

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [X] 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) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PROSERVICE HAWAII 401(K) PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	17115
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)	12924
	6a(2)	13591
	6b	42
	6c	4848
	6d	18481
	6e	31
	6f	18512
	6g(1)	9731
6g(2)	12148	
6h	342	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	930026	12148	01/01/2024	12/31/2024

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
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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	

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(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	22623849
5	Current value of plan's interest under this contract in separate accounts at year end.....	382475397
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
b	Balance at the end of the previous year	7b 12032235
c	Additions: (1) Contributions deposited during the year	7c(1) 7263230
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 374633
	(4) Transferred from separate account	7c(4) 8011347
	(5) Other (specify below)..... ▶ STABLE FORFEITURES, LOAN REPAYMENTS, AND ADDITIONS TO THE FORFEITURE AND EXPENSE BUDGET ACCOUNTS	7c(5) 1214710
	(6) Total additions	7c(6) 16863920
d	Total of balance and additions (add lines 7b and 7c(6))	7d 28896155
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2041455
	(2) Administration charge made by carrier.....	7e(2) 104700
	(3) Transferred to separate account	7e(3) 3292388
	(4) Other (specify below)..... ▶ LOANS ISSUED, ALLOCATED FORFEITURES AND ADVANCED ER ACCOUNTS, AND OTHER EXPENSES FROM UNALLOCATED ACCOUNT	7e(4) 833763
(5) Total deductions	7e(5) 6272306	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 22623849

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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)..... 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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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	419374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	1287172	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	160097	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	72070	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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>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>3972212</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>3017149</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>2308565</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>8562569</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>3055425</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>769795</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HEALTH SCIENCES OPP OPT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>		
c EIN-PN <u>39-0989781-860</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>2045248</u>

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) 3731766
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) 1485605
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) 406222
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) 1166832
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) 1889616
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) 2599373
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) 2246573
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) 1113182
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) 6153484
a Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE IVY SCIENCE & TECH RET OP		
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) 9050313

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)	11656344
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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)	1397793
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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)	5017611
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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)	794653
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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)	2647997
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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)	3131426
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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)	24175542
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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)	2688363
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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)	3414290
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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)	8478951
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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) 28480164

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) 36082324

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) 40620190

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) 35098281

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) 32748102

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) 29763753

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) 21719346

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) 16806411

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2065 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 82-5217478-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338224

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) 23841703

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.

		(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)	706395	886597
(2) Participant contributions	1b(2)	615292	851848
(3) Other	1b(3)	18445	31862
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)	3985655	5683080
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	286400894	382475397
(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)	12032235	22623849
(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	303758916	412552633
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	303758916	412552633

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)	15991996	
(B) Participants.....	2a(1)(B)	37325935	
(C) Others (including rollovers).....	2a(1)(C)	6081555	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		59399486
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)	422894	
(F) Other.....	2b(1)(F)	376399	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		799293
(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)	46250624
(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	106449403

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31711617
(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)	31711617
f Corrective distributions (see instructions)	2f	503531
g Certain deemed distributions of participant loans (see instructions)	2g	314092
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	1287172
(4) IQPA audit fees	2i(4)	7167
(5) Investment advisory and investment management fees	2i(5)	232166
(6) Bank or trust company trustee/custodial fees	2i(6)	419374
(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)	1945879
j Total expenses. Add all expense amounts in column (b) and enter total	2j	34475119

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	71974284
l Transfers of assets:		
(1) To this plan	2l(1)	55576668
(2) From this plan	2l(2)	18757235

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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)
SPIN-OFF TERMINATION PLAN FOR IRUKA HAWAII, LLC	75-3267514	003
OBRAN EMPLOYMENT SERVICES INC. 401(K) PLAN	83-3223731	001
INTELLIBRIDGE	65-1313681	001
DENTAL FITNESS, INC.	65-1223186	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 ACM CONSULTING LLC	81-1114257	001
ALTRES 401(K) RETIREMENT PLAN	99-0338459	333
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
ORTHOFI 401(K) PLAN	61-1582293	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)
TEC INTEGRATION, INC. 401(K) PLAN	20-3127384	001
SPIN-OFF TERMINATION PLAN FOR ALOHA AFFORDABLE VETERINARY SERVICES LLC	83-1026070	001
SPIN-OFF TERMINATION PLAN FOR ALOHA AFFORDABLE VETERINARY SERVICES - NORTH SHORE VETERINARY	85-2181612	001
TPC 401(K) PLAN	46-2771292	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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
INSPERITY 401(K) PLAN	76-0178498	001
THE BREAKFAST CAFFE 401(K) PLAN	27-1343587	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 METRO POOLS, LLC	87-4684028	001
SPIN-OFF TERMINATION PLAN FOR HO'OKELE TITLE LLC	85-1198833	001
TRINET SELECT 401(K) PLAN	48-1304650	333

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PROSERVICE HAWAII 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan 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	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3689044

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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.

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.

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 6.90	2d Aggregate Account Balances Attributable to Participating Employer 24254960
2a Name of Participating Employer CONCRETE POOL & SPA, INC.	2b EIN 99-0337701	2c Percentage of Total Contributions for the Plan Year 0.07	2d Aggregate Account Balances Attributable to Participating Employer 419497

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (2024)
v. 240311**

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	198476
THE EARL & DORIS BAKKEN FOUNDATION	99-0339501	0.00	245737
MAUI SEAFOODS, LLC	99-0147143	0.00	284623
FARISH MEDIA, INC.	99-0332803	0.01	132428
H.K. CONSTRUCTION CORP.	22-3906736	0.00	29561
MAUI CUSTOM WOODWORKS, INC	99-0355232	0.17	1261244
I & L RENTALS, LLC	20-2824463	0.00	21142
SOUL CONSTRUCTION, INC.	27-0083354	0.00	2647
GOUVEA'S & PURITY FOODS, INC.	26-3218111	0.21	1625674

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
ELEMENT ENVIRONMENTAL, LLC	20-3594479	1.22	6963336
RAILING SYSTEMS HAWAII, LLC	27-0007413	0.11	324265
PARADISE CARPET & TILE, INC.	99-0302471	0.00	4592
FOLLI FOLLIE HAWAII, INC. DBA FOLLI FOLLIE	99-0353397	0.00	131946
RT HAWAII RESTAURANTS, INC. DBA RUBY TUESDAY	54-2119017	0.08	1277678
HOMEWORKS CONSTRUCTION, INC.	99-0319332	0.46	4268258
O'KEEFE & SONS, LLC	99-0341300	0.00	10083
ISLAND HARVEST, INC.	99-0292208	0.04	156045
CAVALIER CONSTRUCTION, INC.	99-0352110	0.02	26871

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
GRASS BUSTERS LANDSCAPE, LLC	54-2089351	0.00	81931
NORTH SHORE MEDICAL CENTER LLC	80-5092262	0.00	16085
DAVID T. DOI DDS, INC.	99-0210285	0.00	135865
HONBLUE, INC.	99-0117143	0.78	17374101
FRED LAU HAWAIIAN LANDSCAPE MAINTENANCE COMPANY, LLC	56-2321584	0.10	813443
EYE CARE CENTER OF KAUAI, INC.	26-1170598	0.00	33797
CBI, INC. DBA NEWMARK GRUBB CBI	99-0198542	0.07	459934
ASSOCIATION OF APARTMENT OWNERS OF THE WHALER ON KAA NAPALI BEACH	99-0159842	0.29	1842552
BIGGER BIRD CREATIVE, INC.	20-2943471	0.00	15104

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
WAILUKU TIRE CENTER, LLC	94-3282068	0.00	0
ITS ALL ABOUT KIDS, LLC	99-2200236	0.00	14394
PACIFIC BUDDHIST ACADEMY	04-3660909	0.23	1120432
JOANNE K.O. SHIMADA	57-6495125	0.00	2983
BIG ISLAND CARBON, LLC	26-3108620	0.00	53969
KIMURA PHYSICAL THERAPY, LLC	26-4554475	0.04	698096
RESORT MANAGEMENT COMPANY LLC	51-0498302	0.51	2809626
KO OLINA GOLF CLUB	99-0344707	0.33	3462114
MM RESTAURANT HAWAII	26-2568534	0.00	37015

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
BIH GOLF LLC	27-1465092	0.00	18689
HAWAII HEALTH INFORMATION EXCHANGE	41-2201519	0.22	940740
GERALD H.B. WONG, D.M.D., INC.	99-0159578	0.00	1072
HO'OLA LAHUI HAWAII	99-0250542	0.88	5918043
HORIZONS ACADEMY OF MAUI, INC.	94-3264165	0.02	57345
TANIKAI, INC.	99-0302106	0.00	253499
VIRGO USA INC.	56-2572286	0.03	152951
KUEHNLE AGROSYSTEMS, INC.	26-1870204	0.02	290899
HAWAII MVCC, LLC	45-4834597	0.00	236972

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
CELLANA LLC	51-0658850	0.00	12105
BOYS AND GIRLS CLUB OF MAUI, INC.	99-0272347	0.24	1024117
QUALITY DESIGN/BUILD, INC.	99-0347258	0.06	1508725
IKAYZO, INC	32-0137747	0.04	755963
A. RODRIGUEZ & ASSOCIATES INC.	94-3260106	0.00	29113
MATTOCH & KIRLEY, LLC	86-2773792	0.30	1723123
JOHN HARLAN MEYER M.D. INC	26-1710809	0.00	2373
MAUI BEACH HOTEL, INC.	99-6011807	0.21	913494
ELLEAIR MAUI GOLF CLUB, LLC	99-0342416	0.00	4819

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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
SPECIALTY LUMBER, INC.	99-0349716	0.18	743849
LAULIMA FAMILIES, LLC	46-1718944	0.69	3099992
NATIVE NATIONS EDUCATION FOUNDATION	48-1307077	0.02	137205
PONO KAI INTERVAL OWNERS ASSOCIATION	99-0260384	0.08	481370
ALLIANCE PERSONNEL INC.	91-2182964	0.08	554091
HI'IPAKA, LLC DBA WAIMEA VALLEY	26-1537168	0.47	2750096
HAWAII LANDSCAPE & NURSERY, INC.	99-0208466	0.12	1010268
MINA CORPORATION	94-3276947	0.00	293972
SOUTH PACIFIC DISTRIBUTORS, LLC	99-0355189	0.05	197889

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WATANABE FLORAL, INC.	99-0170077	0.36	2249166
THESTRATEGIST, LLC	80-0493327	0.00	39714
IMUA ORTHOPEDICS, SPORTS & HEALTH, LLC	90-0879457	0.06	206543
THE CHAMBER OF COMMERCE OF HAWAII	99-0035510	0.22	704193
COMMUNICATIONS PACIFIC, INC.	99-0140779	0.00	350491
MARCUS & ASSOCIATES, INC.	99-0146909	0.55	5859859
REVOLUSUN LLC	27-0558508	0.45	890898
BRANDON T. YOKOTA, DDS, LLC	20-4064930	0.10	355554
HAWAII MORTGAGE EXPERTS, LLC	26-3284541	0.29	3147753

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KAANAPALI MEDICAL SERVICES, INC.	99-0238232	0.27	1289668
AHAHUI KOA ANUENUE	23-7253559	0.07	241847
UNION MAK CORPORATION	20-2435998	0.00	80070
PALI WOMEN'S HEALTH CENTER, INC.	99-0247110	0.00	85078
HONUA CONSULTING, LLC	57-5060761	0.03	152851
SEALTECH INC. DBA SEAL MASTERS OF HAWAII	99-0279176	1.24	7805149
PUKALANI COUNTRY CLUB LLC	38-3937332	0.01	139131
HONUA KAI CONDOMINIUM ASSOCIATION	26-3224932	0.35	1300029
COMPLETE CONSTRUCTION SERVICES CORP	99-0348705	0.01	297953

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FLOORING INVESTMENT GROUP LLC	61-1736255	0.36	1882172
VIVIA CARES, INC.	86-1629461	0.18	519490
THE WRIGHT DENTIST, LLC	87-2167661	0.07	774629
HAWAIIAN ISLAND TIRE CO INC	99-0292624	0.17	1711053
KANI, INC.	20-2987627	0.07	285080
KLEIDOSTY PACIFIC LLC	20-8786475	0.09	507579
KINGDOM KATALYST	46-0821095	0.09	519582
CETRA TECHNOLOGY INC	26-2880460	0.32	747683
ENVIRON CONTROL INC	99-0253432	0.06	399802

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MASON A SAVAGE DDS LLC	68-0520172	0.00	0
ISLAND CONSTRUCTION AND DEMOLITION LLC	20-1638121	0.00	16016
ISLAND TOP SOIL, LLC	99-0336174	0.02	93071
SMITH'S MOTOR BOAT SERVICE, INC.	99-0112294	0.54	7228054
WAILEA POINT AOA	99-0247221	0.21	1527182
KOOLAU WOMEN'S HEALTH CARE, INC.	99-0296070	0.25	1852663
AVS AUDIO VISUAL SERVICES HAWAII CORP	25-1912242	0.36	1427443
HOUSING AND LAND ENTERPRISE OF MAUI	20-5325361	0.06	0
AUTOTECH MAUI, INC.	20-1753262	0.06	158386

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VOLCANO ART CENTER	99-0162321	0.12	409213
NS FINANCIAL SERVICES GROUP	45-2490050	0.00	11216
ESKIMO CANDY INC	99-0253089	0.36	1943302
KE OLA MAMO	99-0288045	0.17	437619
HAWAII LIFE REAL ESTATE BROKERS	26-2630516	0.34	1135358
PACIFICOMM SYSTEMS LLC	37-1518843	0.04	214264
PLAZA AT WAIKIKI, LP	30-1741493	0.12	289453
PUNCHBOWL RETIREMENT CENTER, LLC	99-0354204	0.11	923745
PLAZA AT PEARL CITY, LLC	45-3522550	0.14	432625

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PLAZA AT MOANALUA, LP	27-0335015	0.13	446684
UKUWAI PROPERTIES, LLC	20-5906142	0.09	390588
ISLAND AUDIOLOGY, LLC	71-0967188	0.06	236427
TIKIS GRILL & BAR, LLC	99-0357563	0.15	465946
EZ TRUCKING HONOLULU, INC.	47-4578701	0.00	37
IMPACT SPORTS, INC. DBA ACTION PHYSICAL THERAPY	68-0568233	0.01	34249
THE FRIENDS OF IOLANI PALACE	99-0115665	0.00	14815
NANEA KAI, INC. DBA OCEAN SPORTS WAIKOLOA	99-0115665	0.01	0
HANA RANCH AGRICULTURE, LLC	30-0781819	0.16	1078770

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BROWN DEVELOPMENT, LLC	27-1298985	0.07	250296
ALAN H. KODAMA LLC DBA PACSTAR FINANCIAL GROUP	81-1881321	0.14	402511
HAMAKUA FRAMING & STRUCTURE, INC.	20-2064412	0.19	586009
1HEART, LLC	46-4946480	0.00	389
MAKENA SHARED SERVICES, LLC	37-1749454	2.50	9059774
INTERNATIONAL WASTEWATER TECHNOLOGIES, INC.	87-0729797	0.01	62834
ALEX & SON BUILDERS LLC	47-1042846	0.08	222344
SAVOR BRANDS, INC.	20-4209228	0.32	1664155
MESSAGE ENVY	45-0713573	0.24	1037622

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MANYU FLOWERS, INC.	26-3887730	0.00	31201
INTEGRATED BROADBAND NETWORK SOLUTIONS, INC.	47-3010381	0.02	252238
PLANTATION TAVERN, LLC.	47-1099166	0.00	248342
AMERICAN RENAISSANCE ACADEMY	26-0186914	0.01	98746
COURIER CORPORATION OF HAWAII	99-0276290	0.02	0
CENTRAL PACIFIC SPECIALTY CONTRACTORS, INC.	45-3250496	0.31	2463486
MOA HAWAII	27-0290386	0.00	27955
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION	20-0298040	0.82	1214617
KEN SAKUDA DPM, LLC	56-2650271	0.04	180405

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VOLCANO ISLAND HONEY COMPANY, LLC DBA RARE HAWAIIAN HONEY COMPANY	20-3746569	0.01	150162
LOEFFLER CONSTRUCTION, INC.	61-1582293	0.00	169554
PACIFIC ISLANDS PRIMARY CARE ASSOCIATION	20-2027791	0.09	262506
GREENLEAF WOODWORKS, INC.	46-1287271	0.03	129951
IOPONO HOLDINGS GROUP, LLC DBA BERGEMAN PROJECT	27-2927163	0.49	1574642
REAL GEEKS, LLC	26-3114026	0.00	53911
KANEHUNAMOKU VOYAGING ACADEMY	46-5563571	0.09	454535
WTS INTERNATIONAL, INC.	52-0965127	0.03	36310
ABLE PEST EXTERMINATORS, INC.	47-0907299	0.00	35784

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HOKULI'A COMMUNITY ASSOCIATION, INC.	61-1582293	0.07	265813
HOKULI'A PARK & CULTURAL SITES ASSOCIATION, INC.	61-1582293	0.02	27953
JAY MIYAKI, CPA, LLC	26-2451632	0.29	380546
THE CLUB AT HOKULI'A, INC.	61-1582293	0.29	903553
HOKUKAHU, LLC	61-1582293	0.00	1143442
HRG TECHNOLOGIES, LLC	61-1582293	0.21	880875
NEU EVENTS, LLC	46-1648573	0.00	15051
BARBERS POINT AVIATION SERVICES LLC	45-5197509	0.06	290778
KUY RESTAURANTS LIMITED LIABILITY COMPANY	46-2243085	0.00	42848

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BLUEPRINT AUDIO VISUAL, LLC.	43-2061884	0.02	94434
CARPET MASTERS, INC.	99-0308975	0.18	572703
HONOLULU HABITAT FOR HUMANITY	99-0261871	0.02	61091
RVOC TRUST OF GARY O. GALIHER	99-0191183	0.04	225914
BARNETT CONSTRUCTION, INC.	83-0346938	0.04	287598
HC RETAIL, LLC DBA HONOLULU COFFEE	26-0775336	0.14	433628
EDNEY & SELLERS DBA TROPICAL DREAMS ICE CREAM	99-0357382	0.00	312
REVACOMM, INC.	99-0354473	2.72	0
TOKUNAGA BUILDERS, INC.	99-0356376	0.01	260293

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VENERE CORPORATION	99-0347622	0.11	382084
B & K BUILDERS GENERAL CONTRACTING, LLC	68-0660840	0.16	1276307
HAWAII BIO-WASTE SYSTEMS, INC.	99-0289218	0.10	435663
WAIANAE COAST EARLY CHILDHOOD SERVICES, INC.	23-7106164	0.10	261510
ABF TAX ADVISORS	47-2701578	0.16	835978
PRISTINE AIR CONDITIONING CORPORATION	46-4476016	0.06	298820
WALK ON WOOD FLOOR COMPANY, INC.	47-2763529	0.07	200632
HCD DBA HAWAII ONE FLOOR & HOME	99-0208355	0.13	575989
BUBBIES HOMEMADE ICE CREAM & DESSERTS, INC.	99-0235623	0.80	2695413

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DAVID SAMSAMI, MD, INC.	32-0241241	0.00	110
AT HOME MOBILE VETERINARY SERVICES, LLC	80-0209188	0.00	727593
ALOHA POWER EQUIPMENT DISTRIBUTORS, LLC	99-0237182	0.20	1475419
PACIFIC ACCOUNTING & BUSINESS SERVICES INC.	87-1931437	0.25	460926
ALOHA HARVEST	99-0344209	0.03	152400
DEREK N. O. TAKAI DDS INC.	20-2464574	0.22	1208597
ROBB T. SHIBAYAMA OD INC.	99-0351073	0.23	2028280
HOOHULI CONTRACTING HAWAII INC	45-1275455	0.00	8462
GRASSROOT INSTITUTE OF HAWAII INC.	99-0354397	0.11	258132

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888, INC. DBA LONGHI'S	99-0203104	0.06	301209
CARING MANOA LLC	27-2911953	0.11	173712
HAWAIIAN SOLAR & PLUMBING, INC.	99-0293476	0.05	226810
AUTISM BEHAVIOR CONSULTING GROUP	35-2259496	0.21	656514
JQ INVESTMENTS INC. DBA TEDDYS BIGGER BURGERS	45-3192860	0.00	581
MOILILI HONGWANJI MISSION	99-0143990	0.00	432
AKINA ENTERPRISES, LLC	42-1613880	0.08	261992
HAWAII THEATRE CENTER	99-0229658	0.14	530889
THE MEDIATION CENTER OF THE PACIFIC	99-0192700	0.09	255608

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Part II Participating Employer Information (Continued).

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DENTAL FITNESS, INC.	65-1223186	0.00	0
ULU DEVELOPMENT LLC	47-4028251	0.02	45927
MANINI HOLDINGS LLC	73-1688980	0.00	66631
TRADE WINDS FAMILY MEDICINE, LLC	26-4743216	0.10	766136
PACIFIC GLOVES & SERVICE LLC	99-0352741	0.04	158403
BIG ISLAND SUBSTANCE ABUSE COUNCIL	99-0118043	0.13	708923
BOCHA, LLC	81-1703432	0.34	539791
MOANULUA GOLF CLUB	99-0041945	0.02	75681
HOME REMEDIES, LLC	45-4909681	0.09	278773

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THE GROWING PATCH 24 HOUR CHILDREN'S ACADEMY LLC	47-4449802	0.00	19
KLEEN SWEEPS, LLC	99-0286773	0.06	330796
MILLENIUM HI CARBON LLC	47-1798567	0.00	6535
MTP OPERATING COMPANY LLC	32-0312498	0.00	14099
JORDAN PARK GROUP LLC - HAWAII OFFICE	81-4906112	0.00	15556
JURASSIC KAHILI RANCH LLC	42-1577825	0.06	238167
PACIFIC MIRROR AND GLASS LLC	75-3040588	0.11	481196
MILESTONES	82-2863418	0.00	34976
THE INTUITIVE HOME LLC	47-2130690	0.02	54279

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OLOMANA LOOMIS ISC, INC.	61-1582500	0.24	1359317
JOHN ALLEN SIGN COMPANY LLC	26-3437880	0.08	233122
JOHN T. ITO	82-4582853	0.05	138213
HOTEL AND RESTAURANT INDUSTRY EMPLOYMENT & TRAINING TRUST	99-6009966	0.09	213980
SPECIAL EDUCATION CENTER OF HAWAII DBA SECOH	99-0141008	0.08	1310070
AOAO OCEAN VILLAS AT TURTLE BAY RESORT	90-0280838	0.04	116234
C & B QUALITY PAINTING, LLC	14-1927692	0.06	113542
DIAMOND HEAD DENTAL CARE CORP.	47-1276485	0.06	385922
BLUE CHAKRA CONNECTIONS, INC. DBA GOURMET EVENTS HAWAII AND STAFFING	61-1456308	0.01	193305

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SUNSHINE ARTS, INC.	20-8068164	0.05	300671
HAWAII SENIOR CARE, LLC	81-4792798	0.07	246621
METRO CHRISTIAN CHURCH	90-0774243	0.05	168889
KEVIN ISODA DBA ISODA AND ASSOCIATES	57-5803751	0.07	139183
MANA'O CONSTRUCTION LLC	26-1317423	0.02	62722
KAI COFFEE, LLC	46-4540777	0.02	70240
NA PU'UWAI	99-0255760	0.16	575559
ALLAN Y. SEGAWA, DDS INC.	99-0210046	0.01	41886
NEIGHBORHOOD POWER CORPORATION	27-0640639	0.09	419113

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STONE SOLUTIONS INCORPORATED	26-3180266	0.08	209933
HAWAII INDEPENDENT PHYSICIANS ASSOCIATION	94-3271860	0.03	146925
T&T TINTING SPECIALISTS, INC.	99-0216738	0.23	2457498
DIAMOND SPRINKLER AND FARM SUPPLY, INC.	82-3433424	0.03	212110
ALOHA SUNSHINE TOURS, LLC	83-1123905	0.00	8597
NATHAN WOOD GENERAL CONTRACTOR, LLC	27-3383527	0.22	729100
SHON S. GREGORY DBA SURFACE SHIELD	26-3505640	0.40	1029064
SSA EXPRESS, INC. DBA EXPEDITERS HAWAII	20-1550921	0.00	709420
PACIFIC FORUM INTERNATIONAL	82-4525112	0.38	814786

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SPEECH PATHOLOGY OF HAWAII, LLC DBA SPEECH SOLUTIONS	26-3729001	0.00	100740
OAHU EXTRACTION LLC	26-4723460	0.00	6329
KEN DO CONSTRUCTION INC.	90-0143225	0.03	69067
FULL LIFE	99-0350129	0.17	589007
PAPA OLA LOKAHI	99-0273765	0.14	268226
THE VANGUARD THEORY, INC.	27-2832482	0.10	114838
TEE'S ELECTRICAL AND MAINTENANCE LLC	26-1908471	0.03	284263
THE ARC IN HAWAII	99-0089327	0.85	1174567
FLOORING 323, INC.	51-0677948	0.03	154599

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PURE HAWAII TRAVEL, LLC DBA PURE KAUAI	82-4717466	0.09	1068286
EDWARD L. PUNUA, CPA, INC.	75-2978395	0.07	246297
GRANITE FUNDS IV, LLC DBA HOTEL WAILEA	27-1600360	0.45	986714
TEAM PHYSICAL THERAPY, LLC DBA ENCHANTED LAKE PHYSICAL THERAPY	27-3985506	0.11	448174
AAA LEGAL PROCESS, INC.	46-5733387	0.08	159900
GREENTECH INFRASTRUCTURE PARTNERS, LLC	82-1183899	0.00	31773
SEAL PRO'S LLC	26-3729070	0.07	227064
FEED MY SHEEP, INC.	91-2196666	0.01	19798
COCONUT HOTEL PLAZA ASSOCIATES LLC DBA COCONUT WAIKIKI HOTEL	20-8057250	0.10	152024

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SEASIDE WAIKIKI HOTEL FUND LLC DBA SHORELINE HOTEL WAIKIKI	45-4397474	0.11	417973
HAWAII VETERINARY HOSPITAL DBA PETVET ANIMAL HOSPITAL	37-1824715	0.00	681692
GERDYN ENTERPRISE, LLC	26-0138769	0.03	39178
ION BUILDERS, LLC	45-4282487	0.00	86282
BOBBY BENSON CENTER	99-0327049	0.08	449882
THE PROFESSIONALS KAUAI, LLC	27-3570399	0.00	52801
SAMANTHA THAVASA USA, INC.	74-3190718	0.00	1167
KAUAI SEASCAPES NURSERY, INC.	99-0352462	0.09	231381
CAPELLI CORP.	20-4899349	0.13	409260

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INPAC WEALTH SOLUTIONS LLC	35-2493335	0.07	114003
FRESH CATCH LLC	26-2768934	0.01	40950
BONFIRE ENGINEERING & CONSULTING	81-3753483	1.36	1987730
HAWAII EAR, NOSE, AND THROAT CONSULTANTS CORP.	20-4330260	0.31	3142383
MALAMALAMA WALDORF SCHOOL	99-0192556	0.01	89832
GO COMMERCIAL, LLC DBA SVN GO COMMERCIAL	83-4138188	0.11	486376
HOOKUAINA	45-2517616	0.00	0
MICHAEL CHRISTOPHER LLC DBA PONO PRAXIS	27-4296536	0.04	51839
POHAKU PACIFIC, LLC	47-2476382	0.11	432951

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HI END CONSTRUCTION INC.	82-3931086	0.01	23488
PULAMA YARD SERVICE, LLC	27-2622423	0.00	64669
BERNARDO BENIGNO DBA BERNARDO'S PAINTING	57-5411114	0.02	63530
PEARLRIDGE DENTAL CARE LLC DBA DENTAL CARE OF PEARLRIDGE	46-1935428	0.09	175718
JAPAN AVIATION ACADEMY OF HAWAII, INC.	83-1221683	0.00	1311
KK AIR CONDITIONING	45-5553330	0.03	142867
LINDA L. NGUYEN OD LLC DBA MAUI OPTOMETRY	90-0840148	0.14	586210
VIRGINIA B. HATCH PIGOTT	81-3183441	0.01	55882
CAMPBELL WAGNER FRAZIER & DVORCHAK, LLC	46-5321427	0.11	789385

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VARES CONTRACTING, INC.	47-1254137	0.00	53853
10J HARA STORE, INC.	99-0307165	0.13	347160
HAPA LANDSCAPING LLC	46-3213441	0.13	194836
CROSSROADS REHAB, LLC DBA KONA REHAB	81-1783393	0.00	0
RENEWABLE ENERGY SERVICES, INC	99-0297164	0.11	172379
JOHNNY ROCKETS	81-1943998	0.01	45047
MATSUYAMA ENTERPRISES, INC. DBA MATSUYAMA FOOD MART & MATSUYAMA MARKET	99-0214060	0.27	621915
KILAUEA POINT NATURAL HISTORY ASSOCIATION DBA FRIENDS OF KAUA'I WILD	99-0226697	0.01	20747
WEISS PT, INC. DBA ISLAND NEURO REHAB	54-2184041	0.01	27781

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BARTON INSTITUTE FOR COMMUNITY ACTION	83-4295300	0.57	920234
THE PLAZA AT KANEEOHE LP DBA THE PLAZA AT KANEEOHE	37-1714706	0.08	120867
JAMES PANETTA, DO, PLLC DBA WINDWARD DIGESTIVE HEALTH CENTER	90-0664126	0.00	1319
PHYSICIANS EXCHANGE OF HONOLULU, INC.	99-0181717	0.09	926818
R&M REYES ENTERPRISE LLC	20-4716556	0.07	211751
SUMMA HAWAII, INC. DBA SUMMA INTERNATIONAL	68-0590470	0.05	109675
CREDIT UNION SERVICE NETWORK, LLC	80-0211636	0.92	2482253
FRIENDS OF AUWAHI FOREST RESTORATION PROJECT	87-0700795	0.06	169357
INDECO INC.	27-5090878	0.04	124318

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CONSOLIDATED SYSTEMS, INC.	46-2310183	0.08	187514
AOAO OF HAWAIIAN PRINCESS AT MAKAHA BEACH DBA AOAO OF HAWAIIAN PRIN	99-0197835	0.01	26262
WALLACE THEATERS MANAGEMENT CORPORATION	99-0341305	0.01	56727
HOSHINO RESORTS HAWAII LLC DBA THE SURFJACK HOTEL & SWIM CLUB	32-0509325	0.34	612814
PLAZA CARE SOLUTIONS, LLC	84-3199710	0.22	870829
LAHAINA CARPET & INTERIORS, INC.	99-0332777	0.07	189967
EAST HAWAII I.P.A.	99-0310967	0.58	1132796
TITAN INDUSTRIES, LLC	26-1871078	0.38	1028921
KAI PONO BUILDERS, INC.	99-0346685	0.10	1859664

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WEE PEDIATRICS, INC.	99-0276291	0.12	762595
BUILDING SCIENCE, LLC	46-1660208	0.06	167083
VANESSA CHOY, DDS, LLC	83-4578916	0.08	319670
GAIL M. HAMADA	94-3267512	0.17	276387
D & M HYDRAULIC SALES & SERVICE, INC	99-0304378	0.23	1322053
WAILUKU HONGWANJI MISSION	99-0082412	0.01	10229
LINCOLN KOIKE DBA HAWAII WEALTH AND LEGACY PLANNING GROUP	57-5867939	0.08	140641
MOLOKAI OHANA HEALTH CARE, INC. DBA MOLOKAI COMMUNITY HEALTH CENTER	50-0437659	0.16	844686
ISLAND GLASS HAWAII LLC	46-3279267	0.14	122757

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STANDARD COMMERCIAL LLC AND STANDARD MANAGEMENT LLC	46-4161645	0.10	162384
MAU LOA LEARNING, LLC	83-3261422	0.04	74406
GENKI SUSHI USA, INC. DBA GENKI SUSHI	99-0296107	0.23	1144111
HALEAKALA WALDORF SCHOOL	99-0151085	0.43	2430984
OHANA CONSTRUCTION, INC.	47-1271151	0.00	90580
ASSOCIATION OF APARTMENT OWNERS HALE KAAPALI DBA MAUI KAAPALI	99-0222989	0.14	434093
VINTAGE EUROPEAN POSTERS, INC.	27-3332519	0.00	172722
MONICA SCHEEL, MD, LLC DBA DR. MONICA SCHEEL	20-4625284	0.15	1296330
PUJWAI DESIGN & CONSTRUCTION, LLC	99-0356090	0.08	299259

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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
ISLAND ENDODONTICS, INC. DBA ISLAND ENDODONTICS	27-2474633	0.14	302242
LAHAINA GALLERIES, INC.	99-0186110	0.12	2270007
THE COOKE CO DBA NATOSHA COOKE	83-1321497	0.01	7774
STEIN LAW, P.C. DBA MOUNTAIN WEST LAW GROUP	45-3642468	0.00	371974
DJ'S CONSTRUCTION, INC.	20-8972943	0.07	75955
KT PROTECTION SERVICES LLC	27-1318862	0.01	182364
PAYSER LLC	84-3039585	0.00	23361
SUSTAINABLE MOLOKAI	27-3261673	0.25	195690
HKI KAUAI, INC.	47-5085501	0.03	73458

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GINSHARI, INC. DBA KURU KURU SUSHI	99-0359883	0.03	376089
KAOHIAI ELECTRICAL CONTRACTING LLC	82-0776024	0.04	21214
THE CAREGIVER FOUNDATION, INC.	26-2548300	0.16	363911
MARYL CONSTRUCTION, INC.	81-0831382	0.31	1768768
KAKO'O'OIWI	57-1236490	0.02	58406
CGCL LLC ETAL DBA CAFE O'LEI RESTAURANTS AND AMI AMI AT THE COAST	20-3416845	0.08	362090
REAL ESTATE BUSINESS ANALYTICS, INC.	87-3316084	0.14	0
D2 DEMAND SOLUTIONS, INC.	46-1786718	0.03	0
DA LOCK MASTERS - HAWAII, LLC DBA POP-A-LOCK	26-4632633	0.00	9848

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DICK'S FUMIGATION SERVICE INC. DBA DICK'S PEST SOLUTIONS	99-0117359	0.03	116101
DENVER INDIAN HEALTH & FAMILY SERVICES	84-0724261	0.39	720699
TAX SERVICES OF HAWAII INC.	27-0953908	0.01	4522
MEL A. ONA MD INC.	83-2837301	0.20	321343
REALTORS ASSOCIATION OF MAUI, INC.	23-7289710	0.01	203782
KEN BERNARD & COMPANY INC. DBA GARDEN PONDS	99-0334557	0.03	33597
HAWAII EAR CLINIC, INC.	27-0478545	0.00	247030
US MED URGENT CARE, LLC	90-0657722	0.00	206696
TRANSPORTATION APPLIED INTELLIGENCE SOFTWARE, LLC	85-2497425	0.63	903267

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MAUI ACADEMY OF PERFORMING ARTS	99-0187576	0.03	52520
NCNS ENVIRONMENTAL, INC.	99-0284080	0.12	88226
EAST HAWAII STATE VETERANS HOME DBA YUKIO OKUTSU STATE VETERANS HOME	85-3650364	0.43	1082184
BT KALAKAUA, LLC DBA KAIMANA BEACH HOTEL	47-4093373	0.29	719497
HT HAYASHI FOUNDATION	20-4708161	0.00	0
LANDMARK BUILDERS, INC.	20-4184352	0.01	54872
CHEMEOR, INC.	20-2979029	0.11	1439244
COMPLETE BOOKKEEPING & ACCOUNTING, LLC	11-3745257	0.00	11706
HTH ASSET MANAGEMENT, LLC	81-2324305	0.17	301910

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KOKUA GROUP HOLDINGS, LLC	81-4873869	0.31	777503
DISCOVERY KAUAI MANAGEMENT, LLC	86-1711393	0.29	318372
HART THERAPY INC DBA HANDPRINTS BEHAVIORAL THERAPY DBA HAND	05-0540547	0.11	137499
ORTHOFI, INC.	46-2004040	1.45	0
IMPRINT HOSPITALITY, LLC	32-0493503	0.07	205844
CORNERSTONE PRESSURE WASHING LLC	39-2056505	0.15	325672
HONOLULU LASER CENTER & SPA, INC. DBA HONOLULU MEDSPA	99-0358199	0.13	220416
TEC INTEGRATION	20-3127383	0.01	0
MOTOOKA ROSENBERG LAU & OYAMA LLLC	22-3884416	0.03	1322360

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PARTNERS IN CARE - OAHU CONTINUUM OF CARE DBA PARTNERS IN CARE	84-1705573	0.18	333341
HALEAKALA SERVICES LLC DBA HALEAKALA SOLAR AND ROOFING	85-2782075	0.02	52625
DREAMSCAPES LANDSCAPING LLC	47-1339699	0.02	42881
TECHTONIC GROUP, INC.	87-0767850	0.00	105504
PEAK FORM, LLC DBA PEAK FORM MEDICAL CLINIC	20-0184922	0.39	994046
STRAT LABS LLC DBA STRAT LABS	82-2207879	0.01	30947
ULU HI-TECH, INC.	84-2633084	0.28	260829
THE CHILDREN'S LAW CENTER, LLLC	20-4088476	0.00	11254
HUI NO KE OLA PONO, INC.	99-0287193	0.19	627648

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OVER EASY LLC DBA OVER EASY, EASY QUE	47-1558389	0.05	74178
KN SURVEYING LLC	73-1734849	0.18	379679
MAUI PARADISE LAHAINA PARTNERS LLC	47-2643893	0.00	68323
KEKAHA AGRICULTURE ASSOCIATION	20-0512363	0.03	52211
MAUI LEONES, LLC DBA COCONUT CONDOS	45-3849420	0.00	40189
REALM, LLC	83-3570534	0.01	24738
PU'UKUMU MANAGEMENT LLC	85-0563379	0.01	79380
MAEHAL ENTERPRISES, INC DBA PIKES PEAK HARLEY-DAVIDSON	84-1031760	0.03	301613
M E I CORPORATION	74-3112012	0.40	754711

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ELECTRO TEST LLC	83-3419897	0.09	183351
KA'ALA RANCH 2 LLC	86-1296486	0.01	8681
TURNING POINT CHIROPRACTIC INC.	46-2771292	0.21	0
JEDI PAINTING PROS LLC	47-2130691	0.05	25385
ABDR ELECTRIC, INC.	90-0778968	0.05	562798
WELLNESS PARTNERS HAWAII INC.	82-3721529	0.00	0
CUVEE PROPERTIES ESCAPES, LLC	46-1222965	0.31	1102945
O'AHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL	94-3279682	0.04	170394
URAHUTIA PRODUCTIONS, LLC DBA AULII LUAU	01-0878161	0.05	154359

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SJ COMMUNICATION, INC.	46-1993165	0.02	80060
PURRADISE CAT CARE, INC.	83-2360497	0.12	226045
QUALITY COAT LLC	46-4782859	0.03	47410
PRM LLC	83-4232254	0.01	21252
CORPORATE ENVIRONMENTS INTERNATIONAL, LLC DBA CEI HAWAII	99-0338355	0.05	420678
EDMUND C. OLSON TRUST NO. 2	33-1088261	0.30	444221
INSPYRE BOUTIQUE, LLC	45-2477179	0.10	214476
FROGMAN CHARTERS, INC. DBA BOSS FROG'S DIVE SHOP	99-0262089	0.08	60575
THE QUEEN'S HEALTH SYSTEMS	99-0238120	0.54	926072

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DELLABLES, INC.	27-2399084	0.01	37746
KRANK LLC DBA KRANK CYCLES	47-1143929	0.00	29285
ROYAL ALOHA COFFEE COMPANY, LLC	84-2099447	0.07	72906
NAKOA KAI INSURANCE PROFESSIONAL LLC	45-5451260	0.20	188474
24KAMA'AINA LANDSCAPING & MAINTENANCE LLC	84-4133962	0.01	9843
PARADISE IN HAWAII LUXURY HOMES, LP	81-0857903	0.12	234015
VALLY MEDICAL GROUP, APC	47-1422140	0.00	9704
EN FLEUR BEHAVIOR ANALYSIS, LLC	84-3737181	0.02	10846
ALOHA ENDODONTICS LLC	82-2141860	0.08	98134

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JM ELECTRIC LLC	27-1761322	0.02	13762
HISTORIC HOTEL COLORADO, LLC HOTEL COLORADO	82-5498531	0.03	80393
STRUCTURAL CONCRETE BONDING & RESTORATION, INC.	99-0261657	0.15	250523
FOOTHILLS BRIDGE CO	26-0085552	0.41	1199873
ECO CLEAN HAWAII LLC	46-0773141	0.15	117709
HAWAII LITERACY, INC.	23-7198698	0.10	190920
OAHU PET CREMATORY, LLC	20-2250019	0.00	15542
INSTITUTE OF INTENSIVE ENGLISH	99-0245936	0.07	130139
JP'S TREE TRIMMING, LLC	45-3253616	0.04	102771

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BIG CITY MOUNTAINEERS, INC	65-0200163	0.04	40735
ALL G ELECTRIC, LLC	20-4294417	0.08	120138
ARCHON VITAMIN LLC DBA PLANTFUSION	81-4238249	0.04	123752
WAIAHOLE POI FACTORY	99-0156391	0.02	32426
D BARRETTO'S REPAIR LLC	46-1792384	0.04	59635
ASI MEDICAL, INC.	84-1216463	0.25	513817
FLACKTEK MANUFACTURING, INC.	83-2108709	0.09	126814
50TH STATE INVESTMENTS LLC	99-0271967	0.05	94851
SUNSHINE HELICOPTERS, INC.	99-0244614	0.05	635944

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LANTERNE DX, LLC	84-1838964	0.14	1368581
MADISON & LEITRIM, LLC DBA WINDOW WORLD OF OAHU	83-1759330	0.22	251876
R-DAM LLC DBA SOUTH MAUI GARDENS	46-1975003	0.10	158650
EAST HAWAII MEDICAL GROUP	84-2115962	4.21	9080287
HUA MOMONA FARMS, LLC	81-5352675	0.10	172580
TOUCHING THE EARTH LAND COMPANY LLC	81-0772638	0.02	31936
BLUELINE CHARTERS INC. DBA SAIL MAUI	47-2634873	0.04	0
ES HOLDINGS LLC DBA GO HAWAII TOURS	81-4569973	0.01	4071
FEEDING HAWAII TOGETHER DBA THE PANTRY BY FEEDING HAWAII TOGETHER	47-0901806	0.05	63543

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MAUI MINO'AKA DENTISTRY LLC	82-4137394	0.01	49150
HAWAII COMMERCIAL TIRE CO., LLC	80-0960696	0.01	9811
HAWAII LUBE CO., LLC	80-0852482	0.04	44521
HNK, INC. DBA KOHA ORIENTAL FOODS	99-0233793	0.78	6427184
FIRST QUALITY BUILDING & DESIGN, INC.	99-0292672	0.06	1079944
AXIOM BUILDERS, INC.	85-0924290	0.01	0
HI-TECH MAUI INC. DBA HI-TECH SPORTS / SHAPERS	99-0296895	0.04	63806
ALL TOPS, INC. DBA INSOLID	99-0341540	0.01	246601
CARING FOR DENVER FOUNDATION	83-4062522	0.40	1544649

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CALISTOGA MOTOR LODGE LP	47-2174221	0.00	86674
HEALTHTEAMWORKS	84-1456951	0.14	588069
PETITE SWAN LP	32-0041087	0.04	177075
PETER A. MATSUURA, M.D.	99-0325702	0.28	566150
HOLLIDAY ORTHODONTICS, LLC	20-8358785	0.47	1674700
MOTUS THEATER	90-0716569	0.00	0
CLEAN POWER CONSTRUCTION LLC	46-1324862	0.08	143717
ALPHA-OMEGA PLUMBING, INC.	99-0333270	0.10	110301
CASE MANAGEMENT SOLUTIONS LLC	83-2722101	0.07	207682

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
LATITUDE 40 CONSULTING INC	27-1999824	0.15	223654
KEY VANTAGE DBA GRAHAM'S FLOORING AND DESIGN	46-4470241	0.16	128242
REYES CORPORATION DBA CREATIVE COUNSELING SERVICES	20-5869860	0.27	1290789
DISASTER RELIEF PROFESSIONALS LLC DBA SERVPRO OF KAILUA NORTH/LAIE	47-2315229	0.18	395508
WILLIAMS CONSTRUCTION LLC	46-3700586	0.01	341759
PROSPECT LIFE SCIENCES, INC.	81-1184545	0.01	0
INTCO FS MANAGEMENT LLC	47-4614926	0.07	127770
GO HOLOHOLO, INC.	27-0482261	0.01	4001
STUDIO AUTO BODY, INC.	37-1691090	0.10	70512

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I OLA LAHUI, INC.	20-8924382	0.07	89760
MALAMA KAUAI	20-5137488	0.01	5048
CASSANDRA PETERSON DB LLC DBA ISLAND FAMILY CHIROPRACTIC	46-1613179	0.08	107313
LUHIA PARTNERS LLC	99-0265279	0.01	18418
RUDI KING DESIGN LLC DBA KING SCREEN PRINTING	81-0989280	0.03	33331
SEX THERAPY HAWAII LLC DBA HAWAII CENTER FOR SEXUAL AND RELATION	81-5127128	0.17	238397
Y.N. LUM INVESTMENT, INC.	99-0117463	0.21	295690
ORTHOPEDICS HAWAII, LLC DBA ORTHOPEDICS HAWAII	87-3355774	0.01	54565
MAHILANI PARTNERS LLC DBA LAVALOHA	46-1068448	0.02	15478

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MANA MAOLI	31-1783481	0.01	6186
HAWAII GOOD FOOD ALLIANCE	83-4503785	0.07	69274
COMMUNITY EMPOWERMENT RESOURCES	45-4204164	0.04	42397
PAPAHANA KUALOA	20-2565007	0.01	17354
OBESITY MEDICINE ASSOCIATION	84-0607207	0.34	693252
THE HANAIEI INITIATIVE	83-1572601	0.15	149933
BASECAMP TAHOE CITY DBA BCNLT LLC	47-1566674	0.00	748
MAHIPAPA LLC	87-4832869	0.10	87058
KU'IKAHI MEDIATION CENTER	20-3997875	0.01	19743

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HOLOMUA COLLECTIVE	88-1931228	0.09	122920
SUSANNAH WESLEY COMMUNITY CENTER	99-0073528	0.07	126275
LAYOUT ETC. INC.	99-0335092	0.06	94177
YC EWA INC. DBA EWA BEACH GOLF CLUB	87-2183214	0.08	83790
KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA	99-0108896	0.22	282779
READYZONEHQ, INC	46-3737319	0.16	211322
WAI'ANAE COMMUNITY RE-DEVELOPMENT CORPORATION DBA MA'O ORGANIC FARMS	99-0350803	0.12	223549
TANIOKA'S FISHMARKET INC. DBA TANIOKA'S SEAFOODS AND CATERING	99-0183966	0.30	390038
MULTIFAMILY UTILITY COMPANY, LLC	65-1312734	0.42	978925

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P.A.R.E.N.T.S. INC.	99-0167293	0.02	59400
SOLAR SPECIALTY GROUP INC.	46-2665765	0.03	28590
REDEFINED WEDDING FILMS, LLC	84-4519848	0.02	94013
NATURAL SALT POOLS LLC	74-3151365	0.07	77710
535 PLUMBING LLC	47-3131456	0.14	267772
COLORADO SMART STAFF DBA MILE HIGH EMPLOYMENT/ENERGY SOLUTIONS	36-4464379	0.03	128730
A HONU AUTISM LLC DBA MALAMA PONO AUTISM CENTER	46-2847974	0.27	679113
KO OLINA COMMUNITY ASSOCIATION, INC.	99-0286545	0.14	136535
PROPARK, INC.	99-0196340	0.04	379236

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BASSET HEATING & AIR CONDITIONING, INC.	26-3583026	0.03	32082
STEPPING STONES ACADEMY LLC	20-4963713	0.11	396670
HI QUALITY CONSTRUCTION, LLC	83-3728837	0.03	66423
TANOVA USA	82-4868477	0.03	23048
TINGUELY DEVELOPMENT, INC.	99-0324251	0.23	1123540
FINBRO CONSTRUCTION LLC	26-0233198	0.27	265362
AKA CONSTRUCTION LLC	26-3107466	0.18	192501
ADON RENEWABLES CORPORATION	47-4181598	0.09	80453
MOBILE AUTOMOTIVE SERVICES, INC.	36-4973936	0.01	699186

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ISLAND ENGINUITY LLC	81-2994159	0.09	76241
C&H BODY AND FENDER, INC.	99-0187775	0.05	61222
CIRCADENCE CORPORATION	84-1305290	1.24	5542978
ALOHA VISION CONSULTANTS, INC.	80-0205389	0.66	4285726
HUI ALOHA KIHOLO	26-1868690	0.01	3566
IN10 LLC	83-3929091	0.14	134591
WAI KAI WAVE, LLC DBA THE LINEUP AT WAI KAI	83-1404418	0.01	6799
BREAKAWAY ENTERPRISES HAWAII LLC DBA ALOHA DISCOUNT LIQUOR	99-0355191	0.02	13043
PFI RUBBISH SERVICE, INC.	99-0286401	0.07	58713

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PACIFIC ISLANDS GROUP, LLC	20-3329128	0.02	10038
THE BREAKFAST CAFFE LLC	27-1343587	0.00	0
KAHULUI BAPTIST CHURCH, INC.	99-0085586	0.01	26853
WATTIQ, INC.	86-2480680	0.14	140906
CHANEY, BROOKS & COMPANY LLC	99-0109600	0.66	4322262
HAWAII PAIN AND SPINE LLC	81-3183441	0.01	12586
URGENT ISLAND RESTORATION LLC	81-1948702	0.06	45353
MRC PARTNERS, LLC DBA LUMERIA MAUI	32-0440768	0.01	859
HAWAII ULU PRODUCERS COOPERATIVE	81-3622889	0.02	14791

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MISHA LAM JEWELRY DBA MISHA HAWAII	47-2807144	0.01	6839
OAHU BUILDING MAINTENANCE, CORP.	91-2200157	0.02	53464
INDEPENDENT ENERGY SYSTEMS, LLC DBA INDEPENDANT ENERGY HAWAII	85-1544984	0.30	313199
RP MEDICAL LLC DBA MINIT MEDICAL	47-2604961	0.44	882343
KILAUEA PEST CONTROL, INC.	42-1585370	0.02	16568
KDAPS LLC DBA KAUAI NORTH SHORE ANIMAL CLINIC	82-4082819	0.03	13605
CYANOTECH CORPORATION	91-1206026	0.71	6504238
MEA PESCADERO LLC	83-2131727	0.15	164453
HAWAII BEEF PRODUCERS, LLC	04-3731132	0.01	196619

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CHARLES H.Y. DANG, AAL, LLLC	83-1873798	0.03	25714
B R ANDERSON ELECTRIC INC	51-0595198	0.05	36802
PLATTER BEHAVIORAL CONSULTING LLC	84-5156673	0.00	1169
CHAMPS PEDIATRICS LLC	85-2211428	0.01	3024
WJ'S HOME & LANDSCAPE SERVICES, LLC	33-1153476	0.04	37142
MAIA FARMS LLC	92-1422262	0.03	25739
HOA AINA O MAKAHA	99-0292820	0.02	19680
RIVER OF LIFE MISSION	99-0253651	0.10	73109
AC MED, LLC DBA KALOKO URGENT CARE	92-0901925	0.16	701538

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MALIE, INC.	52-2400034	0.30	1330315
BIG ISLAND TENTS, INC.	99-0332802	0.06	39097
CHARTER HOME ALLIANCE, LLC	26-4324381	0.03	89207
IMOTO MOBILE THERAPY LLC DBA IMOTO PHYSICAL THERAPY	81-2280784	0.03	25618
NATALIE CHIEN DENTAL, LLC	81-4078316	0.00	816
808 EYE CARE LLC	47-4136592	0.05	55414
LATIN AMERICAN EDUCATIONAL FOUNDATION, INC.	84-6010415	0.07	130788
POIPU BEACH SURF SCHOOL LLC	86-1532112	0.04	63204
STANDARD AIR LLC	81-4732834	0.03	22340

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COOL AIR SYSTEMS HAWAII LLC	84-2446110	0.03	18838
HOUSING PROVIDERS OF HAWAII DBA HOMEAID HAWAII	47-4980676	0.02	21811
HOUSE OF BERRY LLC	81-3183441	0.02	11080
TOWER COMMERCIAL LLC	46-1276193	0.00	1503
PONO STONE LLC	45-1607316	0.09	73175
M3 TECHNICAL SOLUTIONS, LLC DBA MC3 TECHNOLOGIES	84-4825606	0.04	18650
HI STANDARDS CONSTRUCTION LLC	92-0945425	0.00	33012
SHIP TO HAWAII, LLC	35-2381699	0.03	19043
KCY RESTAURANT LLC DBA PUAKEA GRILL	87-2050550	0.09	51724

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KAUPULEHU LOT B4-A COMMUNITY ASSOCIATION, INC	20-4245214	0.12	445483
KUKIO STAFFING SERVICES LLC	47-2562725	0.21	1211350
ANAINA HOU COMMUNITY PARK	90-0819688	0.02	28905
HAWAII MORTGAGE GROUP LLC	92-2474956	0.17	147667
JOIE DE VIVRE KABUKI LLC DBA KABUKI SPRINGS & SPA	91-1933263	0.20	1570626
DAVID M SAITO MD LLC	88-3634782	0.02	14670
GOLD COAST ELECTRIC, LLC	84-4470153	0.03	26533
KCK AUTO AND DIESEL LLC	86-2282814	0.01	9596
ROBISON ENGINEERING, INC	91-2050909	0.91	3025183

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INDEVTECH INCORPORATED	99-0353337	0.19	131696
HAWAII WORKFORCE FUNDERS COLLABORATIVE	93-1412085	0.04	20115
RED TALON GROUP CORPORATION	87-4273892	0.00	617
SUNSPEAR ENERGY LLC	82-2907032	0.03	32410
CFOSHARE, INC.	83-0656300	0.21	697472
CBIP INC.	99-0324017	0.82	1361823
KAIOLIOLI, INC. DBA OCEAN JOY CRUISES HAWAII	91-2193902	0.01	418917
MASTERMIND CLINIC, PLLC	85-2389014	0.01	4116
LONE ROCK FOUNDATION	83-2437632	0.18	329694

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OCEAN ERA INC.	45-2771680	0.10	53282
KAULUAKALANA	83-3612121	0.04	24637
DIAMOND BAKERY COMPANY, LIMITED	99-0037080	0.45	1884590
MAK AGENCY, INC.	82-2673871	0.02	10140
TAIJI TERASAKI LLC	88-4401503	0.06	56690
OAHU TREE WORKS LLC	32-0338112	0.06	30920
CRABBE SERVICES LLC	83-1653931	0.08	42233
HAWAIIAN EYE CENTER, INC.	99-0244890	0.42	2872706
DOBBS EXCAVATING INC.	26-2542427	0.08	46072

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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
THE CLUB AT KUKUI'ULA	87-0755091	1.72	8896347
CIESKOWSKI LLC DBA FIVE STAR POOLS	47-4972580	0.07	40489
TOGALA CONTRACTOR BUILDER LLC	87-3121578	0.05	28594
TW LOGISTICS LLC DBA ALOHA FREIGHT FORWARDERS	84-3397306	0.31	145231
BIG ISLAND ORAL SURGERY LLC	88-0903994	0.28	217359
AUNTY LILIKOI PF PRODUCTS LLC	85-1376687	0.01	4136
MAKANA HAWAII INCENTIVES, LLC	88-3800629	0.00	0
OAHU SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA OAHU SPCA	61-1569948	0.06	72525
CERTIFIED AIR CONDITIONING, LLC	47-5128294	0.15	368322

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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
XCELL LABORATORIES, LLC	85-3180310	0.00	2270
DTC HAWAII, LLC	36-4852969	0.00	267364
MAUI OCEAN CENTER, INC.	99-0265086	0.37	2146917
CREATIVE DESIGNS HAWAII, INC. DBA CREATIVE DESIGN HAWAII	99-0311860	0.11	126301
KU-A-KANAKA LLC	47-3068544	0.00	8791
HONOLULU IMAGING CENTER LLC	87-1602945	0.74	1049607
TYLER KIMURA AGENCY LLC, DBA ALWAYS BEST CARE	01-0924552	0.01	16025
ZMANA LLC	81-4312592	0.03	79809
LEAHI SWIM SCHOOL, INC.	99-0180144	0.13	0

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ADA PROPERTY MANAGEMENT, LLC DBA HI PACIFIC PROPERTY MANAGEMENT	46-3977621	0.17	359317
NXTECH SYSTEM LLC	91-2175980	0.09	429813
HONOLULU SURGERY CENTER, LP DBA SURGICARE OF HAWAII	62-1506645	0.42	1318442
KCP PLUMBING HOLDINGS ACQUISITION SUB, LLC DBA STEVE'S PLUMBING	83-2539242	0.01	192127
SCIENTIFIC CONSULTANT SERVICES, INC.	99-0295585	0.12	1380440
ISLE COMMUNITIES LLC	82-3572578	0.02	8914
LIGHTS ON DIGITAL DBA LIGHTS ON	46-5182443	0.14	71077
PANAEWA FOLIAGE, INC.	99-0340885	0.04	19315
KAILANI TOURS HAWAII LLC	45-5475911	0.00	130

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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
AINA PROPANE & PETROLEUM CORP	82-3435262	0.00	2403
BLUE OCEAN BARNS, INC.	84-2744861	0.21	112336
INTERNATIONAL ARCHAEOLOGY LLC	46-3540040	0.36	197181
HALIIMAILE PINEAPPLE COMPANY LTD. DBA MAUI GOLD PINEAPPLE COMPANY	27-1447162	0.04	20966
TANIZAKI LTD, DBA PUKALANI SUPERETTE	99-0082497	0.12	1082780
PINK REALTY, INC.	27-1414311	0.00	1347
K.N. LAWN SERVICES, INC.	91-2192867	0.13	1552117
DKI808, LLC DBA PREMIER RESTORATION HAWAII	81-2764651	0.75	2363783
J M KAHALA LLC	81-2524829	0.03	16107

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INNOVATED INSTALLERS, LLC	45-5147898	0.02	10833
JM MAUI LANI LLC	81-2487137	0.00	86
FOUR MILE CAPITAL, LLC	81-4238186	0.11	0
DAVID T. DOI, DDS INC.	99-0210285	0.14	361183
KNOTTED ROOT BREWING COMPANY, LLC	81-5107244	0.03	15696
IGLOO AC LLC	82-2065710	0.01	5124
VEGA ARCHITECTURE, LLC	26-4441241	0.08	254118
HUI MAKAAINANA O MAKANA	99-0344133	0.04	22256
SHERRIE HIROTA MD LLC	93-2737687	0.00	135

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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
TIMBER CREATIONS MAUI LLC	45-5343330	0.11	59918
LANAI COMMUNITY HEALTH CENTER	20-2509287	0.30	1521572
KITAGAWA DERMATOLOGY LLC	27-2749264	0.01	6574
ABA CLASSROOM S CORP	86-3090257	0.06	29806
THE FRENCH KITCHEN, LLC	45-4419213	0.06	63906
SOUTH PACIFIC CONTRACTING, LLC	90-0777552	0.04	42268
SIMONPIETRI SERVICES LLC	85-2464400	0.10	51685
GOLDWINGS SUPPLY SERVICE, INC.	99-0204219	0.09	503559
DAVID C. CHING DMD, LLC DBA KIDSHINE PEDIATRIC DENTAL GROUP	45-5560176	0.35	1620196

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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
IKEHU UTILITY SOLUTIONS	83-2194785	0.01	3959
KAPOLEI AUTISM CENTER LLC	81-4613190	0.01	3487
EA ECOVERSITY	88-1408564	0.00	70
JQ HIGGINS III VC LLC DBA OASIS WAIKIKI	88-4065392	0.10	53644
ACE TILE INC.	45-2615673	0.20	104053
BOLTON, INC.	99-0254572	0.36	3684166
BACON UNIVERSAL COMPANY, INC.	99-0066852	0.32	3305034
ISLAND FOOD SERVICE LLC	27-2610293	0.04	46413
KUALOA-HEEIA ECUMENICAL YOUTH PROJECT DBA KEY PROJECT	99-0118209	0.02	8663

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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
ABIGAIL K.K. KAWANANAKOA RLT DATED APRIL 4,2001, AS AMENDED	82-3337257	0.05	292577
COLORADO DIGITAL HEALTH DBA PRIME HEALTH	47-2330752	0.02	12306
MATS4 LLC DBA MATSUYAMA FOOD AND FUEL	47-5350023	0.01	5547
MANULELE DISTILLERS, LLC DBA KO HANA DISTILLERS AND KO HANA FARMS	80-0766899	0.12	62841
EKO PAINTING, INC.	99-0353742	0.24	2894083
AEROFIELD SERVICES, LLC	26-0771453	0.09	516428
HAWAII PACIFIC PARKS, ASSOCIATION, LTD.	99-6000894	0.12	65165
PACIFIC FISHING & SUPPLY, INC.	99-0302309	0.20	2602525
GATEWAY MONTESSORI SCHOOL	84-0886586	0.01	4124

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ARTISTRY WELLNESS HAWAII II LLC	86-2912097	0.00	984
WAILANI PROPERTIES LLC DBA WAILANI KAUAI	84-2416621	0.02	12581
UMAUMA EXPERIENCE LLC	83-4253382	0.04	25691
NOE STUDIO LLC	86-1329056	0.00	3302
SHINN CONSULTING, CPA'S, P.C. DBA CLEARPATH FORT COLLINS CPAS	84-1325041	0.03	16487
CICADA NEW TOWN TERMINAL, LLC	36-4857776	0.06	34723
SCHMITZ DESIGN-BUILD LLC	99-2695501	0.01	5879
WOMEN'S SPECIALTY CARE, LLC	83-1397608	0.00	22927
BALANCED ABA, INC.	84-4356831	0.00	9054

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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
INSTITUTE FOR HUMAN SERVICES, INC.	99-0199107	0.19	2287663
HAWAII EXPLOSIVES & PYROTECHNICS, INC.	99-0289622	0.02	7784
HAWAII ISLAND HIV/AIDS FOUNDATION DBA KUMUKAHI HEALTH + WELLNESS	99-0305807	0.00	95521
MZ FLOORING INC.	26-2880761	0.07	34084
GAMMIE HOMECARE, INC.	99-0251047	0.11	246480
LAUAHI LLC DBA KUPALE TECHNOLOGIES	85-1361165	0.10	53394
DAUGHTERS OF HAWAII	99-0075505	0.01	4221
ELECTRIC SERVICE OF COLORADO, INC	93-2292689	0.01	6505
PRO FORMANCE, INC.	47-1499768	0.01	4456

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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
SCREENS & THINGS, INC.	99-0284609	0.03	2326075
DIAMOND DINING INTERNATIONAL CORPORATION DBA WESTMAN CORP	90-0770875	0.01	145880
PROJECT VISION HAWAI	27-2831637	0.01	381587
GRAFFEO COFFEE ROASTING COMPANY INC.	99-4112884	0.01	5233
PARENT PARTICIPATION NURSERY SCHOOL DBA PPNS	99-0148715	0.00	2404
TMS CONSTRUCTION INC. DBA TMS CONSTRUCTION AND TMS CUSTOM WOODWORKS	47-4531633	0.02	12484
PRISTINE PAINTING & COATINGS, LLC	82-3605988	0.01	2753
TRU PROTECTION INC.	40-1089436	0.01	6652
CG MANAGEMENT LLC	83-1111866	0.01	59301

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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
MCLAREN MASONRY, INC.	20-1030543	0.00	663
ELITE DISCOUNT FURNITURE LLC 401(K) PLAN	47-5570578	0.01	182735
THE MAKANA NORTH SHORE CLINIC DBA MAKANA NORTH SHORE URGENT	47-2817715	0.01	3517
REIWA ACCOUNTING LLP	81-2894152	0.11	58442

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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, 2024 and 2023

Contents

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	3
FINANCIAL STATEMENTS:	
Statements of net assets available for benefits (modified cash basis)	7
Statement of changes in net assets available for benefits (modified cash basis)	8
Notes to the financial statements	9
SUPPLEMENTARY INFORMATION:	
Schedule H, Line 4a – Schedule of delinquent participant contributions	18
Schedule H, Line 4i – Schedule of assets (held at end of year)	19



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 accompanying 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, 2024 and 2023, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year ended December 31, 2024, 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, 2024 and 2023, and for the year ended December 31, 2024, 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 financial statements referred to above, 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 financial statements referred to above 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 (“U.S. 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; 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 one year after the date that the financial statements are 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 U.S. 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 U.S. 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 audit.

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 written in a cursive, flowing style with a horizontal line underlining the text.

October 15, 2025

ProService Hawai'i 401(k) Plan

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

As of December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS:		
Investments in pooled separate accounts, participant directed, at fair value	\$ 382,475,397	\$ 286,400,894
Investments in investment contract, participant directed	<u>22,623,849</u>	<u>12,032,235</u>
Total investments	<u>405,099,246</u>	<u>298,433,129</u>
RECEIVABLES:		
Employer	886,597	706,395
Participant	851,848	615,292
Other	<u>31,862</u>	<u>18,445</u>
Total receivables	<u>1,770,307</u>	<u>1,340,132</u>
PARTICIPANT LOANS	<u>5,683,080</u>	<u>3,985,655</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 412,552,633</u>	<u>\$ 303,758,916</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>2024</u>
CHANGES IN NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net change in fair value of pooled separate accounts	\$ 46,250,624
Net change in value of investment contract	<u>376,399</u>
Total investment Income	<u>46,627,023</u>
Interest income on participant loans	<u>422,894</u>
Contributions:	
Participant	37,325,935
Employer	15,991,996
Rollover	<u>6,081,555</u>
Total contributions	<u>59,399,486</u>
Total change	<u>106,449,403</u>
DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:	
Distributions:	
Benefits paid to participants	31,711,617
Corrective distributions	503,531
Deemed distributions	<u>314,092</u>
Total distributions	<u>32,529,240</u>
Administrative expenses	<u>1,945,879</u>
Total deductions	<u>34,475,119</u>
NET CHANGE	71,974,284
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	303,758,916
Transfers of assets to this plan	55,576,668
Transfers of assets from this plan	<u>(18,757,235)</u>
End of the year	<u>\$ 412,552,633</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, 2024 and 2023

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, participants should refer to the Plan Agreement 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") covered under 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 ProService Pacific, LLC. Prior to the merger, ProService Hawai'i Business Development Corporation served as the Principal Employer and Plan Administrator. Each participating employer enters into an Adoption Agreement. Employees who have attained age 21 become eligible to participate upon satisfying the service requirements set forth in their employer's Adoption Agreement.

Plan administration

The Plan's assets are held by Transamerica Life Insurance Company ("Transamerica"), which invests contributions and earnings and processes distributions to participants. Transamerica administers the payment of loan interest and principal, which are reimbursed through contributions in accordance with the Plan Agreement and Adoption Agreements.

Contributions

Participants may make employee salary deferral contributions in accordance with the Adoption Agreements and the Internal Revenue Code ("IRC") limitations of \$23,000 and \$22,500 for the calendar years ended December 31, 2024 and 2023, respectively, adjusted annually for the cost of living, plus an additional \$7,500 for employees age 50 and over for the calendar years ended December 31, 2024 and 2023. Such contributions are non-forfeitable and are credited to the individual account of the participant. Excess contributions are refunded in accordance with provisions of the IRC. Participants may also rollover amounts from other qualified plans.

Employers may make contributions to the Plan in accordance with the individual Adoption Agreements.

Participants direct their contributions and their respective employers' contributions into various investment options. 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.

ProService Hawai'i 401(k) Plan

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

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

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.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover accounts, and earnings thereon. Employer contributions 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. Interest on outstanding participant loans as of December 31, 2024, ranges from 3.25% to 10.50%.

Payment of benefits

The vested amount in each participant's account is payable upon normal retirement, disability, death, termination of employment, 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 distribution or rollover to another employer's tax-qualified plan, subject to limitations imposed by federal law or options elected by the respective Participating Employer. Participants may withdraw all or a portion of their deferral contributions in the event of a financial hardship, subject to 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.

Forfeitures

Termination of employment for reasons other than retirement, disability, or death results in a forfeiture of the non-vested portion of the participant's account balance. Forfeitures are used to pay plan administrative expenses and reduce future Participating Employers' contributions. Forfeited non-vested accounts at December 31, 2024 and 2023, amounted to \$1,249,334 and \$986,214, respectively. During the year ended December 31, 2024, forfeitures in the amount of \$203,922 were used to reduce Participating Employers' contributions and pay plan expenses.

ProService Hawai'i 401(k) Plan

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

December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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, 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 Statements 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 in that certain income and related assets (such as contributions not yet collected, and other accrued assets and income) have been recognized when received rather than when earned and certain expenses and related liabilities (such as distributions not yet paid, and other accrued liabilities and expenses) have been recognized when paid rather than when the obligations were incurred.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. It is reasonably possible that such estimates may change within the near term, and such differences could be material to the financial statements.

Investment contracts

Investment contracts 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 Statements of the Net Assets Available for Benefits (Modified Cash Basis) are 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 (Modified Cash Basis) is required to be prepared on a contract value basis for the fully benefit-responsive investment contracts.

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

ProService Hawai'i 401(k) Plan

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

December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment contracts (continued)

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.

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, 2024 and 2023, the interest rates for the Stable Value Option were as follows:

	<u>2024</u>	<u>2023</u>
Minimum Rate	2.40%	1.95%
Average Rate	2.45%	2.03%
Closing Rate	2.50%	2.10%

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.

The investment in the Transamerica Stable Value Option, which is a fully benefit-responsive contract, is carried at contract value. Contract value approximates fair value due to the monthly resetting of interest rates and no stated maturity dates. 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, 2024 and 2023

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 accrual 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.

Administrative expenses

The Plan is also sponsored and administered by the Participating Employers. Certain administrative functions are performed by officers or employees of the Participating Employers, who receive no compensation from the Plan. All administrative expenses are the responsibility of the Plan; however, the Participating Employers at their discretion may pay such expenses.

Recently adopted accounting standards

Accounting Standards Update ("ASU") issued by the Financial Accounting Standards Board are adopted by the Plan as of the specified effective date. Unless otherwise discussed, the Plan believes the impact of other recently issued accounting pronouncements will not have a material impact on the financial statements.

Effective January 1, 2023, the Plan adopted ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which significantly change how entities measure credit losses for most financial assets. The most significant change in the standard is a shift from the incurred loss methodology to an expected loss methodology. Financial assets held by the Plan that are subject to the guidance in ASU No. 2016-13 were contribution receivables. There was no material impact to the financial statements as a result of the adoption of ASU 2016-13.

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's 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, 2024 and 2023, 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, 2024.

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

December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited)

Financial Accounting Standards Board Accounting Standards Codification Topic 820 (“ASC 820”), *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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. Certain pooled separate accounts held by the Plan are deemed to be actively traded. There are currently no redemption restrictions on these investments.

Investment contract: Valued at a contract value, which 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, 2024 and 2023.

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, 2024 and 2023

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, 2024:

	Level 1	Level 2	Level 3	Measured outside of FV hierarchy	Total
Pooled separate accounts	<u>\$ 85,042,516</u>	<u>\$ 297,432,881</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 382,475,397</u>
Total investments in fair value hierarchy	85,042,516	297,432,881	-	-	382,475,397
Investment contract	<u>-</u>	<u>-</u>	<u>-</u>	<u>22,623,849</u>	<u>22,623,849</u>
Total investments	<u>\$ 85,042,516</u>	<u>\$ 297,432,881</u>	<u>\$ -</u>	<u>\$ 22,623,849</u>	<u>\$ 405,099,246</u>

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	Measured outside of FV hierarchy	Total
Pooled separate accounts	<u>\$ 62,175,126</u>	<u>\$ 224,225,768</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 286,400,894</u>
Total investments in fair value hierarchy	62,175,126	224,225,768	-	-	286,400,894
Investment contract	<u>-</u>	<u>-</u>	<u>-</u>	<u>12,032,235</u>	<u>12,032,235</u>
Total investments	<u>\$ 62,175,126</u>	<u>\$ 224,225,768</u>	<u>\$ -</u>	<u>\$ 12,032,235</u>	<u>\$ 298,433,129</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 \$1,945,879 for the year ended December 31, 2024.

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, 2024 and 2023

NOTE 7 - TAX STATUS

The Principal Employer adopted 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, 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, 2024 and 2023.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that 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 Statements of Net Assets Available for Benefits (Modified Cash Basis).

The Plan and Company operate in the State of Hawai'i. Local, national, and international events can have severe, adverse effects on economic conditions in Hawai'i. These financial statements do not include the adjustments that would result if the Plan was to account for future losses or asset impairments as the effects on the financial statements of the Plan from such changes in economic conditions, are not presently determinable.

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024 financial statements for subsequent events through October 15, 2025, 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, 2024

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: <input checked="" type="checkbox"/>	\$ -	\$ 40,385	\$ -	\$ -

ProService Hawai'i 401(k) Plan

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

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Investment contract</u>			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	\$ 22,623,849
		Total investment contract		<u>22,623,849</u>
	<u>Pooled separate accounts</u>			
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2035 with BlackRock RetOpt	**	40,620,190
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2030 with BlackRock RetOpt	**	36,082,324
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2040 with BlackRock RetOpt	**	35,098,281
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2045 with BlackRock RetOpt	**	32,748,102
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2050 with BlackRock RetOpt	**	29,763,753
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2025 with BlackRock RetOpt	**	28,480,164
*	Transamerica Life Insurance Company	TA Vanguard Total Stck Mkt Index Ret Opt	**	24,175,542
*	Transamerica Life Insurance Company	Transameric LifeGoal Retirement with BlackRock RetOpt	**	23,841,703
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2055 with BlackRock RetOpt	**	21,719,346
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2060 with BlackRock RetOpt	**	16,806,411
	Morgan Stanley	Morgan Stanley Growth Ret Opt	**	11,656,344
	Ivy Funds	Delaware Ivy Science & Technology Ret Opt	**	9,050,313
	American Funds	American Funds Growth Fund of America Ret Opt	**	8,562,569
*	Transamerica Life Insurance Company	Transamerica Large Cap Growth Ret Opt	**	8,478,951
	Loomis Sayles Funds	Loomis Sayles Investment Grade Bond Ret Opt	**	6,153,484
	Pioneer Investments	Pioneer Equity Inc Ret Opt	**	5,017,611
	Allspring Global investments	Allspring Special Mid Cap Value Rt Opt	**	3,972,212
	Columbia	Columbia Contrarian Core Ret Opt	**	3,731,766
*	Transamerica Life Insurance Company	Transamerica High Yield Bond Ret Opt	**	3,414,290
	State Street Global Advisors	State Street S&P Mid Cap Index Ret Opt	**	3,131,426
	American Funds	American Funds New Perspective Ret Opt	**	3,055,425
	American Funds	American Funds Balanced Ret Opt	**	3,017,149
	Thornburg	Thornburg International Equity Ret Opt	**	2,688,363
	State Street Global Advisors	State Street Russell Small Cap Index Ret Opt	**	2,647,997
	Hartford Mutual Funds	Hartford Mid Cap Ret Opt	**	2,599,373
	American Funds	American Funds EuroPacific Growth Ret Opt	**	2,308,565
	Invesco	Invesco Global Ret Opt	**	2,246,573
	BlackRock	BlackRock Health Scncs Opps Ret Opt	**	2,045,248
	Franklin Tempelton Investments	Franklin Small Cap Value Ret Opt	**	1,889,616
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Port Ret Opt	**	1,485,605
	Neuberger Berman	Neuberger Berman Real Estate Ret Opt	**	1,397,793
	Dimensional Fund Advisors	DFA U.S. Small Cap Port Ret Opt	**	1,166,832
	Janus Henderson	Janus Henderson Triton Ret Opt	**	1,113,182
	State Street Global Advisors	State Street Emerging Markets Index Ret Opt	**	794,653
	American Funds	American Funds New World Ret Opt	**	769,795
	Dimensional Fund Advisors	DFA International Small Cap Value Port Ret Opt	**	406,222
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2065 with BlackRock RetOpt	**	<u>338,224</u>
		Total pooled separate accounts		<u>382,475,397</u>
	<u>Participant loans</u>			
*	Participants	Participant Loans Rate - 3.25% to 10.50%		<u>5,683,080</u>
		Total participant loans		<u>5,683,080</u>
		Total Assets (Held at End of Year)		<u>\$ 410,782,326</u>

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

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

Plan Number 333
Employer Identification Number 61-1582293

ProService Hawai'i 401(k) Plan

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

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Investment contract</u>			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	\$ 22,623,849
		Total investment contract		<u>22,623,849</u>
	<u>Pooled separate accounts</u>			
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2035 with BlackRock RetOpt	**	40,620,190
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2030 with BlackRock RetOpt	**	36,082,324
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2040 with BlackRock RetOpt	**	35,098,281
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2045 with BlackRock RetOpt	**	32,748,102
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2050 with BlackRock RetOpt	**	29,763,753
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2025 with BlackRock RetOpt	**	28,480,164
*	Transamerica Life Insurance Company	TA Vanguard Total Stck Mkt Index Ret Opt	**	24,175,542
*	Transamerica Life Insurance Company	Transameric LifeGoal Retirement with BlackRock RetOpt	**	23,841,703
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2055 with BlackRock RetOpt	**	21,719,346
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2060 with BlackRock RetOpt	**	16,806,411
	Morgan Stanley	Morgan Stanley Growth Ret Opt	**	11,656,344
	Ivy Funds	Delaware Ivy Science & Technology Ret Opt	**	9,050,313
	American Funds	American Funds Growth Fund of America Ret Opt	**	8,562,569
*	Transamerica Life Insurance Company	Transamerica Large Cap Growth Ret Opt	**	8,478,951
	Loomis Sayles Funds	Loomis Sayles Investment Grade Bond Ret Opt	**	6,153,484
	Pioneer Investments	Pioneer Equity Inc Ret Opt	**	5,017,611
	Allspring Global investments	Allspring Special Mid Cap Value Rt Opt	**	3,972,212
	Columbia	Columbia Contrarian Core Ret Opt	**	3,731,766
*	Transamerica Life Insurance Company	Transamerica High Yield Bond Ret Opt	**	3,414,290
	State Street Global Advisors	State Street S&P Mid Cap Index Ret Opt	**	3,131,426
	American Funds	American Funds New Perspective Ret Opt	**	3,055,425
	American Funds	American Funds Balanced Ret Opt	**	3,017,149
	Thornburg	Thornburg International Equity Ret Opt	**	2,688,363
	State Street Global Advisors	State Street Russell Small Cap Index Ret Opt	**	2,647,997
	Hartford Mutual Funds	Hartford Mid Cap Ret Opt	**	2,599,373
	American Funds	American Funds EuroPacific Growth Ret Opt	**	2,308,565
	Invesco	Invesco Global Ret Opt	**	2,246,573
	BlackRock	BlackRock Health Scncs Opps Ret Opt	**	2,045,248
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		Total pooled separate accounts		<u>382,475,397</u>
	<u>Participant loans</u>			
*	Participants	Participant Loans Rate - 3.25% to 10.50%		<u>5,683,080</u>
		Total participant loans		<u>5,683,080</u>
		Total Assets (Held at End of Year)		<u>\$ 410,782,326</u>

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