

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 PROSERVICE HAWAII 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII 6600 KALANIANA'OLE HWY SUITE 200 HONOLULU, HI 96825
2b	Employer Identification Number (EIN) 61-1582293
2c	Plan Sponsor's telephone number 808-394-8878
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	DERI ARAKAKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 15298
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 11637 6a(2) 12097 6b 43 6c 4131 6d 16271 6e 17 6f 16288 6g(1) 8642 6g(2) 9731 6h 278
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan PROSERVICE HAWAII 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293

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

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	930026	9731	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	12032235
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	286400894

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year**7b**

13313984

c Additions: (1) Contributions deposited during the year**7c(1)**

1392949

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

284715

(4) Transferred from separate account.....

7c(4)

2285608

(5) Other (specify below)

7c(5)

887361

▶ ADDITIONS TO FORFEITURES AND EXPENSE BUDGET
ACCOUNTS AND LOAN REPAYMENTS

(6) Total additions.....

7c(6)

4850633

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

18164617

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

2532106

(2) Administration charge made by carrier

7e(2)

75034

(3) Transferred to separate account.....

7e(3)

2793199

(4) Other (specify below)

7e(4)

732043

▶ LOANS ISSUED, ALLOCATED FORFEITURES AND ADVANCED ER,
AND OTHER EXPENSES FROM UNALLOCATED ACCOUNTS

(5) Total deductions.....

7e(5)

6132382

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

12032235

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan PROSERVICE HAWAII 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

Yes

No
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA LIFE INSURANCE COMPANY	
39-0989781	

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

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-----	--

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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)

PROSERVICE HAWAII

61-1582294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	304404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	1025470	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HICKS PENSION SERVICES

99-0178392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	126850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MESIROW FINANCIAL, INC.

36-3194849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY- PLAN	52110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>PROSERVICE HAWAII 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII</u>	D Employer Identification Number (EIN) <u>61-1582293</u>	

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: <u>AEGON BALANCED RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3130703</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING SPECIAL MD CP VAL RT OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-916</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3246237</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-841</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2451776</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS EUROPACIFIC GR RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-842</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1868211</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS GR FD OF AMERICA OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-844</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7079000</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS NEW PERSPECTIVE RT OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-828</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2088553</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW WORLD RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
c EIN-PN <u>39-0989781-628</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>416515</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPP OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-860	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2044442

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CONTRARIAN CORE RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-864	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1929828

a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCIENCE & TECH RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-875	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6813764

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL-PRCTD SEC POFOLIO OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1521367

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL SMALL CAP VAL POFOLIO OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-723	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212041

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP PRTF RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-725	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1094825

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 82-5217478-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1657253

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD MID CAP RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-870	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2427588

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLBL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1873113

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-834	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1000024

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INV GRADE BD RT OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4197347
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GR RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9277508
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN REAL EST RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-935	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1248354
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER EQ INC RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-907	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3772409
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 743237
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2540436
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2336057
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TTL STOCK MKT IDX OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16106043
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTL VAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-936	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1655989
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA HIGH YIELD BD RT OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-790	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3069267

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG CAP GR RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-905	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5198160	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2025 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-676	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23635947	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2030 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-677	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26389773	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2035 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-678	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30931936	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2040 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-679	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24579112	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2045 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-680	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22876175	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2050 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-681	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22744625	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2055 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-682	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15596887	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2060 BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-822	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10662343	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG D BLACKROCK OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO			
c EIN-PN 39-0989781-683	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17984049	

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PROSERVICE HAWAII 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII		
		D Employer Identification Number (EIN) 61-1582293

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1858585	706395
(2) Participant contributions	1b(2)	645034	615292
(3) Other	1b(3)	13136	18445
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3810288	3985655
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	212846033	286400894
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13313984	12032235
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	232487060	303758916
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	232487060	303758916

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)	10530724	
(B) Participants	2a(1)(B)	29792352	
(C) Others (including rollovers)	2a(1)(C)	3197064	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		43520140
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	249747	
(F) Other	2b(1)(F)	284727	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		534474
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		41872605
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		85927219

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24368026	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24368026
f Corrective distributions (see instructions)	2f		377781
g Certain deemed distributions of participant loans (see instructions)	2g		146664
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	1025470	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	178960	
(6) Bank or trust company trustee/custodial fees	2i(6)	304404	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1508834
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26401305

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		59525914
l Transfers of assets:			
(1) To this plan	2l(1)		24893737
(2) From this plan	2l(2)		13147795

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **VERITY ACCOUNTANCY CORPORATION**

(2) EIN: **45-4462880**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	40385
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☒	

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)
ALI'I HEALTH CENTER 401(A) PLAN	83-3321758	001
SPIN-OFF TERMINATION PLAN FOR RESIDENTIAL CHOICES, INC.	99-0338874	001
SPIN-OFF TERMINATION PLAN FOR SCOTT KARLI STONE AND TILE, INC	26-2839619	001
FIRST ONSITE 401(K) PLAN	81-4267677	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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)
SPIN-OFF TERMINATION PLAN FOR KAILUA ACUPUNCTURE CLINIC, LLC	26-0042792	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
SPIN-OFF TERMINATION PLAN FOR READYMAN SERVICES INC.	20-4764837	001
SPIN-OFF TERMINATION PLAN FOR AKACRM INC.	32-0226071	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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)
SPIN-OFF TERMINATION PLAN FOR TELECOM SQUARE HAWAII, LLC	37-1955278	001
SPIN-OFF TERMINATION PLAN FOR MRS. HILO LLC DBA EYE CARE HAWAII	85-0605718	001
KLARISANA PHYSICIAN SERVICES PLLC 401(K) PLAN	47-4910563	002
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT 401K PLAN	91-0313383	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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)
SPIN-OFF TERMINATION PLAN FOR CANYON TITLE GROUP LLC, DBA CANYON FINANCIAL HOLDINGS	47-3881132	001
KCPHI SERVICES, LLC DBA MAKAI HR	82-3809240	333
SPIN-OFF TERMINATION PLAN FOR HAROLD K.L. CASTLE FOUNDATION	99-6005445	002
D2C ARCHITECTS, INC 401K	46-1556207	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan PROSERVICE HAWAII 401(K) PLAN				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII				D Employer Identification Number (EIN) 61-1582293	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702462A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PROSERVICE HAWAII 401(K) PLAN	B Three-digit Plan number (PN) ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	D Administrator's EIN 61-1582293	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	2b EIN 61-1582294	2c Percentage of Total Contributions for the Plan Year 7.12	2d Aggregate Account Balances Attributable to Participating Employer 18777168
2a Name of Participating Employer CONCRETE POOL & SPA, INC.	2b EIN 99-0337701	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 332901

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.E. MERK & ASSOCIATES, INC.	99-0229931	0.00	162909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE EARL & DORIS BAKKEN FOUNDATION	99-0339501	0.00	216630
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAUI SEAFOODS, LLC	99-0147143	0.00	280104
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FARISH MEDIA, INC.	99-0332803	0.00	104190
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H.K. CONSTRUCTION CORP.	22-3906736	0.00	26045
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATTRESS TEAM, LLC	20-5834737	0.00	120883
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAUI CUSTOM WOODWORKS, INC	99-0355232	0.18	1055491
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
I & L RENTALS, LLC	20-2824463	0.00	18544
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUL CONSTRUCTION, INC.	27-0083354	0.00	2289

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOUVEA'S & PURITY FOODS, INC.	26-3218111	0.25	1364479
ELEMENT ENVIRONMENTAL, LLC	20-3594479	1.33	5761209
RAILING SYSTEMS HAWAII, LLC	27-0007413	0.12	245177
PARADISE CARPET & TILE, INC.	99-0302471	0.00	4144
FOLLI FOLLIE HAWAII, INC. DBA FOLLI FOLLIE	99-0353397	0.00	120038
RT HAWAII RESTAURANTS, INC. DBA RUBY TUESDAY	54-2119017	0.10	1187903
HOMEWORKS CONSTRUCTION, INC.	99-0319332	0.57	3367193
O'KEEFE & SONS, LLC	99-0341300	0.00	8567
ISLAND HARVEST, INC.	99-0292208	0.04	138695

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAVALIER CONSTRUCTION, INC.	99-0352110	0.02	34284
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTSIDE MAINTENANCE SERVICES, LLC	20-2929913	0.00	1029
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRASS BUSTERS LANDSCAPE, LLC	54-2089351	0.00	70794
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTH SHORE MEDICAL CENTER LLC	80-5092262	0.00	15109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID T. DOI DDS, INC.	99-0210285	0.00	1403
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HONBLUE, INC.	99-0117143	0.87	14336092
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRED LAU HAWAIIAN LANDSCAPE MAINTENANCE COMPANY, LLC	56-2321584	0.12	705846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EYE CARE CENTER OF KAUAI, INC.	26-1170598	0.00	31292
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T. KANESHIRO STORE, INC.	95-0111569	0.00	13582

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALII COMMUNITY CARE DBA ALII HEALTH CENTER	26-0318372	0.59	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CBI, INC. DBA NEWMARK GRUBB CBI	99-0198542	0.12	499782
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSOCIATION OF APARTMENT OWNERS OF THE WHALER ON KAA NAPALI BEACH	99-0159842	0.37	1688647
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIGGER BIRD CREATIVE, INC.	20-2943471	0.00	13726
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAILUKU TIRE CENTER, LLC	94-3282068	0.00	60735
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ITS ALL ABOUT KIDS, LLC	99-2200236	0.00	12941
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC BUDDHIST ACADEMY	04-3660909	0.23	896069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOANNE K.O. SHIMADA	57-6495125	0.00	4108
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIG ISLAND CARBON, LLC	26-3108620	0.00	44186

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIMURA PHYSICAL THERAPY, LLC	26-4554475	0.05	574998
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESORT MANAGEMENT COMPANY LLC	51-0498302	0.58	2473280
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KO OLINA GOLF CLUB	99-0344707	0.43	2874201
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MM RESTAURANT HAWAII	26-2568534	0.00	33490
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIH GOLF LLC	27-1465092	0.00	16288
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KONA AMBULATORY SURGERY CENTER LLC	26-3083706	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII HEALTH INFORMATION EXCHANGE	41-2201519	0.31	965879
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GERALD H.B. WONG, D.M.D., INC.	99-0159578	0.00	1017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ULUPONO SUSTAINABLE AGRICULTURE DEVELOPEMENT, LLC	27-1452329	0.00	1262

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HO'OLA LAHUI HAWAII	99-0250542	0.92	4883832
2a Name of Participating Employer HORIZONS ACADEMY OF MAUI, INC.	94-3264165	0.02	62672
2a Name of Participating Employer TANIKAI, INC.	99-0302106	0.00	226690
2a Name of Participating Employer VIRGO USA INC.	56-2572286	0.01	129734
2a Name of Participating Employer KUEHNLE AGROSYSTEMS, INC.	26-1870204	0.06	270227
2a Name of Participating Employer HAWAII MVCC, LLC	45-4834597	0.00	199913
2a Name of Participating Employer CELLANA LLC	51-0658850	0.00	9887
2a Name of Participating Employer BOYS AND GIRLS CLUB OF MAUI, INC.	99-0272347	0.27	840040
2a Name of Participating Employer QUALITY DESIGN/BUILD, INC.	99-0347258	0.07	1317235

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IKAYZO, INC	32-0137747	0.15	706321
2a Name of Participating Employer A. RODRIGUEZ & ASSOCIATES INC.	94-3260106	0.00	27356
2a Name of Participating Employer MATTOCH & KIRLEY, LLC	86-2773792	0.09	2082100
2a Name of Participating Employer JOHN HARLAN MEYER M.D. INC	26-1710809	0.12	54610
2a Name of Participating Employer MAUI BEACH HOTEL, INC.	99-6011807	0.23	788488
2a Name of Participating Employer ELLEAIR MAUI GOLF CLUB, LLC	99-0342416	0.00	4451
2a Name of Participating Employer SPECIALTY LUMBER. INC.	99-0349716	0.18	593692
2a Name of Participating Employer LAULIMA FAMILIES, LLC	46-1718944	0.83	1868325
2a Name of Participating Employer NATIVE NATIONS EDUCATION FOUNDATION	48-1307077	0.03	110039

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PONO KAI INTERVAL OWNERS ASSOCIATION	99-0260384	0.12	389647
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIANCE PERSONNEL INC.	91-2182964	0.15	450276
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HI'IPAKA, LLC DBA WAIMEA VALLEY	26-1537168	0.56	2269043
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII LANDSCAPE & NURSERY, INC.	99-0208466	0.15	836867
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MINA CORPORATION	94-3276947	0.00	265942
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH PACIFIC DISTRIBUTORS, LLC	99-0355189	0.03	149697
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATANABE FLORAL, INC.	99-0170077	1.35	2186784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THESTRATEGIST, LLC	80-0493327	0.00	32002
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMUA ORTHOPEDICS, SPORTS & HEALTH, LLC	90-0879457	0.05	151436

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CHAMBER OF COMMERCE OF HAWAII	99-0035510	0.24	716471
2a Name of Participating Employer COMMUNICATIONS PACIFIC, INC.	99-0140779	0.05	305667
2a Name of Participating Employer MARCUS & ASSOCIATES, INC.	99-0146909	0.70	5816421
2a Name of Participating Employer REVOLUSUN LLC	27-0558508	0.50	622159
2a Name of Participating Employer BRANDON T. YOKOTA, DDS, LLC	20-4064930	0.09	258125
2a Name of Participating Employer HAWAII MORTGAGE EXPERTS, LLC	26-3284541	0.30	2706087
2a Name of Participating Employer KAANAPALI MEDICAL SERVICES, INC.	99-0238232	0.39	1188315
2a Name of Participating Employer AHAHUI KOA ANUENUE	23-7253559	0.06	399416
2a Name of Participating Employer UNION MAK CORPORATION	20-2435998	0.00	102506

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PALI WOMEN'S HEALTH CENTER, INC.	99-0247110	0.00	109391
HONUA CONSULTING, LLC	57-5060761	0.03	143946
SEALTECH INC. DBA SEAL MASTERS OF HAWAII	99-0279176	1.63	6659599
PUKALANI COUNTRY CLUB LLC	38-3937332	0.01	118608
HONUA KAI CONDOMINIUM ASSOCIATION	26-3224932	0.43	1069060
COMPLETE CONSTRUCTION SERVICES CORP	99-0348705	0.08	260884
FLOORING INVESTMENT GROUP LLC	61-1736255	0.36	1415415
HOOKELE HEALTH INNOVATIONS LLC	20-5002351	0.23	396797
THE WRIGHT DENTIST, LLC	87-2167661	0.07	683762

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HAWAIIAN ISLAND TIRE CO INC	99-0292624	0.21	1546654
KANI, INC.	20-2987627	0.08	287895
KLEIDOSTY PACIFIC LLC	20-8786475	0.25	658244
KINGDOM KATALYST	46-0821095	0.13	451547
CETRA TECHNOLOGY INC	26-2880460	0.37	772807
IRUKA HAWAII LLC	75-3267514	0.00	223287
ENVIRON CONTROL INC	99-0253432	0.07	352568
MASON A SAVAGE DDS LLC	68-0520172	0.04	199496
ISLAND CONSTRUCTION AND DEMOLITION LLC	20-1638121	0.00	13889

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ISLAND TOP SOIL, LLC	99-0336174	0.04	75593
2a Name of Participating Employer SMITH'S MOTOR BOAT SERVICE, INC.	99-0112294	0.81	6588496
2a Name of Participating Employer WAILEA POINT AOA	99-0247221	0.33	1335463
2a Name of Participating Employer KOOLAU WOMEN'S HEALTH CARE, INC.	99-0296070	0.43	1466984
2a Name of Participating Employer AVS AUDIO VISUAL SERVICES HAWAII CORP	25-1912242	0.43	1162001
2a Name of Participating Employer HOUSING AND LAND ENTERPRISE OF MAUI	20-5325361	0.08	178344
2a Name of Participating Employer AUTOTECH MAUI, INC.	20-1753262	0.07	116807
2a Name of Participating Employer VOLCANO ART CENTER	99-0162321	0.12	333197
2a Name of Participating Employer NS FINANCIAL SERVICES GROUP	45-2490050	0.00	9906

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ESKIMO CANDY INC	99-0253089	0.48	1554364
KE OLA MAMO	99-0288045	0.17	319650
HAWAII LIFE REAL ESTATE BROKERS	26-2630516	0.33	845979
ANDARA PLANTATION LLC	71-0999561	0.00	0
PACIFICOMM SYSTEMS LLC	37-1518843	0.04	193255
PLAZA AT WAIKIKI, LP	30-1741493	0.11	223662
PUNCHBOWL RETIREMENT CENTER, LLC	99-0354204	0.10	775712
PLAZA AT PEARL CITY, LLC	45-3522550	0.11	271057
PLAZA AT MOANALUA, LP	27-0335015	0.09	342141

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UKUWAI PROPERTIES, LLC	20-5906142	0.08	379667
ISLAND AUDIOLOGY, LLC	71-0967188	0.13	180331
TIKIS GRILL & BAR, LLC	99-0357563	0.15	351583
EZ TRUCKING HONOLULU, INC.	47-4578701	0.00	43
IMPACT SPORTS, INC. DBA ACTION PHYSICAL THERAPY	68-0568233	0.02	34604
THE FRIENDS OF IOLANI PALACE	99-0115665	0.00	13484
NANEA KAI, INC. DBA OCEAN SPORTS WAIKOLOA	99-0115665	0.01	38848
HANA RANCH AGRICULTURE, LLC	30-0781819	0.23	900188
BROWN DEVELOPMENT, LLC	27-1298985	0.07	193124

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERSTATE RESTORATION HAWAII LLC	81-0692982	0.58	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALAN H. KODAMA LLC DBA PACSTAR FINANCIAL GROUP	81-1881321	0.16	434886
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAMAKUA FRAMING & STRUCTURE, INC.	20-2064412	0.18	435214
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1HEART, LLC	46-4946480	0.00	27969
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAKENA SHARED SERVICES, LLC	37-1749454	2.92	7141876
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL WASTEWATER TECHNOLOGIES, INC.	87-0729797	0.01	37069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX & SON BUILDERS LLC	47-1042846	0.19	157493
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAVOR BRANDS, INC.	20-4209228	0.39	1253723
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MESSAGE ENVY	45-0713573	0.27	919844

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANYU FLOWERS, INC.	26-3887730	0.01	27589
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED BROADBAND NETWORK SOLUTIONS, INC.	47-3010381	0.02	211460
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLANTATION TAVERN, LLC.	47-1099166	0.00	221543
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN RENAISSANCE ACADEMY	26-0186914	0.01	81255
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COURIER CORPORATION OF HAWAII	99-0276290	0.10	514660
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL PACIFIC SPECIALTY CONTRACTORS, INC.	45-3250496	0.37	2023009
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOA HAWAII	27-0290386	0.00	26349
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION	20-0298040	0.34	750492
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEN SAKUDA DPM, LLC	56-2650271	0.04	133848

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOLCANO ISLAND HONEY COMPANY, LLC DBA RARE HAWAIIAN HONEY COMPANY	20-3746569	0.02	129651
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOEFFLER CONSTRUCTION, INC.	61-1582293	0.07	188783
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC ISLANDS PRIMARY CARE ASSOCIATION	20-2027791	0.08	179166
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENLEAF WOODWORKS, INC.	46-1287271	0.03	104420
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOPONO HOLDINGS GROUP, LLC DBA BERGEMAN PROJECT	27-2927163	0.56	1215023
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REAL GEEKS, LLC	26-3114026	0.00	47961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANEHUNAMOKU VOYAGING ACADEMY	46-5563571	0.10	376641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WTS INTERNATIONAL, INC.	52-0965127	0.02	19506
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABLE PEST EXTERMINATORS, INC.	47-0907299	0.00	31912

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Part II Participating Employer Information (Continued).

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HOKULI'A COMMUNITY ASSOCIATION, INC.	61-1582293	0.07	181849
HOKULI'A PARK & CULTURAL SITES ASSOCIATION, INC.	61-1582293	0.01	16450
JAY MIYAKI, CPA, LLC	26-2451632	0.25	277281
THE CLUB AT HOKULI'A, INC.	61-1582293	0.27	1049090
HOKUKAHU, LLC	61-1582293	0.00	1033259
HRG TECHNOLOGIES, LLC	61-1582293	0.27	779624
NEU EVENTS, LLC	46-1648573	0.00	13596
BARBERS POINT AVIATION SERVICES LLC	45-5197509	0.02	260671
KUY RESTAURANTS LIMITED LIABILITY COMPANY	46-2243085	0.00	36899

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BLUEPRINT AUDIO VISUAL, LLC.	43-2061884	0.04	87278
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARPET MASTERS, INC.	99-0308975	0.25	526875
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HONOLULU HABITAT FOR HUMANITY	99-0261871	0.06	44084
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RVOC TRUST OF GARY O. GALIHER	99-0191183	0.06	180110
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARNETT CONSTRUCTION, INC.	83-0346938	0.07	243037
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HC RETAIL, LLC DBA HONOLULU COFFEE	26-0775336	0.18	329638
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDNEY & SELLERS DBA TROPICAL DREAMS ICE CREAM	99-0357382	0.00	282
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVACOMM, INC.	99-0354473	2.85	2980091
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOKUNAGA BUILDERS, INC.	99-0356376	0.01	232631

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENERE CORPORATION	99-0347622	0.11	330513
2a Name of Participating Employer B & K BUILDERS GENERAL CONTRACTING, LLC	68-0660840	0.17	1059320
2a Name of Participating Employer HAWAII BIO-WASTE SYSTEMS, INC.	99-0289218	0.14	339188
2a Name of Participating Employer WAIANAE COAST EARLY CHILDHOOD SERVICES, INC.	23-7106164	0.06	202051
2a Name of Participating Employer ABF TAX ADVISORS	47-2701578	0.19	660264
2a Name of Participating Employer PRISTINE AIR CONDITIONING CORPORATION	46-4476016	0.07	231619
2a Name of Participating Employer WALK ON WOOD FLOOR COMPANY, INC.	47-2763529	0.07	112248
2a Name of Participating Employer SEASIDE OHANA INVESTMENTS, INC.	99-0079492	0.00	0
2a Name of Participating Employer HCD DBA HAWAII ONE FLOOR & HOME	99-0208355	0.09	446952

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BUBBIES HOMEMADE ICE CREAM & DESSERTS, INC.	99-0235623	1.04	2301279
DAVID SAMSAMI, MD, INC.	32-0241241	0.00	109
AT HOME MOBILE VETERINARY SERVICES, LLC	80-0209188	0.30	663866
ALOHA POWER EQUIPMENT DISTRIBUTORS, LLC	99-0237182	0.21	1330434
PACIFIC ACCOUNTING & BUSINESS SERVICES INC.	87-1931437	0.27	320434
ALOHA HARVEST	99-0344209	0.05	72788
DEREK N. O. TAKAI DDS INC.	20-2464574	0.20	755983
ROBB T. SHIBAYAMA OD INC.	99-0351073	0.28	1699307
HOOHULI CONTRACTING HAWAII INC	45-1275455	0.00	7427

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANEOHE YACHT CLUB	99-0043990	0.00	0
2a Name of Participating Employer GRASSROOT INSTITUTE OF HAWAII INC.	99-0354397	0.11	177876
2a Name of Participating Employer 888, INC. DBA LONGHI'S	99-0203104	0.05	333712
2a Name of Participating Employer CARING MANOA LLC	27-2911953	0.09	180515
2a Name of Participating Employer HAWAIIAN SOLAR & PLUMBING, INC.	99-0293476	0.06	146920
2a Name of Participating Employer AUTISM BEHAVIOR CONSULTING GROUP	35-2259496	0.22	479714
2a Name of Participating Employer JQ INVESTMENTS INC. DBA TEDDYS BIGGER BURGERS	45-3192860	0.00	1208
2a Name of Participating Employer MOILILI HONGWANJI MISSION	99-0143990	0.00	407
2a Name of Participating Employer PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	42-1613880	0.03	229508

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII THEATRE CENTER	99-0229658	0.10	364683
THE MEDIATION CENTER OF THE PACIFIC	99-0192700	0.09	192841
DENTAL FITNESS, INC.	65-1223186	0.02	115834
ULU DEVELOPMENT LLC	47-4028251	0.02	31431
MANINI HOLDINGS LLC	73-1688980	0.02	56402
TRADE WINDS FAMILY MEDICINE, LLC	26-4743216	0.16	642989
PACIFIC GLOVES & SERVICE LLC	99-0352741	0.06	209277
BIG ISLAND SUBSTANCE ABUSE COUNCIL	99-0118043	0.16	588374
BOCHA, LLC	81-1703432	0.31	399339

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOANULUA GOLF CLUB	99-0041945	0.03	89974
HOME REMEDIES, LLC	45-4909681	0.12	216981
THE GROWING PATCH 24 HOUR CHILDREN'S ACADEMY LLC	47-4449802	0.00	25
KLEEN SWEEPS, LLC	99-0286773	0.06	235227
MILLENIUM HI CARBON LLC	47-1798567	0.01	61748
MTP OPERATING COMPANY LLC	32-0312498	0.00	10405
JORDAN PARK GROUP LLC - HAWAII OFFICE	81-4906112	0.00	13877
JURASSIC KAHILI RANCH LLC	42-1577825	0.08	183463
PACIFIC MIRROR AND GLASS LLC	75-3040588	0.13	373738

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILESTONES	82-2863418	0.00	30449
2a Name of Participating Employer THE INTUITIVE HOME LLC	2b EIN 47-2130690	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 79496
2a Name of Participating Employer OLOMANA LOOMIS ISC, INC.	2b EIN 61-1582500	2c Percentage of Total Contributions for the Plan Year 0.25	2d Aggregate Account Balances Attributable to Participating Employer 1088997
2a Name of Participating Employer JOHN ALLEN SIGN COMPANY LLC	2b EIN 26-3437880	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 189017
2a Name of Participating Employer JOHN T. ITO	2b EIN 82-4582853	2c Percentage of Total Contributions for the Plan Year 0.07	2d Aggregate Account Balances Attributable to Participating Employer 100671
2a Name of Participating Employer ACM CONSULTING LLC	2b EIN 81-1114257	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 447623
2a Name of Participating Employer HOTEL AND RESTAURANT INDUSTRY EMPLOYMENT & TRAINING TRUST	2b EIN 99-6009966	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 181906
2a Name of Participating Employer SPECIAL EDUCATION CENTER OF HAWAII DBA SECOH	2b EIN 99-0141008	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 1187611
2a Name of Participating Employer AOAO OCEAN VILLAS AT TURTLE BAY RESORT	2b EIN 90-0280838	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 76793

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C & B QUALITY PAINTING, LLC	14-1927692	0.07	70988
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIAMOND HEAD DENTAL CARE CORP.	47-1276485	0.11	289332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE CHAKRA CONNECTIONS, INC. DBA GOURMET EVENTS HAWAII AND STAFFING B	61-1456308	0.02	212122
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSHINE ARTS, INC.	20-8068164	0.07	250614
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII SENIOR CARE, LLC	81-4792798	0.11	206383
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRO CHRISTIAN CHURCH	90-0774243	0.05	127580
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEVIN ISODA DBA ISODA AND ASSOCIATES	57-5803751	0.09	113338
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANA'O CONSTRUCTION LLC	26-1317423	0.02	48960
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAI COFFEE, LLC	46-4540777	0.01	75932

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NA PU'UWAI	99-0255760	0.24	450316
2a Name of Participating Employer RAINBOW PLAZA LLC	72-1599282	0.00	0
2a Name of Participating Employer ALLAN Y. SEGAWA, DDS INC.	99-0210046	0.01	33791
2a Name of Participating Employer NEIGHBORHOOD POWER CORPORATION	27-0640639	0.17	355302
2a Name of Participating Employer STONE SOLUTIONS INCORPORATED	26-3180266	0.15	109511
2a Name of Participating Employer HAWAII INDEPENDENT PHYSICIANS ASSOCIATION	94-3271860	0.13	112328
2a Name of Participating Employer TRIPLE F HOLDINGS, LLC DBA TRIPLE F DISTRIBUTING	27-3923227	0.58	0
2a Name of Participating Employer T&T TINTING SPECIALISTS, INC.	99-0216738	0.38	2166753
2a Name of Participating Employer DIAMOND SPRINKLER AND FARM SUPPLY, INC.	82-3433424	0.03	176641

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALOHA SUNSHINE TOURS, LLC	83-1123905	0.00	7851
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATHAN WOOD GENERAL CONTRACTOR, LLC	27-3383527	0.26	513734
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHON S. GREGORY DBA SURFACE SHIELD	26-3505640	0.51	777514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SSA EXPRESS, INC. DBA EXPEDITERS HAWAII	20-1550921	0.00	629497
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC FORUM INTERNATIONAL	82-4525112	0.26	613676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPEECH PATHOLOGY OF HAWAII, LLC DBA SPEECH SOLUTIONS	26-3729001	0.01	148248
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OAHU EXTRACTION LLC	26-4723460	0.00	5740
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEN DO CONSTRUCTION INC.	90-0143225	0.04	87922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FULL LIFE	99-0350129	0.17	514724

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAPA OLA LOKAHI	99-0273765	0.13	198281
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE VANGUARD THEORY, INC.	27-2832482	0.03	51891
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEE'S ELECTRICAL AND MAINTENANCE LLC	26-1908471	0.03	372666
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ARC IN HAWAII	99-0089327	0.58	759145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLOORING 323, INC.	51-0677948	0.05	166163
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PURE HAWAII TRAVEL, LLC DBA PURE KAUAI	82-4717466	0.11	1016131
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDWARD L. PUNUA, CPA, INC.	75-2978395	0.11	231340
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRANITE FUNDS IV, LLC DBA HOTEL WAILEA	27-1600360	0.25	674423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEAM PHYSICAL THERAPY, LLC DBA ENCHANTED LAKE PHYSICAL THERAPY	27-3985506	0.14	345535

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AAA LEGAL PROCESS, INC.	46-5733387	0.08	100106
GREENTECH INFRASTRUCTURE PARTNERS, LLC	82-1183899	0.00	27661
SEAL PRO'S LLC	26-3729070	0.07	180400
FEED MY SHEEP, INC.	91-2196666	0.01	14726
COCONUT HOTEL PLAZA ASSOCIATES LLC DBA COCONUT WAIKIKI HOTEL	20-8057250	0.08	88511
SEASIDE WAIKIKI HOTEL FUND LLC DBA SHORELINE HOTEL WAIKIKI	45-4397474	0.11	319914
HAWAII VETERINARY HOSPITAL DBA PETVET ANIMAL HOSPITAL	37-1824715	0.00	620933
GERDYN ENTERPRISE, LLC	26-0138769	0.03	28357
ION BUILDERS, LLC	45-4282487	0.02	97998

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOBBY BENSON CENTER	99-0327049	0.09	397876
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOLOMUA PHYSICAL THERAPY, LLC	45-2924236	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE PROFESSIONALS KAUAI, LLC	27-3570399	0.00	45568
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAMANTHA THAVASA USA, INC.	74-3190718	0.00	1028
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAUAI SEASCAPES NURSERY, INC.	99-0352462	0.11	155679
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPELLI CORP.	20-4899349	0.15	303609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INPAC WEALTH SOLUTIONS LLC	35-2493335	0.05	86480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRESH CATCH LLC	26-2768934	0.02	31605
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BONFIRE ENGINEERING & CONSULTING	81-3753483	1.22	1085898

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII EAR, NOSE, AND THROAT CONSULTANTS CORP.	20-4330260	0.39	2487372
MALAMALAMA WALDORF SCHOOL	99-0192556	0.01	75400
GO COMMERCIAL, LLC DBA SVN GO COMMERCIAL	83-4138188	0.08	379302
HOOKUAAINA	45-2517616	0.05	91523
MICHAEL CHRISTOPHER LLC DBA PONO PRAXIS	27-4296536	0.05	27406
POHAKU PACIFIC, LLC	47-2476382	0.16	381191
HI END CONSTRUCTION INC.	82-3931086	0.01	26549
PULAMA YARD SERVICE, LLC	27-2622423	0.04	57469
BERNARDO BENIGNO DBA BERNARDO'S PAINTING	57-5411114	0.03	49180

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEARLRIDGE DENTAL CARE LLC DBA DENTAL CARE OF PEARLRIDGE	46-1935428	0.11	73472
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DR. CEDRIC T. LEWIS, LLC DBA WAIALAE DENTAL CARE	99-0360063	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAPAN AVIATION ACADEMY OF HAWAII, INC.	83-1221683	0.00	1241
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KK AIR CONDITIONING	45-5553330	0.04	113330
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINDA L. NGUYEN OD LLC DBA MAUI OPTOMETRY	90-0840148	0.27	473779
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDWIN P. HERD MD	83-0917504	0.02	71857
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMPBELL WAGNER FRAZIER & DVORCHAK, LLC	46-5321427	0.10	774900
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VARES CONTRACTING, INC.	47-1254137	0.00	48435
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
10J HARA STORE, INC.	99-0307165	0.14	176298

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HAPA LANDSCAPING LLC	46-3213441	0.18	159803
2a Name of Participating Employer CROSSROADS REHAB, LLC DBA KONA REHAB	81-1783393	0.01	12368
2a Name of Participating Employer RENEWABLE ENERGY SERVICES, INC	99-0297164	0.11	126645
2a Name of Participating Employer JOHNNY ROCKETS	81-1943998	0.02	33804
2a Name of Participating Employer MATSUYAMA ENTERPRISES, INC. DBA MATSUYAMA FOOD MART & MATSUYAMA MARKET	99-0214060	0.35	496694
2a Name of Participating Employer KILAUEA POINT NATURAL HISTORY ASSOCIATION DBA FRIENDS OF KAUA'I WILDLI	99-0226697	0.01	16145
2a Name of Participating Employer WEISS PT, INC. DBA ISLAND NEURO REHAB	54-2184041	0.01	20669
2a Name of Participating Employer BARTON INSTITUTE FOR COMMUNITY ACTION	83-4295300	0.42	573967
2a Name of Participating Employer THE PLAZA AT KANEOHE LP DBA THE PLAZA AT KANEOHE	37-1714706	0.09	103333

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JAMES PANETTA, DO, PLLC DBA WINDWARD DIGESTIVE HEALTH CENTER	90-0664126	0.00	1195
PHYSICIANS EXCHANGE OF HONOLULU, INC.	99-0181717	0.13	958698
R&M REYES ENTERPRISE LLC	20-4716556	0.08	149373
SUMMA HAWAII, INC. DBA SUMMA INTERNATIONAL	68-0590470	0.03	72724
CREDIT UNION SERVICE NETWORK, LLC	80-0211636	0.98	2079632
FRIENDS OF AUWAHI FOREST RESTORATION PROJECT	87-0700795	0.09	141951
INDECO INC.	27-5090878	0.04	101898
CONSOLIDATED SYSTEMS, INC.	46-2310183	0.10	135610
AOAO OF HAWAIIAN PRINCESS AT MAKAHA BEACH DBA AOAO OF HAWAIIAN PRINCES	99-0197835	0.01	19183

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WALLACE THEATERS MANAGEMENT CORPORATION	99-0341305	0.03	38797
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOSHINO RESORTS HAWAII LLC DBA THE SURFJACK HOTEL & SWIM CLUB	32-0509325	0.40	441091
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLAZA CARE SOLUTIONS, LLC	84-3199710	0.27	716318
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAHAINA CARPET & INTERIORS, INC.	99-0332777	0.09	141780
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST HAWAII I.P.A.	99-0310967	0.75	910581
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TITAN INDUSTRIES, LLC	26-1871078	0.39	860097
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAI PONO BUILDERS, INC.	99-0346685	0.16	1612445
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEE PEDIATRICS, INC.	99-0276291	0.23	630740
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUILDING SCIENCE, LLC	46-1660208	0.06	118236

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VANESSA CHOY, DDS, LLC	83-4578916	0.08	244389
GAIL M. HAMADA	94-3267512	0.18	203928
D & M HYDRAULIC SALES & SERVICE, INC	99-0304378	0.21	1153604
WAILUKU HONGWANJI MISSION	99-0082412	0.01	6085
LINCOLN KOIKE DBA HAWAII WEALTH AND LEGACY PLANNING GROUP	57-5867939	0.08	86969
MOLOKAI OHANA HEALTH CARE, INC. DBA MOLOKAI COMMUNITY HEALTH CENTER	50-0437659	0.37	747566
ISLAND GLASS HAWAII LLC	46-3279267	0.02	42232
STANDARD COMMERCIAL LLC AND STANDARD MANAGEMENT LLC	46-4161645	0.10	107486
MAU LOA LEARNING, LLC	83-3261422	0.03	74310

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GENKI SUSHI USA, INC. DBA GENKI SUSHI	99-0296107	0.41	1001431
HALEAKALA WALDORF SCHOOL	99-0151085	0.54	2035540
OHANA CONSTRUCTION, INC.	47-1271151	0.01	137321
ASSOCIATION OF APARTMENT OWNERS HALE KAAPALI DBA MAUI KAAPALI VIL	99-0222989	0.14	311925
VINTAGE EUROPEAN POSTERS, INC.	27-3332519	0.09	140122
MONICA SCHEEL, MD, LLC DBA DR. MONICA SCHEEL	20-4625284	0.17	1048579
PUUWAI DESIGN & CONSTRUCTION, LLC	99-0356090	0.16	232441
ISLAND ENDODONTICS, INC. DBA ISLAND ENDODONTICS	27-2474633	0.16	197457
LAHAINA GALLERIES, INC.	99-0186110	0.25	2568200

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THE COOKE CO DBA NATOSHA COOKE	83-1321497	0.01	3762
STEIN LAW, P.C. DBA MOUNTAIN WEST LAW GROUP	45-3642468	0.00	334622
DJ'S CONSTRUCTION, INC.	20-8972943	0.04	44830
KT PROTECTION SERVICES LLC	27-1318862	0.06	160728
PAYSER LLC	84-3039585	0.00	21258
SUSTAINABLE MOLOKAI	27-3261673	0.03	54763
HKI KAUAI, INC.	47-5085501	0.03	58695
GINSHARI, INC. DBA KURU KURU SUSHI	99-0359883	0.03	322054
THE CAREGIVER FOUNDATION, INC.	26-2548300	0.21	242899

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MARYL CONSTRUCTION, INC.	81-0831382	0.26	1083631
KAKO'O'OIWI	57-1236490	0.03	40667
CGCL LLC ETAL DBA CAFE O'LEI RESTAURANTS AND AMI AMI AT THE COAST	20-3416845	0.10	289767
REAL ESTATE BUSINESS ANALYTICS, INC.	87-3316084	0.80	737280
D2 DEMAND SOLUTIONS, INC.	46-1786718	0.45	2361913
DA LOCK MASTERS - HAWAII, LLC DBA POP-A-LOCK	26-4632633	0.00	62672
DICK'S FUMIGATION SERVICE INC. DBA DICK'S PEST SOLUTIONS	99-0117359	0.03	89504
DENVER INDIAN HEALTH & FAMILY SERVICES	84-0724261	0.31	456049
TAX SERVICES OF HAWAII INC.	27-0953908	0.00	884

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEL A. ONA MD INC.	83-2837301	0.09	202500
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REALTORS ASSOCIATION OF MAUI, INC.	23-7289710	0.06	178078
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEN BERNARD & COMPANY INC. DBA GARDEN PONDS	99-0334557	0.01	21087
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII EAR CLINIC, INC.	27-0478545	0.06	228016
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
US MED URGENT CARE, LLC	90-0657722	0.00	341246
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANSPORTATION APPLIED INTELLIGENCE SOFTWARE, LLC	85-2497425	0.27	354217
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAUI ACADEMY OF PERFORMING ARTS	99-0187576	0.04	32866
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NCNS ENVIRONMENTAL, INC.	99-0284080	0.02	23790
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST HAWAII STATE VETERANS HOME DBA YUKIO OKUTSU STATE VETERANS HOME	85-3650364	0.45	847255

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BT KALAKAUA, LLC DBA KAIMANA BEACH HOTEL	47-4093373	0.47	555484
HT HAYASHI FOUNDATION	20-4708161	0.01	28031
LANDMARK BUILDERS, INC.	20-4184352	0.01	40433
CHEMEOR, INC.	20-2979029	0.23	1243402
COMPLETE BOOKKEEPING & ACCOUNTING, LLC	11-3745257	0.00	10284
HTH ASSET MANAGEMENT, LLC	81-2324305	0.17	186863
KOKUA GROUP HOLDINGS, LLC	81-4873869	0.25	437010
DISCOVERY KAUAI MANAGEMENT, LLC	86-1711393	0.18	142944
HART THERAPY INC DBA HANDPRINTS BEHAVIORAL THERAPY DBA HANDPRINTS HOME	05-0540547	0.07	111578

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTHOFI, INC.	46-2004040	3.34	6409713
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMPRINT HOSPITALITY, LLC	32-0493503	0.06	115755
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORNERSTONE PRESSURE WASHING LLC	39-2056505	0.19	222143
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HONOLULU LASER CENTER & SPA, INC. DBA HONOLULU MEDSPA	99-0358199	0.14	140922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEC INTEGRATION	20-3127383	0.20	144241
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOTOOKA ROSENBERG LAU & OYAMA LLLC	22-3884416	0.04	1211658
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARTNERS IN CARE - OAHU CONTINUUM OF CARE DBA PARTNERS IN CARE	84-1705573	0.22	251925
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HALEAKALA SERVICES LLC DBA HALEAKALA SOLAR AND ROOFING	85-2782075	0.09	101620
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALANA INVESTMENT GROUP LLC	84-2054689	0.01	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DREAMSCAPES LANDSCAPING LLC	47-1339699	0.04	31318
TECHTONIC GROUP, INC.	87-0767850	0.00	111279
PEAK FORM, LLC DBA PEAK FORM MEDICAL CLINIC	20-0184922	0.38	785591
STRAT LABS LLC DBA STRAT LABS	82-2207879	0.01	22206
ULU HI-TECH, INC.	84-2633084	0.12	107694
THE CHILDREN'S LAW CENTER, LLLC	20-4088476	0.00	10281
ALOHA AFFORDABLE VETERINARY SERVICES LLC	83-1026070	0.06	90203
NORTH SHORE VETERINARY CLINIC	85-2181612	0.02	10433
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	99-0287193	0.21	550808

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OVER EASY LLC DBA OVER EASY, EASY QUE	47-1558389	0.03	42031
KN SURVEYING LLC	73-1734849	0.22	238720
MAUI PARADISE LAHAINA PARTNERS LLC	47-2643893	0.04	169142
KEKAHA AGRICULTURE ASSOCIATION	20-0512363	0.03	31330
MAUI LEONES, LLC DBA COCONUT CONDOS	45-3849420	0.13	267096
KLARISANA PHYSICIAN SERVICES, PLLC	47-4910563	0.00	0
REALM, LLC	83-3570534	0.05	50718
PU'UKUMU MANAGEMENT LLC	85-0563379	0.02	66608
MAEHAL ENTERPRISES, INC DBA PIKES PEAK HARLEY-DAVIDSON	84-1031760	0.02	245474

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M E I CORPORATION	74-3112012	0.44	474076
ELECTRO TEST LLC	83-3419897	0.10	115460
KA'ALA RANCH 2 LLC	86-1296486	0.01	4349
TURNING POINT CHIROPRACTIC INC.	46-2771292	0.33	218390
ABDR ELECTRIC, INC.	90-0778968	0.10	485189
WELLNESS PARTNERS HAWAII INC.	82-3721529	0.12	140602
CUVEE PROPERTIES ESCAPES, LLC	46-1222965	0.45	884554
O'AHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL	94-3279682	0.03	125780
URAHUTIA PRODUCTIONS, LLC DBA AULII LU'AU	01-0878161	0.07	113148

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SJ COMMUNICATION, INC.	46-1993165	0.06	60281
PURRADISE CAT CARE, INC.	83-2360497	0.12	135336
QUALITY COAT LLC	46-4782859	0.05	35466
WAVE BUILDERS, LLC	81-0927510	0.00	0
TRANSFORMATIONAL HEALTH NETWORK DBA ALOHA KONA URGENT CARE	46-5000811	0.05	0
PRM LLC	83-4232254	0.01	15097
CORPORATE ENVIRONMENTS INTERNATIONAL, LLC DBA CEI HAWAII	99-0338355	0.08	358502
EDMUND C. OLSON TRUST NO. 2	33-1088261	0.32	308926
INSPYRE BOUTIQUE, LLC	45-2477179	0.12	137113

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FROGMAN CHARTERS, INC. DBA BOSS FROG'S DIVE SHOP	99-0262089	0.04	17407
THE QUEEN'S HEALTH SYSTEMS	99-0238120	0.48	533080
DELLABLES, INC.	27-2399084	0.04	36956
KRANK LLC DBA KRANK CYCLES	47-1143929	0.00	26082
ROYAL ALOHA COFFEE COMPANY, LLC	84-2099447	0.07	42571
NAKOA KAI INSURANCE PROFESSIONAL LLC	45-5451260	0.17	93814
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT DBA CNHA	91-0313383	0.05	0
24KAMA'AINA LANDSCAPING & MAINTENANCE LLC	84-4133962	0.01	4833
PARADISE IN HAWAII LUXURY HOMES, LP	81-0857903	0.14	147451

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VALLY MEDICAL GROUP, APC	47-1422140	0.01	7140
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EN FLEUR BEHAVIOR ANALYSIS, LLC	84-3737181	0.01	3114
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALOHA ENDODONTICS LLC	82-2141860	0.04	49009
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JM ELECTRIC LLC	27-1761322	0.01	1348
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HISTORIC HOTEL COLORADO, LLC HOTEL COLORADO	82-5498531	0.04	57581
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRUCTURAL CONCRETE BONDING & RESTORATION, INC.	99-0261657	0.23	171850
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOOTHILLS BRIDGE CO	26-0085552	0.47	828005
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECO CLEAN HAWAII LLC	46-0773141	0.08	34483
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII LITERACY, INC.	23-7198698	0.10	125291

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OAHU PET CREMATORY, LLC	20-2250019	0.01	12359
INSTITUTE OF INTENSIVE ENGLISH	99-0245936	0.09	75584
JP'S TREE TRIMMING, LLC	45-3253616	0.09	68526
BIG CITY MOUNTAINEERS, INC	65-0200163	0.06	50725
ALL G ELECTRIC, LLC	20-4294417	0.08	66766
ARCHON VITAMIN LLC DBA PLANTFUSION	81-4238249	0.04	91225
WAIAHOLE POI FACTORY	99-0156391	0.03	24002
D BARRETTO'S REPAIR LLC	46-1792384	0.03	34290
ASI MEDICAL, INC.	84-1216463	0.24	367420

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLACKTEK MANUFACTURING, INC.	83-2108709	0.11	68806
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
50TH STATE INVESTMENTS LLC	99-0271967	0.07	69683
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSHINE HELICOPTERS, INC.	99-0244614	0.14	586717
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANTERNE DX, LLC	84-1838964	0.25	1268339
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MADISON & LEITRIM, LLC DBA WINDOW WORLD OF OAHU	83-1759330	0.03	22171
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R-DAM LLC DBA SOUTH MAUI GARDENS	46-1975003	0.12	84978
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST HAWAII MEDICAL GROUP	84-2115962	3.99	6460308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUA MOMONA FARMS, LLC	81-5352675	0.16	103253
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOUCHING THE EARTH LAND COMPANY LLC	81-0772638	0.02	22741

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BLUELINE CHARTERS INC. DBA SAIL MAUI	47-2634873	0.19	256625
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEEDING HAWAII TOGETHER DBA THE PANTRY BY FEEDING HAWAII TOGETHER	47-0901806	0.05	29434
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAUI MINO'AKA DENTISTRY LLC	82-4137394	0.01	42354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII COMMERCIAL TIRE CO., LLC	80-0960696	0.01	3855
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII LUBE CO., LLC	80-0852482	0.08	52144
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HNK, INC. DBA KOHA ORIENTAL FOODS	99-0233793	0.96	5793617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST QUALITY BUILDING & DESIGN, INC.	99-0292672	0.29	979164
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AXIOM BUILDERS, INC.	85-0924290	0.08	39853
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HI-TECH MAUI INC. DBA HI-TECH SPORTS / SHAPERS	99-0296895	0.05	39479

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL TOPS, INC. DBA INSOLID	99-0341540	0.01	214552
CARING FOR DENVER FOUNDATION	83-4062522	0.46	1178582
CALISTOGA MOTOR LODGE LP	47-2174221	0.03	82610
HEALTHTEAMWORKS	84-1456951	0.14	482313
PETITE SWAN LP	32-0041087	0.04	149079
PETER A. MATSUURA, M.D.	99-0325702	0.38	3116003
HOLLIDAY ORTHODONTICS, LLC	20-8358785	0.57	1285218
MOTUS THEATER	90-0716569	0.10	67309
CLEAN POWER CONSTRUCTION LLC	46-1324862	0.12	87018

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ALPHA-OMEGA PLUMBING, INC.	99-0333270	0.11	48804
CASE MANAGEMENT SOLUTIONS LLC	83-2722101	0.02	25383
LATITUDE 40 CONSULTING INC	27-1999824	0.13	138207
KEY VANTAGE DBA GRAHAM'S FLOORING AND DESIGN	46-4470241	0.05	39316
REYES CORPORATION DBA CREATIVE COUNSELING SERVICES	20-5869860	0.29	933646
DISASTER RELIEF PROFESSIONALS LLC DBA SERVPRO OF KAILUA NORTH/LAIE	47-2315229	0.19	261770
WILLIAMS CONSTRUCTION LLC	46-3700586	0.04	401765
PROSPECT LIFE SCIENCES, INC.	81-1184545	0.07	36082
INTCO FS MANAGEMENT LLC	47-4614926	0.08	71540

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GO HOLOHOLO, INC.	27-0482261	0.00	490
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUDIO AUTO BODY, INC.	37-1691090	0.04	16940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
I OLA LAHUI, INC.	20-8924382	0.07	43568
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CASSANDRA PETERSON DB LLC DBA ISLAND FAMILY CHIROPRACTIC	46-1613179	0.25	66678
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUHIA PARTNERS LLC	99-0265279	0.02	10535
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUDI KING DESIGN LLC DBA KING SCREEN PRINTING	81-0989280	0.02	15862
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEX THERAPY HAWAII LLC DBA HAWAII CENTER FOR SEXUAL AND RELATIONSHIP	81-5127128	0.26	157538
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Y.N. LUM INVESTMENT, INC.	99-0117463	0.23	170334
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTHOPEDICS HAWAII, LLC DBA ORTHOPEDICS HAWAII	87-3355774	0.03	47709

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAHILANI PARTNERS LLC DBA LAVALOHA	46-1068448	0.01	5134
MANA MAOLI	31-1783481	0.01	2892
HAWAII GOOD FOOD ALLIANCE	83-4503785	0.03	28660
DESIGN TRENDS CONSTRUCTION, INC.	99-0353215	0.00	0
COMMUNITY EMPOWERMENT RESOURCES	45-4204164	0.03	19204
PAPAHANA KUALOA	20-2565007	0.02	10101
OBESITY MEDICINE ASSOCIATION	84-0607207	0.26	438469
THE HANAIEI INITIATIVE	83-1572601	0.16	71601
BASECAMP TAHOE CITY DBA BCNLT LLC	47-1566674	0.00	677

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLAR TREE CAPITAL LLC	81-4207896	0.06	0
MAHIPAPA LLC	87-4832869	0.10	42992
KU'IKAH'I MEDIATION CENTER	20-3997875	0.02	12361
HOLOMUA COLLECTIVE	88-1931228	0.06	38524
SUSANNAH WESLEY COMMUNITY CENTER	99-0073528	0.09	53773
LAYOUT ETC. INC.	99-0335092	0.08	50784
YC EWA INC. DBA EWA BEACH GOLF CLUB	87-2183214	0.07	38196
KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA	99-0108896	0.22	152995
READYZONEHQ, INC	46-3737319	0.18	144408

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAI'ANAE COMMUNITY RE-DEVELOPMENT CORPORATION DBA MA'O ORGANIC FARMS	99-0350803	0.08	140977
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANIOKA'S FISHMARKET INC. DBA TANIOKA'S SEAFOODS AND CATERING	99-0183966	0.32	205648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIFAMILY UTILITY COMPANY, LLC	65-1312734	0.59	774198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
P.A.R.E.N.T.S. INC.	99-0167293	0.02	43896
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLAR SPECIALTY GROUP INC.	46-2665765	0.02	11017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REDEFINED WEDDING FILMS, LLC	84-4519848	0.05	31927
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATURAL SALT POOLS LLC	74-3151365	0.07	32931
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
535 PLUMBING LLC	47-3131456	0.05	144357
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO SMART STAFF DBA MILE HIGH EMPLOYMENT/ENERGY SOLUTIONS	36-4464379	0.02	101972

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A HONU AUTISM LLC DBA MALAMA PONO AUTISM CENTER	46-2847974	0.39	528590
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KO OLINA COMMUNITY ASSOCIATION, INC.	99-0286545	0.11	53046
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROPARK, INC.	99-0196340	0.04	19011
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BASSET HEATING & AIR CONDITIONING, INC.	26-3583026	0.02	15243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEPPING STONES ACADEMY LLC	20-4963713	0.21	322186
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HI QUALITY CONSTRUCTION, LLC	83-3728837	0.00	45362
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TANOA USA	82-4868477	0.02	7680
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TINGUELY DEVELOPMENT, INC.	99-0324251	0.26	915137
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINBRO CONSTRUCTION LLC	26-0233198	0.24	109502

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AKA CONSTRUCTION LLC	26-3107466	0.21	89751
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADON RENEWABLES CORPORATION	47-4181598	0.06	29788
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IDEAL AUTO BODY, INC.	27-3886225	0.02	732710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISLAND ENGINEITY LLC	81-2994159	0.05	23609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C&H BODY AND FENDER, INC.	99-0187775	0.10	42646
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIRCADENCE CORPORATION	84-1305290	0.89	5609279
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALOHA VISION CONSULTANTS, INC.	80-0205389	0.68	3393142
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IN10 LLC	83-3929091	0.14	60785
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAI KAI WAVE, LLC DBA THE LINEUP AT WAI KAI	83-1404418	0.03	11262

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BREAKAWAY ENTERPRISES HAWAII LLC DBA ALOHA DISCOUNT LIQUOR	99-0355191	0.02	7665
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PFI RUBBISH SERVICE, INC.	99-0286401	0.04	19221
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC ISLANDS GROUP, LLC	20-3329128	0.01	2609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE BREAKFAST CAFFE LLC	27-1343587	0.01	4109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAHULUI BAPTIST CHURCH, INC.	99-0085586	0.01	4203
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATTIQ, INC.	86-2480680	0.15	66040
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHANEY, BROOKS & COMPANY LLC	99-0109600	0.90	3584501
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII PAIN AND SPINE LLC	81-3183441	0.02	7165
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URGENT ISLAND RESTORATION LLC	81-1948702	0.01	3611

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MRC PARTNERS, LLC DBA LUMERIA MAUI	32-0440768	0.02	8862
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII ULU PRODUCERS COOPERATIVE	81-3622889	0.01	4310
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MISHA LAM JEWELRY DBA MISHA HAWAII	47-2807144	0.01	2962
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OAHU BUILDING MAINTENANCE, CORP.	91-2200157	0.01	55219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDEPENDENT ENERGY SYSTEMS, LLC DBA INDEPENDANT ENERGY HAWAII	85-1544984	0.30	133082
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RP MEDICAL LLC DBA MINIT MEDICAL	47-2604961	0.43	600861
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KILAUEA PEST CONTROL, INC.	42-1585370	0.01	4737
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KDAPS LLC DBA KAUAI NORTH SHORE ANIMAL CLINIC	82-4082819	0.06	25100
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYANOTECH CORPORATION	91-1206026	0.94	5641413

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEA PESCADERO LLC	83-2131727	0.15	68480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII BEEF PRODUCERS, LLC	04-3731132	0.01	231487
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRO POOLS, LLC	87-4684028	0.01	2842
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLES H.Y. DANG, AAL, LLLC	83-1873798	0.02	9794
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
B R ANDERSON ELECTRIC INC	51-0595198	0.04	18324
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHAMPS PEDIATRICS LLC	85-2211428	0.00	376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WJ'S HOME & LANDSCAPE SERVICES, LLC	33-1153476	0.04	19179
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAIA FARMS LLC	92-1422262	0.03	15027
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOA AINA O MAKAHA	99-0292820	0.01	6368

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVER OF LIFE MISSION	99-0253651	0.03	15294
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AC MED, LLC DBA KALOKO URGENT CARE	92-0901925	0.08	517222
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MALIE, INC.	52-2400034	0.17	1031365
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIG ISLAND TENTS, INC.	99-0332802	0.02	8200
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARTER HOME ALLIANCE, LLC	26-4324381	0.01	94597
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMOTO MOBILE THERAPY LLC DBA IMOTO PHYSICAL THERAPY	81-2280784	0.02	7101
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
808 EYE CARE LLC	47-4136592	0.06	26154
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LATIN AMERICAN EDUCATIONAL FOUNDATION, INC.	84-6010415	0.04	84519
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POIPU BEACH SURF SCHOOL LLC	86-1532112	0.08	34352

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANDARD AIR LLC	81-4732834	0.01	5770
2a Name of Participating Employer COOL AIR SYSTEMS HAWAII LLC	84-2446110	0.00	101
2a Name of Participating Employer HOUSING PROVIDERS OF HAWAII DBA HOMEAID HAWAII	47-4980676	0.01	7709
2a Name of Participating Employer HOUSE OF BERRY LLC	81-3183441	0.01	6485
2a Name of Participating Employer TOWER COMMERCIAL LLC	46-1276193	0.00	1097
2a Name of Participating Employer PONO STONE LLC	45-1607316	0.05	22469
2a Name of Participating Employer HI STANDARDS CONSTRUCTION LLC	92-0945425	0.00	28651
2a Name of Participating Employer SHIP TO HAWAII, LLC	35-2381699	0.01	3959
2a Name of Participating Employer KCY RESTAURANT LLC DBA PUAKEA GRILL	87-2050550	0.00	1948

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAUPULEHU LOT B4-A COMMUNITY ASSOCIATION, INC	20-4245214	0.04	347033
KUKIO STAFFING SERVICES LLC	47-2562725	0.02	1982088
HAWAII MORTGAGE GROUP LLC	92-2474956	0.11	48092
JOIE DE VIVRE KABUKI LLC DBA KABUKI SPRINGS & SPA	91-1933263	0.03	14664
DAVID M SAITO MD LLC	88-3634782	0.01	2664
GOLD COAST ELECTRIC, LLC	84-4470153	0.02	6722
KCK AUTO AND DIESEL LLC	86-2282814	0.00	4458
ROBISON ENGINEERING, INC	91-2050909	0.36	2374692
D2C ARCHITECTS, INC.	46-1556207	0.02	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDEVTECH INCORPORATED	99-0353337	0.06	26696
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RED TALON GROUP CORPORATION	87-4273892	0.08	34312
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSPEAR ENERGY LLC	82-2907032	0.00	1947
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAIOLIOLI, INC. DBA OCEAN JOY CRUISES HAWAII	91-2193902	0.00	2131
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MASTERMIND CLINIC, PLLC	85-2389014	0.00	363
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LONE ROCK FOUNDATION	83-2437632	0.00	535
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCEAN ERA INC.	45-2771680	0.01	6179
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Financial Statements and Report of Independent
Certified Public Accountants

ProService Hawai'i 401(k) Plan

December 31, 2023 and 2022

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Report of Independent Certified Public Accountants

To the Participants and Plan Administrator,
ProService Hawai'i 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of ProService Hawai'i 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statements of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2023 and 2022, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year ended December 31, 2023, and the related notes to the financial statements (collectively, the "financial statements").

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

Management has obtained certifications from Transamerica Life Insurance Company ("Transamerica"), the Trustee of the Plan, as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Notes 3, 4, and 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Other Matter - Basis of Accounting

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

Other Matter - Supplemental Schedules Required by ERISA (continued)

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

A handwritten signature in black ink that reads "Verity CPAs". The signature is stylized with a large, sweeping "V" and a horizontal line extending from the end.

October 14, 2024

ProService Hawai'i 401(k) Plan

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

As of December 31,

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS:		
Investments in pooled separate accounts, participant directed, at fair value	\$ 286,400,894	\$ 212,846,033
Investments in investment contract, participant directed	<u>12,032,235</u>	<u>13,313,984</u>
Total investments	<u>298,433,129</u>	<u>226,160,017</u>
RECEIVABLES:		
Employer	706,395	1,858,585
Participant	615,292	645,034
Other	<u>18,445</u>	<u>13,136</u>
Total receivables	<u>1,340,132</u>	<u>2,516,755</u>
PARTICIPANT LOANS	<u>3,985,655</u>	<u>3,810,288</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 303,758,916</u>	<u>\$ 232,487,060</u>

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

ProService Hawai'i 401(k) Plan

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

For the year ended December 31,

	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net change in fair value of pooled separate accounts	\$ 41,872,605
Net change in value of investment contract	<u>284,727</u>
Total investment Income	<u>42,157,332</u>
Interest income on participant loans	<u>249,747</u>
Contributions:	
Participant	29,792,352
Employer	10,530,724
Rollover	<u>3,197,064</u>
Total contributions	<u>43,520,140</u>
Total additions	<u>85,927,219</u>
DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:	
Distributions:	
Benefits paid to participants	24,368,026
Corrective distributions	377,781
Deemed distributions	<u>146,664</u>
Total distributions	<u>24,892,471</u>
Administrative expenses	<u>1,508,834</u>
Total deductions	<u>26,401,305</u>
NET CHANGE	59,525,914
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	232,487,060
Transfers of assets to this plan	24,893,737
Transfers of assets from this plan	<u>(13,147,795)</u>
End of the year	<u>\$ 303,758,916</u>

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

ProService Hawai'i 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN

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

General

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

Plan administration

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

Contributions

Participants may elect to defer their compensation as employee savings contributions, subject to the Adoption Agreements and the Internal Revenue Code ("IRC") limitations of \$22,500 and \$20,500 for the calendar years ended December 31, 2023 and 2022, respectively, adjusted annually for the cost of living, plus an additional \$7,500 and \$6,500, for employees age 50 and over for the calendar years ended December 31, 2023 and 2022, respectively. Plan participants who have attained age 50 before the end of the Plan year may defer catch-up contributions, subject to the IRC limitations. Excess contributions are refunded in accordance with provisions of the IRC. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

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

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

Participant accounts

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

ProService Hawai'i 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Vesting

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

Participant loans

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

Payment of benefits

The full amount in each participant's account is payable upon severance, normal retirement, disability, death, withdrawal from the Plan by the Participating Employers, or termination of the Plan by the Principal Employer. A participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in their account or a portion of their account, subject to limitations imposed by federal law or options elected by the respective Participating Employer. Participants may withdraw all or a portion of their contributions upon a showing of financial hardship and compliance with other restrictions in the Plan. Roth elective deferrals or Roth rollover contributions may only be rolled over to a Roth IRA or to a plan that provides for Roth contributions. Participants should refer to their respective Adoption Agreements for more information.

Forfeitures

Forfeitures of the non-vested balances of terminated participants' accounts are used to pay Plan expenses and reduce the contributions of the respective Participating Employers. As of December 31, 2023 and 2022, there were \$986,214 and \$735,183, respectively, in forfeitures. During the year ended December 31, 2023, forfeitures in the amount of \$111,523 were used to reduce Participating Employers' contributions and pay plan expenses.

Administrative expenses

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

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of accounting

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

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

Use of estimates

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

Investment contract

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

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

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

ProService Hawai'i 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment contract (continued)

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

During the years ended December 31, 2023 and 2022, the interest rates for the Stable Value Fund were as follows:

	2023	2022
Minimum Rate	1.95%	1.45%
Average Rate	2.03%	1.55%
Closing Rate	2.10%	1.65%

Investment valuation

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

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

ProService Hawai'i 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Recognition of income

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

Participant loans

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and expensed when they are incurred. Delinquent participant loans are deemed distributed based upon the terms of the plan document or if there is a failure to make regular loan payments for more than one quarter in accordance with the IRC.

Payment of benefits

Benefits are recorded when paid.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Principal Employer has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified the completeness and accuracy of all investments reflected in the accompanying Statements of Net Assets Available for Plan Benefits (Modified Cash Basis) as of December 31, 2023 and 2022, the related investment activity reflected in the accompanying Statement of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) for the year ended December 31, 2023.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited)

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

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

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

There have been no changes in the methodologies used during the years ended December 31, 2023 and 2022.

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

ProService Hawai'i 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited, continued)

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ 62,175,126	\$ 224,225,768	\$ -	\$ 286,400,894
Total investments in fair value hierarchy	62,175,126	224,225,768	-	286,400,894
Investment contract	-	-	-	12,032,235
Total investments at fair value	<u>\$ 62,175,126</u>	<u>\$ 224,225,768</u>	<u>\$ -</u>	<u>\$ 298,433,129</u>

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

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ 44,623,922	\$ 168,222,111	\$ -	\$ 212,846,033
Total investments in fair value hierarchy	44,623,922	168,222,111	-	212,846,033
Investment contract	-	-	-	13,313,984
Total investments at fair value	<u>\$ 44,623,922</u>	<u>\$ 168,222,111</u>	<u>\$ -</u>	<u>\$ 226,160,017</u>

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Transamerica is the trustee as defined by the Plan and, therefore, qualifies as a party-in-interest. Fees paid by the Plan for investment advisory, custodial, and recordkeeping services are included in administrative expenses in the Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) and amounted to \$1,508,834 for the year ended December 31, 2023.

NOTE 6 – PLAN TERMINATION

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

ProService Hawai'i 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2023 and 2022

NOTE 7 - TAX STATUS

The Principal Employer is an adopter of a pre-approved plan that received a favorable Internal Revenue Service ("IRS") Opinion Letter dated June 30, 2020. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. It is the Plan's policy to recognize interest accrued related to underpayment of income taxes in interest expense and penalties in administrative expenses. The Plan has no uncertain tax positions as of December 31, 2023 and 2022.

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2023, financial statements for subsequent events through October 14, 2024, the date the financial statements were available to be issued, and was not aware of any subsequent events that would require additional recognition or disclosure in the financial statements.

Supplementary Information

ProService Hawai'i 401(k) Plan

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2023

Participant contributions transferred late to plan	Total that Constitute Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Check here if late participant loan repayments are included: ☒	\$ -	\$ 40,385	\$ -	\$ -

ProService Hawai'i 401(k) Plan

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

As of December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) (e)	
			Cost	Current Value
	<u>Investment contract</u>			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	\$ 12,032,235
		Total investment contract		12,032,235
	<u>Pooled separate accounts</u>			
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2035 with BlackRock RetOpt	**	30,931,936
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2030 with BlackRock RetOpt	**	26,389,773
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2040 with BlackRock RetOpt	**	24,579,112
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2025 with BlackRock RetOpt	**	23,635,947
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2045 with BlackRock RetOpt	**	22,876,175
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2050 with BlackRock RetOpt	**	22,744,625
*	Transamerica Life Insurance Company	Transamerica LifeGoal Retirement with BlackRock RetOpt	**	17,984,049
*	Transamerica Life Insurance Company	TA Vanguard Total Stck Mkt Index Ret Opt	**	16,106,043
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2055 with BlackRock RetOpt	**	15,596,887
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2060 with BlackRock RetOpt	**	10,662,343
	Morgan Stanley	Morgan Stanley Growth Ret Opt	**	9,277,508
	American Funds	American Funds Growth Fund of America Ret Opt	**	7,079,000
	Ivy Funds	Delaware Ivy Science & Technology Ret Opt	**	6,813,764
*	Transamerica Life Insurance Company	Transamerica Large Cap Growth Ret Opt	**	5,198,160
	Natixis Funds	Loomis Sayles Investment Grade Bond Ret Opt	**	4,197,347
	Pioneer Investments	Pioneer Equity Inc Ret Opt	**	3,772,409
	Allspring Global investments	Allspring Special Mid Cap Value Rt Opt	**	3,246,237
	AEGON NV	AEGON Balanced Ret Opt	**	3,130,703
*	Transamerica Life Insurance Company	Transamerica High Yield Bond Ret Opt	**	3,069,267
	State Street Global Advisors	State Street Russell Small Cap Index Ret Opt	**	2,540,436
	American Funds	American Funds Balanced Ret Opt	**	2,451,776
	Hartford Mutual Funds	Hartford Mid Cap Ret Opt	**	2,427,588
	State Street Global Advisors	State Street S&P Mid Cap Index Ret Opt	**	2,336,057
	American Funds	American Funds New Perspective Ret Opt	**	2,088,553
	BlackRock	BlackRock Health Scncs Opps Ret Opt	**	2,044,442
	Columbia	Columbia Contrarian Core Ret Opt	**	1,929,828
	Invesco	Invesco Global Ret Opt	**	1,873,113
	American Funds	American Funds EuroPacific Growth Ret Opt	**	1,868,211
	Franklin Tempelton Investments	Franklin Small Cap Value Ret Opt	**	1,657,253
	Thornburg	Thornburg International Equity Ret Opt	**	1,655,989
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Port Ret Opt	**	1,521,367
	Neuberger Berman	Neuberger Berman Real Estate Ret Opt	**	1,248,354
	Dimensional Fund Advisors	DFA U.S. Small Cap Port Ret Opt	**	1,094,825
	Janus Henderson	Janus Henderson Triton Ret Opt	**	1,000,024
	State Street Global Advisors	State Street Emerging Markets Index Ret Opt	**	743,237
	American Funds	American Funds New World Ret Opt	**	416,515
	Dimensional Fund Advisors	DFA International Small Cap Value Port Ret Opt	**	212,041
		Total pooled separate accounts		286,400,894
	<u>Participant loans</u>			
*	Participants	Participant Loans Rate - 4.25% to 10.50%		3,985,655
		Total participant loans		3,985,655
		Total Assets (Held at End of Year)		\$ 302,418,784

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

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

ProService Hawai'i 401(k) Plan

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

As of December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) (e) Cost Current Value	
			Cost	Current Value
	<u>Investment contract</u>			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	\$ 12,032,235
		Total investment contract		12,032,235
	<u>Pooled separate accounts</u>			
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2035 with BlackRock RetOpt	**	30,931,936
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