32-0226071	0.23%	631,538
Island Endodontics, Inc. dba Island Endodontics	27-2474633	0.15%	76,435
Lahaina Galleries, Inc.	99-0186110	0.33%	2,740,955
The Cooke Co DBA Natosha Cooke	83-1321497	0.01%	4,120
Stein Law, P.C. dba Mountain West Law Group	45-3642468	0.15%	262,613
DJ's Construction, Inc.	20-8972943	0.06%	17,866
KT Protection Services LLC	27-1318862	0.19%	73,995
Payser LLC	84-3039585	0.04%	30,534
Sustainable Molokai	27-3261673	0.12%	73,684
Allan Wang MD LLC dba Allan Wang MD	99-0352299	0.00%	997
Synergy Partner Group LLC	46-5560513	0.13%	87,864
HKI Kauai, Inc.	47-5085501	0.05%	52,677
Ginshari, Inc. dba Kuru Kuru Sushi	99-0359883	0.02%	388,217
The Caregiver Foundation, Inc.	26-2548300	0.25%	83,009
Maryl Construction, Inc.	81-0831382	0.22%	952,261
Kako'o'Oiwi	57-1236490	0.07%	20,778
CGCL LLC ETAL dba Cafe O'Lei Restaurants and AMI AMI at the Coast	20-3416845	0.12%	240,144
Real Estate Business Analytics, LLC	84-3544703	0.13%	37,629
D2 Demand Solutions, Inc.	46-1786718	0.54%	2,488,602
Da Lock Masters - Hawaii, LLC dba Pop-a-Lock	26-4632633	0.16%	45,039
Dick's Fumigation Service Inc. dba Dick's Pest Solutions	99-0117359	0.03%	60,664
Denver Indian Health & Family Services	84-0724261	0.29%	534,905
Mel A. Ona MD Inc.	83-2837301	0.08%	134,623
Realtors Association of Maui, Inc.	23-7289710	0.18%	173,820
Hawaii Farming LLC	84-3037379	0.06%	24,108
Ken Bernard & Company Inc. dba Garden Ponds	99-0334557	0.03%	8,072
Hawaii Ear Clinic, Inc.	27-0478545	0.09%	177,884
US MED URGENT CARE, LLC	90-0657722	0.12%	546,972

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Transportation Applied Intelligence Software, LLC dba TAI Software	85-2497425	0.13%	121,919
Maui Academy of Performing Arts	99-0187576	0.02%	6,422
NCNS Environmental, Inc.	99-0284080	0.02%	6,917
East Hawaii State Veterans Home dba Yukio Okutsu State Veterans Home	85-3650364	0.46%	588,995
BT Kalakaua, LLC dba Kaimana Beach Hotel	47-4093373	0.32%	171,554
HT Hayashi Foundation	20-4708161	0.03%	8,614
Landmark Builders, Inc.	20-4184352	0.08%	26,390
ChemEOR, Inc.	20-2979029	0.53%	1,113,300
Complete Bookkeeping & Accounting, LLC	11-3745257	0.16%	44,642
Mrs. Hilo LLC dba Eye Care Hawaii	85-0605718	0.07%	142,719
HTH Asset Management, LLC	81-2324305	0.09%	27,465
Kokua Group Holdings, LLC	81-4873869	0.41%	359,093
North Shore Preserve Ventures, Inc.	85-3211687	0.02%	11,414
Hart Therapy Inc dba Handprints Behavioral Therapy dba Handprints Home Health	05-0540547	0.06%	17,819
OrthoFi, Inc.	46-2004040	3.58%	4,571,392
IMPRINT Hospitality, LLC	32-0493503	0.07%	151,618
Cornerstone Pressure Washing LLC	39-2056505	0.23%	65,437
Honolulu Laser Center & Spa, Inc. dba Honolulu MedSpa	99-0358199	0.06%	16,635
TEC Integration	20-3127383	0.05%	14,199
Motooka Rosenberg Lau & Oyama LLLC	22-3884416	0.03%	1,245,539
Partners in Care - Oahu Continuum of Care dba Partners in Care	84-1705573	0.25%	119,705
Haleakala Services LLC dba Haleakala Solar and Roofing	85-2782075	0.01%	16,935
Alana Investment Group LLC	84-2054689	0.02%	5,677
Dreamscapes Landscaping LLC	47-1339699	0.07%	20,925
Techtonic Group, Inc.	87-0767850	0.55%	144,137
Peak Form, LLC dba Peak Form Medical Clinic	20-0184922	0.40%	493,486
Strat Labs LLC dba Strat Labs	82-2207879	0.05%	10,446
Carbon Capture America, Inc. dba Carbon America	84-4024397	1.14%	662,588
Ulu Hi-Tech, Inc.	84-2633084	0.06%	16,686
The Children's Law Center, LLLC	20-4088476	0.03%	8,580
Aloha Affordable Veterinary Services LLC	83-1026070	0.07%	18,959
North Shore Veterinary Clinic	85-2181612	0.01%	1,861
ProService Pacific, LLC dba ProService Hawaii	99-0287193	0.24%	718,605
Over Easy LLC dba Over Easy, Easy Que	47-1558389	0.04%	12,566
KN Surveying LLC	73-1734849	0.21%	57,982
Maui Paradise Lahaina Partners LLC	47-2643893	0.03%	124,160

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Kekaha Agriculture Association	20-0512363	0.02%	6,330
Maui Leones, LLC dba Coconut Condos	45-3849420	0.18%	266,856
Klarisana Physician Services, PLLC	47-4910563	0.06%	16,701
REALM, LLC	83-3570534	0.04%	12,102
Pu'ukumu Management LLC	85-0563379	0.01%	1,979
Maehal Enterprises, Inc dba Pikes Peak Harley-Davidson	84-1031760	0.00%	283,640
M E I Corporation	74-3112012	0.43%	118,773
Electro Test LLC	83-3419897	0.07%	20,530
Ka'ala Ranch 2 LLC	86-1296486	0.00%	836
Turning Point Chiropractic Inc.	46-2771292	0.17%	51,901
ABDR Electric, Inc.	90-0778968	0.14%	482,139
Wellness Partners Hawaii Inc.	82-3721529	0.02%	4,454
Cuvee Properties Escapes, LLC	46-1222965	0.31%	757,719
Aspen Title & Escrow, LLC dba Aspen Title & Escrow	86-3274563	0.00%	364
O'ahu Resource Conservation and Development Council	94-3279682	0.02%	109,414
Urahutia Productions, LLC dba Aulii Luau	01-0878161	0.04%	52,365
SJ Communication, Inc.	46-1993165	0.03%	7,321
Purradise Cat Care, Inc.	83-2360497	0.12%	33,469
Wave Builders, LLC	81-0927510	0.01%	2,929
Transformational Health Network dba Aloha Kona Urgent Care	46-5000811	0.08%	23,546
PRM LLC	83-4232254	0.01%	3,068
Corporate Environments International, LLC dba CEI Hawaii	99-0338355	0.04%	295,132
Edmund C. Olson Trust No. 2	33-1088261	0.17%	47,022
Inspyre Boutique, LLC	45-2477179	0.13%	36,488
The Queen's Health Systems	99-0238120	0.02%	293,046
Dellables, Inc.	27-2399084	0.01%	2,536
Krank LLC dba Krank Cycles	47-1143929	0.05%	13,898
Royal Aloha Coffee Company, LLC	84-2099447	0.01%	1,658
Nakoa Kai Insurance Professional LLC	45-5451260	0.02%	5,542
Council for Native Hawaiian Advancement dba CNHA	91-0313383	0.01%	18,539
Paradise in Hawaii Luxury Homes, LP	81-0857903	0.11%	30,971
Vally Medical Group, APC	47-1422140	0.00%	488
En Fleur Behavior Analysis, LLC	84-3737181	0.00%	322
Aloha Endodontics LLC	82-2141860	0.01%	2,395
JM Electric LLC	27-1761322	0.00%	422
Historic Hotel Colorado, LLC Hotel Colorado	82-5498531	0.00%	562

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Plan Year Ending: December 31, 2021

Structural Concrete Bonding & Restoration, Inc.	99-0261657	0.08%	21,583
Foothills Bridge Co	26-0085552	0.13%	508,547
Hawaii Literacy, Inc.	23-7198698	0.10%	26,485
Maia Consulting LLC dba Maia Planning	81-3915171	0.09%	24,959
Oahu Pet Crematory, LLC	20-2250019	0.00%	1,005
Archon Vitamin LLC dba PlantFusion	81-4238249	0.02%	4,260

ProService Hawaii 401(k) Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Investment contract			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	$ 10,498,227
		Total investment contract		10,498,227
	Pooled separate accounts			
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2030 Ret Opt	**	23,157,495
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2025 Ret Opt	**	22,644,998
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2035 Ret Opt	**	21,370,843
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2040 Ret Opt	**	17,156,216
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2045 Ret Opt	**	17,041,176
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2050 Ret Opt	**	14,602,404
	Morgan Stanley	Morgan Stanley Growth Ret Opt	**	14,402,815
*	Transamerica Life Insurance Company	Transamerica LifeGoal Ret with BlackRock RetOpt	**	13,990,920
*	Transamerica Life Insurance Company	TA Vanguard Total Stck Mrkt Index Ret Opt	**	10,079,940
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2055 Ret Opt	**	9,418,530
	Ivy Funds	Ivy Science & Technology Inv Opt	**	7,394,393
	Pioneer Investments	Pioneer Fdmntl Gr Ret Opt	**	6,472,156
	American Funds	American Funds Growth Fund of America Inv Opt	**	5,284,752
*	Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2060 Ret Opt	**	4,205,438
	Pioneer Investments	Pioneer Eqt Inc Ret Opt	**	3,688,011
*	Transamerica Life Insurance Company	Transamerica High Yield Bond Ret Opt	**	3,353,021
	Natixis Funds	Loomis Sayles Investment Grade Bond Ret Opt	**	3,225,863
	AEGON NV	AEGON Balanced Ret Opt	**	3,142,472
	Wells Fargo Funds	Wells Fargo Special Mid Cap Val Ret Opt	**	3,025,925
	American Funds	American Funds Blncd Ret Opt	**	2,692,611
	State Street Global Advisors	State Street Russell Sm Cap Index Ret Opt	**	2,152,682
	Thornburg	Thornburg Intrntl Val Ret Opt	**	2,055,104
	BlackRock	BlackRock Health Scncs Opps Ret Opt	**	1,821,381
	Hartford Mutual Funds	Hartford Mid Cap Ret Opt	**	1,678,504
	Invesco	Oppenheimer Global Ret Opt	**	1,498,542
	Franklin Tempelton Investments	Franklin Small Cap Value Ret Opt	**	1,391,639
	American Funds	American Funds New Perspective Ret Opt	**	1,351,325
	American Funds	Amer Funds EuroPacific Growth Ret Opt	**	1,340,031
	Neuberger Berman	Neuberger Berman Real Estate Ret Opt	**	1,269,075
	State Street Global Advisors	State Street S&P Mid Cap Index Ret Opt	**	1,251,274
	Dimensional Fund Advisors	DFA Infltn-Protctd Sec Port Ret Opt	**	1,005,911
	Janus Henderson	Janus Henderson Triton Ret Opt	**	990,814
	Dimensional Fund Advisors	DFA U.S. Sm Cap Port Ret Opt	**	813,189
	State Street Global Advisors	State Street Emerging Markets Index Ret Opt	**	805,708
	Columbia	Columbia Contrarian Core Ret Opt	**	733,433
	American Funds	American Funds New World Ret Opt	**	334,755
	Dimensional Fund Advisors	DFA Intrntl Sm Cap Val Port Ret Opt	**	72,459
		Total pooled separate accounts		226,915,805
	Participant loans			
*	Participants	Participant Loans Rate - 4.25% to 7.50%		3,657,426
		Total participant loans		3,657,426
		Total Assets (Held at End of Year)		$ 241,071,458

* In column (a), if applicable, denotes party-in-interest to the Plan.

** In column (d), cost information is omitted for participant-directed investments.