

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 HAWAIIAN HOST, INC. 401(K) SAVINGS & PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 07/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HAWAIIAN HOST, INC. 500 ALAKAWA ST., #111 HONOLULU, HI 96817	2b	Employer Identification Number (EIN) 99-0113479
		2c	Plan Sponsor's telephone number 808-848-0500
		2d	Business code (see instructions) 311300

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.	07/25/2023	JOY TAKANISHI
	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 ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 258
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) 176
a(2) Total number of active participants at the end of the plan year		6a(2) 213
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 71
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 285
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 286
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 221
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2E 2K 2T 3H 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HAWAIIAN HOST, INC. 401(K) SAVINGS & PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAIIAN HOST, INC.	D Employer Identification Number (EIN) 99-0113479	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	6495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	2863	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON PARTNERS - DST SYSTEMS INC 43-1581814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON PARTNERS INST - DST SYSTEMS 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
CONESTOGA SM CAP INV - ULTIMUS FUN 31-1663251	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
EDGEWOOD GRTH INST - DST SYSTEMS I 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FIRST EAGLE GLBL R4 - DST SYSTEMS 43-1581814	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H BALANCED T - JANUS HENDERSON S 151 DETROIT STREET, DENVER, CO 80206	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OAKMARK EQ & INC INV - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OAKMARK FUND INV - DST ASSET MANAG 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIM TOTAL RETURN I2 - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE BAL ADV - T. ROWE PRICE 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2005 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2010 ADV - T. ROWE PRIC 52-2269240	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2015 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2020 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2025 ADV - T. ROWE PRIC 52-2269240	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2030 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2035 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2040 ADV - T. ROWE PRIC 52-2269240	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2045 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2050 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2055 ADV - T. ROWE PRIC 52-2269240	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) 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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HAWAIIAN HOST, INC. 401(K) SAVINGS & PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HAWAIIAN HOST, INC.	D Employer Identification Number (EIN) 99-0113479	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100592
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>HAWAIIAN HOST, INC. 401(K) SAVINGS & PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAWAIIAN HOST, INC.</u>	D Employer Identification Number (EIN) <u>99-0113479</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash.....	1a		0	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....	1b(1)		0	0
(2) Participant contributions.....	1b(2)		0	0
(3) Other.....	1b(3)		0	0
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		138800	127220
(2) U.S. Government securities	1c(2)		0	0
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)		0	0
(B) All other	1c(3)(B)		0	0
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)		0	0
(B) Common.....	1c(4)(B)		0	0
(5) Partnership/joint venture interests	1c(5)		0	0
(6) Real estate (other than employer real property)	1c(6)		0	0
(7) Loans (other than to participants).....	1c(7)		0	0
(8) Participant loans.....	1c(8)		291409	317177
(9) Value of interest in common/collective trusts.....	1c(9)		550692	100592
(10) Value of interest in pooled separate accounts	1c(10)		0	0
(11) Value of interest in master trust investment accounts.....	1c(11)		0	0
(12) Value of interest in 103-12 investment entities	1c(12)		0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		13072468	10687201
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		0	0
(15) Other	1c(15)		0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	14053369	11232190

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14053369	11232190
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	356164	
(B) Participants	2a(1)(B)	768309	
(C) Others (including rollovers)	2a(1)(C)	356050	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1480523
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1558	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	16193	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17751
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	890239	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		890239
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-9195
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3260376
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-881058
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1930763	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1930763
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	6495	
(4) Other	2i(4)	2863	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9358
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1940121
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2821179
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **AKAMINE, OYADOMARI, & KOSAKI, CPAS**

(2) EIN: **99-0272757**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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)

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HAWAIIAN HOST, INC. 401(K) SAVINGS & PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAIIAN HOST, INC.		D Employer Identification Number (EIN) 99-0113479
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
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): 04-6568107		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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 _____

Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Financial Statements and Supplemental Schedule
December 31, 2022



AKAMINE, OYADOMARI & KOSAKI
CPA'S, INC.

Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan

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Independent Auditor's Report

To the 401(k) Savings and Profit Sharing Plan Committee
Hawaiian Host, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hawaiian Host, Inc. 401(k) Savings and Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2022 and 2021, and for the year ended December 31, 2022, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Akamine, Oyadomari & Kosaki CPAs, Inc.

Honolulu, Hawaii
July 14, 2023



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
 Statements of Net Assets Available for Benefits
 as of December 31, 2022 and 2021

	<u>12/31/2022</u>	<u>12/31/2021</u>
ASSETS		
Investments, at fair value (Notes C and D)	\$ 10,915,013	\$ 13,761,960
Notes receivable from participants (Note D)	<u>318,674</u>	<u>292,827</u>
Net assets available for benefits	<u>\$ 11,233,687</u>	<u>\$ 14,054,787</u>

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



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2022

Additions (Note D):

Interest and dividends on investments	\$ 894,739
Interest income on notes receivable from participants	16,273
Net appreciation in fair value of investments (Note C)	-
Contributions:	
Participants	768,309
Employer	356,164
Rollover	356,050
Total contributions	1,480,523
Total additions	2,391,535

Deductions (Note D):

Net depreciation in fair value of investments (Note C)	3,272,517
Other:	
Benefits paid to participants	1,930,763
Administrative fees and other (Note E)	9,355
Total other	1,940,118
Total deductions	5,212,635
Net decrease in net assets	(2,821,100)

Net assets available for benefits:

Beginning of year	14,054,787
End of year	\$ 11,233,687

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



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE A – DESCRIPTION OF THE PLAN

The following description of the Hawaiian Host, Inc. 401(k) Savings and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, effective July 1, 1999, is a defined contribution plan covering all full-time employees of Hawaiian Host, Inc. and its subsidiaries (Company), who have completed one year or 1,000 hours of service within a 12-month period commencing on the employee's first day of employment and have attained age 18 for purposes of receiving employer contributions, and 6 months of services for purposes of making salary deferral contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Plan participation commences on the first day of the quarter following eligibility.

On October 19, 2021, the Plan Administrator authorized the execution of an amendment in the Plan's fiscal year-end from June 30 to December 31 effective November 17, 2021. There was no impact on the net assets available for benefits due to this change.

Administration

The 401(k) Savings and Profit Sharing Plan Committee is appointed by the board of directors of the Company and is responsible for the management and administration of the Plan. At December 31, 2022 and 2021, Fidelity Management Trust Company was the Plan's Trustee. The primary function of the Plan's Trustee is to maintain custodial control and records of the Plan assets. At December 31, 2022 and 2021, the Plan's investment manager was Fidelity Investments Institutional Operations Company, Inc.

The Company pays certain expenses of administering the Plan, other than loan administration fees. However, plan administration fees paid by the Company may be reduced by forfeited nonvested employer discretionary contributions. For the year ended December 31, 2022, none of the plan administration fees were reimbursed by forfeited accounts. Loan administration and other fees, totaling \$9,357, were paid by the plan participants to whom the fees relate.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, up to the maximum limits of the Internal Revenue Code (IRC). Participants may designate all, or a portion of, their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant contributions to the Plan are recorded in the period that payroll deductions are made from participants. The Company contributes up to 4% of eligible participant compensation as defined by the Plan document. Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE A – DESCRIPTION OF THE PLAN (continued)

Profit sharing contributions may be made at the discretion of the Company's board of directors (discretionary contribution). Profit sharing contributions are allocated based on the ratio of the participant's wages for the Plan year to the total wages for eligible participants. No profit-sharing contribution was made for the year ended December 31, 2022.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings or losses and, when applicable, charged with an allocation of certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, the Company's matching contribution plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts is based on years of continuous service. Participants are 100% vested after six years of credited service as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 2 years	- %
2 years	20
3 years	40
4 years	60
5 years	80
6 years	100

A participant becomes 100% vested in the event of death or disability resulting in employment termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate equal to the prime lending rate plus 1% on the date of the loan. Interest rates ranged from 4.25% to 7.25% at December 31, 2022. Principal and interest are paid ratably through bi-weekly payroll deductions. Terms range from one to five years or greater for the purchase of a residence.

According to the Plan's documents, loans are considered defaulted when participants fail to comply with the terms of a plan loan, generally occurring when a participant fails to make repayments on an outstanding loan or if their loan matures and has not been repaid in full. A defaulted loan may be treated as an actual distribution, a deemed distribution, or a combination of the two. An actual distribution occurs when a participant loan is defaulted, and the participant is eligible to receive all or part of the loan as a plan distribution.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE A – DESCRIPTION OF THE PLAN (continued)

A deemed distribution occurs when a participant is not eligible for a plan distribution. Deemed distributions are not eligible rollovers and are still considered plan assets for certain plan provisions.

Forfeited Accounts

At December 31, 2022, forfeited nonvested accounts amounted to \$7,102. According to the Plan document, forfeited amounts are used in the following order: to reinstate participants' accounts, reduce plan expenses, or reduce employer contributions. Reinstatement of a participant's account occurs after re-employment of a former employee whose nonvested portion of employer contributions that had previously been forfeited, is restored after the former employee is rehired.

Payment of Benefits

On termination of service due to retirement, disability, or other reasons, a participant is entitled to receive a benefit equal to the vested interest in the participant's account. If a participant's vested interest does not exceed \$1,000, then the distribution shall be made in the form of a lump-sum payment. If a participant's vested interest exceeds \$1,000, then the distribution shall be made in the form of a lump-sum payment, monthly, quarterly, semiannual, or annual installment payments over a period not extending beyond allowable periods described in the Plan agreement, or partial cash payments may be requested. In addition, the Plan allows for hardship distributions if certain criteria are met.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

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 that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investments contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust fund. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts held in the collective trust fund as well as the adjustment of the fully benefit-responsive contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator 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.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are recorded as distributions based upon terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. 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.

Benefit Payments

Benefits are recorded when paid.

Risks and Uncertainties

The Plan may invest in various types of 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 the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE C – FAIR VALUE MEASUREMENT

During the year ended December 31, 2022, the Plan's investments (including gains and losses on investments bought and sold as well as held during the Plan year) decreased in value by \$3,272,517 and this decrease was primarily related to the Plan's mutual funds.

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, 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).



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE C – FAIR VALUE MEASUREMENT (continued)

The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- 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. Various valuation methodologies are used to value assets measured at fair value. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value:

- Registered investment companies are valued at the net asset value (NAV) of shares held by the Plan at year end.
- The collective trust funds are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE C – FAIR VALUE MEASUREMENT (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 362,402	\$ -	\$ -	\$ 362,402
Equity securities:				
U.S. equity securities	5,400,259	-	-	5,400,259
International equity securities	2,383,793	-	-	2,383,793
Fixed income securities:				
U.S. fixed income securities	2,523,551	-	-	2,523,551
International fixed income securities	-	144,416	-	144,416
Total assets in the fair value hierarchy	<u>\$ 10,670,005</u>	<u>\$ 144,416</u>	<u>\$ -</u>	10,814,421
Investments measured at net asset value (a)				100,592
Total investments				<u>\$ 10,915,013</u>

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 327,896	\$ -	\$ -	\$ 327,896
Equity securities:				
U.S. equity securities	6,707,988	-	-	6,707,988
International equity securities	2,855,212	-	-	2,855,212
Fixed income securities:				
U.S. fixed income securities	3,295,848	-	-	3,295,848
International fixed income securities	-	24,324	-	24,324
Total assets in the fair value hierarchy	<u>\$ 13,186,944</u>	<u>\$ 24,324</u>	<u>\$ -</u>	13,211,268
Investments measured at net asset value (a)				550,692
Total investments				<u>\$ 13,761,960</u>

- (a) In accordance with ASC 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE C – FAIR VALUE MEASUREMENT (continued)

For the year ended December 31, 2022 and year ended December 31, 2021, there were no transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which the fair value is measured using NAV per share practical expedient as of December 31, 2022:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Paid
Stable value fund	\$ 100,592	\$ -	Daily	None

The following table summarizes investments for which the fair value is measured using NAV per share practical expedient as of December 31, 2021:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Paid
Stable value fund	\$ 550,692	\$ -	Daily	None

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee of the Plan that all of the information provided by the Trustee is complete and accurate.

The following information at December 31, 2022 and 2021, and for the year ended December 31, 2022, included in the accompanying financial statements and supplemental schedule, was obtained from the data that has been prepared and certified to as complete and accurate by the Trustee.

	12/31/2022	12/31/2021
Money market fund, at fair value	\$ 127,220	\$ 138,800
Stable value fund, at fair value	100,592	550,692
Mutual funds, at fair value	10,687,201	13,072,468
Notes receivable from participants	318,674	292,827
Total	<u>\$ 11,233,687</u>	<u>\$ 14,054,787</u>



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEE (continued)

For the year ended December 31, 2022 -

Investment income/(loss):

Interest and dividends	\$ 911,012
Net decrease in fair value of investments (including realized gain/loss)	(3,272,517)

Contributions:

Participants	768,309
Employer	356,164
Rollover	356,050

Other:

Benefits paid to participants	(1,930,763)
Administrative fees and other	(9,355)
Net decrease in net assets	<u>\$ (2,821,100)</u>

The amounts certified by the Trustee for the stable value funds were at contract values of \$107,874 and \$545,834 as of December 31, 2022 and 2021, respectively. The net decrease in fair value of investments (including realized loss) certified by the Trustee using contract values amounted to \$3,272,517 for the year ending December 31, 2022.

NOTE E – RELATED-PARTY TRANSACTIONS

During the year ended December 31, 2022, certain investments represented mutual funds and a money market fund managed by the Plan's record keeper and investment manager, Fidelity Investments Institutional Operations Company, Inc. Total fees paid to the Plan's Trustee aggregated \$9,357 for the year ended December 31, 2022. These transactions qualify as party-in-interest.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE G – TAX STATUS

The Plan is a prototype 401(k) savings and profit-sharing plan. The prototype plan was approved by the Internal Revenue Service by a letter dated March 31, 2008. The Plan Administrator and the Plan's Trustee believe that the Plan is designed and is being maintained in compliance with the applicable requirements of the IRC. Tax years from 2018 through 2021 remain subject to examination by taxing authorities.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE H – SUBSEQUENT EVENTS

The Company evaluated subsequent events for potential required disclosures through July 14, 2023, which is the date the financial statements were available to be issued.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan

EIN: 99-0113479 PN: 001

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

December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral and Par, or Maturity Value)	Cost	Current Value
*	Fidelity Investments Institutional Operations Company, Inc.	127,220 shares of Fidelity Government Money Market Fund Money Market Trust Total	**	\$ 127,220 127,220
*	Fidelity Investments Institutional Operations Company, Inc.	100,592 shares of Fidelity Managed Income Portfolio Class 1 Stable Value Fund Total	**	100,592 100,592
*	Fidelity Investments Institutional Operations Company, Inc.	2,510 shares of Baron Partners Inst	**	290,813
*	Fidelity Investments Institutional Operations Company, Inc.	719 shares of Conestoga Small Cap	**	42,426
*	Fidelity Investments Institutional Operations Company, Inc.	3,007 shares of DFA Emerging Markets Value I	**	79,536
*	Fidelity Investments Institutional Operations Company, Inc.	5,670 shares of Edgewood Grth Inst	**	177,458
*	Fidelity Investments Institutional Operations Company, Inc.	5,340 shares of Fidelity International Discovery Fund	**	211,740
*	Fidelity Investments Institutional Operations Company, Inc.	4,303 shares of Fidelity 500 Index	**	572,816
*	Fidelity Investments Institutional Operations Company, Inc.	5,764 shares of Invesco Divrs DIV R6	**	100,936
*	Fidelity Investments Institutional Operations Company, Inc.	37 shares of J.H. Balanced T	**	1,376
*	Fidelity Investments Institutional Operations Company, Inc.	1,333 shares of Oakmark Equity & Income CL I	**	39,230
*	Fidelity Investments Institutional Operations Company, Inc.	245 shares of Oakmark Fund Class I	**	25,083
*	Fidelity Investments Institutional Operations Company, Inc.	45,240 shares of PIMCO Total Return P	**	382,733
*	Fidelity Investments Institutional Operations Company, Inc.	160 shares of T. Rowe Price Retirement 2005	**	1,714
*	Fidelity Investments Institutional Operations Company, Inc.	3,571 shares of T. Rowe Price Retirement 2010	**	47,963
*	Fidelity Investments Institutional Operations Company, Inc.	26,973 shares of T. Rowe Price Retirement 2015	**	301,826



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan

EIN: 99-0113479 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral and Par, or Maturity Value)	Cost	Current Value
*	Fidelity Investments Institutional Operations Company, Inc.	46,586 shares of T. Rowe Price Retirement 2020	**	771,934
*	Fidelity Investments Institutional Operations Company, Inc.	126,548 shares of T. Rowe Price Retirement 2025	**	1,836,205
*	Fidelity Investments Institutional Operations Company, Inc.	62,812 shares of T. Rowe Price Retirement 2030	**	1,356,121
*	Fidelity Investments Institutional Operations Company, Inc.	110,819 shares of T. Rowe Price Retirement 2035	**	1,879,491
*	Fidelity Investments Institutional Operations Company, Inc.	28,127 shares of T. Rowe Price Retirement 2040	**	678,697
*	Fidelity Investments Institutional Operations Company, Inc.	35,770 shares of T. Rowe Price Retirement 2045	**	612,018
*	Fidelity Investments Institutional Operations Company, Inc.	33,919 shares of T. Rowe Price Retirement 2050	**	489,448
*	Fidelity Investments Institutional Operations Company, Inc.	26,737 shares of T. Rowe Price Retirement 2055	**	403,201
*	Fidelity Investments Institutional Operations Company, Inc.	3,660 shares of T. Rowe Price Retirement Income Fund	**	43,733
*	Fidelity Investments Institutional Operations Company, Inc.	1,230 shares of UM Behavioral Value R6	**	93,245
*	Fidelity Investments Institutional Operations Company, Inc.	4,425 shares of Vanguard Short-Term Investment Grade Fund	**	44,032
*	Fidelity Investments Institutional Operations Company, Inc.	700 shares of Vanguard Wellesley Income Adm	**	41,442
*	Fidelity Investments Institutional Operations Company, Inc.	3,620 shares of Victory S Est Value R6	**	161,984
Mutual Funds Total				10,687,201
*	Participant Loans	40 loans with interest rates from 4.25 to 7.25%, maturing through December 2037		318,674
Loans Total				318,674
TOTAL PLAN ASSETS				\$ 11,233,687

* Indicates Party-In-Interest to the Plan

** Participant-Directed Transactions



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Financial Statements and Supplemental Schedule
December 31, 2022



AKAMINE, OYADOMARI & KOSAKI
CPA'S, INC.

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Independent Auditor's Report

To the 401(k) Savings and Profit Sharing Plan Committee
Hawaiian Host, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hawaiian Host, Inc. 401(k) Savings and Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2022 and 2021, and for the year ended December 31, 2022, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Akamine, Oyadomari & Kosaki CPAs, Inc.

Honolulu, Hawaii
July 14, 2023



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
 Statements of Net Assets Available for Benefits
 as of December 31, 2022 and 2021

	<u>12/31/2022</u>	<u>12/31/2021</u>
ASSETS		
Investments, at fair value (Notes C and D)	\$ 10,915,013	\$ 13,761,960
Notes receivable from participants (Note D)	<u>318,674</u>	<u>292,827</u>
Net assets available for benefits	<u>\$ 11,233,687</u>	<u>\$ 14,054,787</u>

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



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2022

Additions (Note D):

Interest and dividends on investments	\$ 894,739
Interest income on notes receivable from participants	16,273
Net appreciation in fair value of investments (Note C)	-
Contributions:	
Participants	768,309
Employer	356,164
Rollover	356,050
Total contributions	1,480,523
Total additions	2,391,535

Deductions (Note D):

Net depreciation in fair value of investments (Note C)	3,272,517
Other:	
Benefits paid to participants	1,930,763
Administrative fees and other (Note E)	9,355
Total other	1,940,118
Total deductions	5,212,635
Net decrease in net assets	(2,821,100)

Net assets available for benefits:

Beginning of year	14,054,787
End of year	\$ 11,233,687

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



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE A – DESCRIPTION OF THE PLAN

The following description of the Hawaiian Host, Inc. 401(k) Savings and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, effective July 1, 1999, is a defined contribution plan covering all full-time employees of Hawaiian Host, Inc. and its subsidiaries (Company), who have completed one year or 1,000 hours of service within a 12-month period commencing on the employee's first day of employment and have attained age 18 for purposes of receiving employer contributions, and 6 months of services for purposes of making salary deferral contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Plan participation commences on the first day of the quarter following eligibility.

On October 19, 2021, the Plan Administrator authorized the execution of an amendment in the Plan's fiscal year-end from June 30 to December 31 effective November 17, 2021. There was no impact on the net assets available for benefits due to this change.

Administration

The 401(k) Savings and Profit Sharing Plan Committee is appointed by the board of directors of the Company and is responsible for the management and administration of the Plan. At December 31, 2022 and 2021, Fidelity Management Trust Company was the Plan's Trustee. The primary function of the Plan's Trustee is to maintain custodial control and records of the Plan assets. At December 31, 2022 and 2021, the Plan's investment manager was Fidelity Investments Institutional Operations Company, Inc.

The Company pays certain expenses of administering the Plan, other than loan administration fees. However, plan administration fees paid by the Company may be reduced by forfeited nonvested employer discretionary contributions. For the year ended December 31, 2022, none of the plan administration fees were reimbursed by forfeited accounts. Loan administration and other fees, totaling \$9,357, were paid by the plan participants to whom the fees relate.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, up to the maximum limits of the Internal Revenue Code (IRC). Participants may designate all, or a portion of, their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant contributions to the Plan are recorded in the period that payroll deductions are made from participants. The Company contributes up to 4% of eligible participant compensation as defined by the Plan document. Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE A – DESCRIPTION OF THE PLAN (continued)

Profit sharing contributions may be made at the discretion of the Company's board of directors (discretionary contribution). Profit sharing contributions are allocated based on the ratio of the participant's wages for the Plan year to the total wages for eligible participants. No profit-sharing contribution was made for the year ended December 31, 2022.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings or losses and, when applicable, charged with an allocation of certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, the Company's matching contribution plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts is based on years of continuous service. Participants are 100% vested after six years of credited service as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 2 years	- %
2 years	20
3 years	40
4 years	60
5 years	80
6 years	100

A participant becomes 100% vested in the event of death or disability resulting in employment termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate equal to the prime lending rate plus 1% on the date of the loan. Interest rates ranged from 4.25% to 7.25% at December 31, 2022. Principal and interest are paid ratably through bi-weekly payroll deductions. Terms range from one to five years or greater for the purchase of a residence.

According to the Plan's documents, loans are considered defaulted when participants fail to comply with the terms of a plan loan, generally occurring when a participant fails to make repayments on an outstanding loan or if their loan matures and has not been repaid in full. A defaulted loan may be treated as an actual distribution, a deemed distribution, or a combination of the two. An actual distribution occurs when a participant loan is defaulted, and the participant is eligible to receive all or part of the loan as a plan distribution.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE A – DESCRIPTION OF THE PLAN (continued)

A deemed distribution occurs when a participant is not eligible for a plan distribution. Deemed distributions are not eligible rollovers and are still considered plan assets for certain plan provisions.

Forfeited Accounts

At December 31, 2022, forfeited nonvested accounts amounted to \$7,102. According to the Plan document, forfeited amounts are used in the following order: to reinstate participants' accounts, reduce plan expenses, or reduce employer contributions. Reinstatement of a participant's account occurs after re-employment of a former employee whose nonvested portion of employer contributions that had previously been forfeited, is restored after the former employee is rehired.

Payment of Benefits

On termination of service due to retirement, disability, or other reasons, a participant is entitled to receive a benefit equal to the vested interest in the participant's account. If a participant's vested interest does not exceed \$1,000, then the distribution shall be made in the form of a lump-sum payment. If a participant's vested interest exceeds \$1,000, then the distribution shall be made in the form of a lump-sum payment, monthly, quarterly, semiannual, or annual installment payments over a period not extending beyond allowable periods described in the Plan agreement, or partial cash payments may be requested. In addition, the Plan allows for hardship distributions if certain criteria are met.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

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 that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investments contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust fund. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts held in the collective trust fund as well as the adjustment of the fully benefit-responsive contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator 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.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are recorded as distributions based upon terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. 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.

Benefit Payments

Benefits are recorded when paid.

Risks and Uncertainties

The Plan may invest in various types of 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 the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE C – FAIR VALUE MEASUREMENT

During the year ended December 31, 2022, the Plan's investments (including gains and losses on investments bought and sold as well as held during the Plan year) decreased in value by \$3,272,517 and this decrease was primarily related to the Plan's mutual funds.

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, 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).



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE C – FAIR VALUE MEASUREMENT (continued)

The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- 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. Various valuation methodologies are used to value assets measured at fair value. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value:

- Registered investment companies are valued at the net asset value (NAV) of shares held by the Plan at year end.
- The collective trust funds are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE C – FAIR VALUE MEASUREMENT (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 362,402	\$ -	\$ -	\$ 362,402
Equity securities:				
U.S. equity securities	5,400,259	-	-	5,400,259
International equity securities	2,383,793	-	-	2,383,793
Fixed income securities:				
U.S. fixed income securities	2,523,551	-	-	2,523,551
International fixed income securities	-	144,416	-	144,416
Total assets in the fair value hierarchy	<u>\$ 10,670,005</u>	<u>\$ 144,416</u>	<u>\$ -</u>	10,814,421
Investments measured at net asset value (a)				100,592
Total investments				<u>\$ 10,915,013</u>

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 327,896	\$ -	\$ -	\$ 327,896
Equity securities:				
U.S. equity securities	6,707,988	-	-	6,707,988
International equity securities	2,855,212	-	-	2,855,212
Fixed income securities:				
U.S. fixed income securities	3,295,848	-	-	3,295,848
International fixed income securities	-	24,324	-	24,324
Total assets in the fair value hierarchy	<u>\$ 13,186,944</u>	<u>\$ 24,324</u>	<u>\$ -</u>	13,211,268
Investments measured at net asset value (a)				550,692
Total investments				<u>\$ 13,761,960</u>

- (a) In accordance with ASC 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE C – FAIR VALUE MEASUREMENT (continued)

For the year ended December 31, 2022 and year ended December 31, 2021, there were no transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which the fair value is measured using NAV per share practical expedient as of December 31, 2022:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Paid
Stable value fund	\$ 100,592	\$ -	Daily	None

The following table summarizes investments for which the fair value is measured using NAV per share practical expedient as of December 31, 2021:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Paid
Stable value fund	\$ 550,692	\$ -	Daily	None

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee of the Plan that all of the information provided by the Trustee is complete and accurate.

The following information at December 31, 2022 and 2021, and for the year ended December 31, 2022, included in the accompanying financial statements and supplemental schedule, was obtained from the data that has been prepared and certified to as complete and accurate by the Trustee.

	12/31/2022	12/31/2021
Money market fund, at fair value	\$ 127,220	\$ 138,800
Stable value fund, at fair value	100,592	550,692
Mutual funds, at fair value	10,687,201	13,072,468
Notes receivable from participants	318,674	292,827
Total	<u>\$ 11,233,687</u>	<u>\$ 14,054,787</u>



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEE (continued)

For the year ended December 31, 2022 -

Investment income/(loss):

Interest and dividends	\$ 911,012
Net decrease in fair value of investments (including realized gain/loss)	(3,272,517)

Contributions:

Participants	768,309
Employer	356,164
Rollover	356,050

Other:

Benefits paid to participants	(1,930,763)
Administrative fees and other	(9,355)
Net decrease in net assets	<u>\$ (2,821,100)</u>

The amounts certified by the Trustee for the stable value funds were at contract values of \$107,874 and \$545,834 as of December 31, 2022 and 2021, respectively. The net decrease in fair value of investments (including realized loss) certified by the Trustee using contract values amounted to \$3,272,517 for the year ending December 31, 2022.

NOTE E – RELATED-PARTY TRANSACTIONS

During the year ended December 31, 2022, certain investments represented mutual funds and a money market fund managed by the Plan's record keeper and investment manager, Fidelity Investments Institutional Operations Company, Inc. Total fees paid to the Plan's Trustee aggregated \$9,357 for the year ended December 31, 2022. These transactions qualify as party-in-interest.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE G – TAX STATUS

The Plan is a prototype 401(k) savings and profit-sharing plan. The prototype plan was approved by the Internal Revenue Service by a letter dated March 31, 2008. The Plan Administrator and the Plan's Trustee believe that the Plan is designed and is being maintained in compliance with the applicable requirements of the IRC. Tax years from 2018 through 2021 remain subject to examination by taxing authorities.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan
Notes to the Financial Statements

NOTE H – SUBSEQUENT EVENTS

The Company evaluated subsequent events for potential required disclosures through July 14, 2023, which is the date the financial statements were available to be issued.



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan

EIN: 99-0113479 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral and Par, or Maturity Value)	Cost	Current Value
*	Fidelity Investments Institutional Operations Company, Inc.	127,220 shares of Fidelity Government Money Market Fund	**	\$ 127,220
		Money Market Trust Total		127,220
*	Fidelity Investments Institutional Operations Company, Inc.	100,592 shares of Fidelity Managed Income Portfolio Class 1	**	100,592
		Stable Value Fund Total		100,592
*	Fidelity Investments Institutional Operations Company, Inc.	2,510 shares of Baron Partners Inst	**	290,813
*	Fidelity Investments Institutional Operations Company, Inc.	719 shares of Conestoga Small Cap	**	42,426
*	Fidelity Investments Institutional Operations Company, Inc.	3,007 shares of DFA Emerging Markets Value I	**	79,536
*	Fidelity Investments Institutional Operations Company, Inc.	5,670 shares of Edgewood Grth Inst	**	177,458
*	Fidelity Investments Institutional Operations Company, Inc.	5,340 shares of Fidelity International Discovery Fund	**	211,740
*	Fidelity Investments Institutional Operations Company, Inc.	4,303 shares of Fidelity 500 Index	**	572,816
*	Fidelity Investments Institutional Operations Company, Inc.	5,764 shares of Invesco Divrs DIV R6	**	100,936
*	Fidelity Investments Institutional Operations Company, Inc.	37 shares of J.H. Balanced T	**	1,376
*	Fidelity Investments Institutional Operations Company, Inc.	1,333 shares of Oakmark Equity & Income CL I	**	39,230
*	Fidelity Investments Institutional Operations Company, Inc.	245 shares of Oakmark Fund Class I	**	25,083
*	Fidelity Investments Institutional Operations Company, Inc.	45,240 shares of PIMCO Total Return P	**	382,733
*	Fidelity Investments Institutional Operations Company, Inc.	160 shares of T. Rowe Price Retirement 2005	**	1,714
*	Fidelity Investments Institutional Operations Company, Inc.	3,571 shares of T. Rowe Price Retirement 2010	**	47,963
*	Fidelity Investments Institutional Operations Company, Inc.	26,973 shares of T. Rowe Price Retirement 2015	**	301,826



Hawaiian Host, Inc.
401(k) Savings and Profit Sharing Plan

EIN: 99-0113479 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral and Par, or Maturity Value)	Cost	Current Value
*	Fidelity Investments Institutional Operations Company, Inc.	46,586 shares of T. Rowe Price Retirement 2020	**	771,934
*	Fidelity Investments Institutional Operations Company, Inc.	126,548 shares of T. Rowe Price Retirement 2025	**	1,836,205
*	Fidelity Investments Institutional Operations Company, Inc.	62,812 shares of T. Rowe Price Retirement 2030	**	1,356,121
*	Fidelity Investments Institutional Operations Company, Inc.	110,819 shares of T. Rowe Price Retirement 2035	**	1,879,491
*	Fidelity Investments Institutional Operations Company, Inc.	28,127 shares of T. Rowe Price Retirement 2040	**	678,697
*	Fidelity Investments Institutional Operations Company, Inc.	35,770 shares of T. Rowe Price Retirement 2045	**	612,018
*	Fidelity Investments Institutional Operations Company, Inc.	33,919 shares of T. Rowe Price Retirement 2050	**	489,448
*	Fidelity Investments Institutional Operations Company, Inc.	26,737 shares of T. Rowe Price Retirement 2055	**	403,201
*	Fidelity Investments Institutional Operations Company, Inc.	3,660 shares of T. Rowe Price Retirement Income Fund	**	43,733
*	Fidelity Investments Institutional Operations Company, Inc.	1,230 shares of UM Behavioral Value R6	**	93,245
*	Fidelity Investments Institutional Operations Company, Inc.	4,425 shares of Vanguard Short-Term Investment Grade Fund	**	44,032
*	Fidelity Investments Institutional Operations Company, Inc.	700 shares of Vanguard Wellesley Income Adm	**	41,442
*	Fidelity Investments Institutional Operations Company, Inc.	3,620 shares of Victory S Est Value R6	**	161,984
Mutual Funds Total				10,687,201
*	Participant Loans	40 loans with interest rates from 4.25 to 7.25%, maturing through December 2037		318,674
Loans Total				318,674
TOTAL PLAN ASSETS				\$ 11,233,687

* Indicates Party-In-Interest to the Plan

** Participant-Directed Transactions

