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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII

6600 KALANIANAOLE HWY
SUITE 200
HONOLULU, HI 96825

2b Employer Identification Number (EIN) 61-1582293

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

2d Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	TERI OKUDA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	18512
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	13591
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7771
b	Retired or separated participants receiving benefits	**6b**	55
c	Other retired or separated participants entitled to future benefits	**6c**	5471
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13297
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f	Total. Add lines **6d** and **6e**.	**6f**	13330
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	12148
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	13330
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	283
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
61-1582293

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	930026	13330	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

(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	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	19641270
5	Current value of plan's interest under this contract in separate accounts at year end	5	485076039

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) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

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

b	Balance at the end of the previous year			7b	22623849
c	Additions: (1) Contributions deposited during the year	7c(1)	3209011		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	460790		
	(4) Transferred from separate account	7c(4)	6192732		
	(5) Other (specify below)	7c(5)	1307512		
	▶ STABLE FORFEITURES, LOAN REPAYMENTS, AND ADDITIONS TO THE FORFEITURE AND EXPENSE BUDGET ACCOUNTS				
	(6) Total additions			7c(6)	11170045
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	33793894
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3044325		
	(2) Administration charge made by carrier	7e(2)	86983		
	(3) Transferred to separate account	7e(3)	3667475		
	(4) Other (specify below)	7e(4)	7353841		
	▶ LOANS ISSUED, ALLOCATED FORFEITURES AND ADVANCED ER ACCOUNTS, AND OTHER EXPENSES FROM UNALLOCATED ACCOUNT				
	(5) Total deductions			7e(5)	14152624
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	19641270

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
61-1582293

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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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	523851	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	1407509	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HICKS PENSION SERVICES

99-0178392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	133120	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MESIROW FINANCIAL, INC.

36-3194849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISORY- PLAN	89588	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
61-1582293

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL MD CP VAL RT OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-916	P	4238179

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-842	P	2787127

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-844	P	11176859

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-828	P	5212410

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-841	P	4131970

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-628	P	1042552

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-860	P	2265663

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)	4943166
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA INFL-PRTCTD 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)	2308617
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)	1185402
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)	1716566
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)	2004894
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)	2702239
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)	3010932
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)	1423337
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)	7442817
a Name of MTIA, CCT, PSA, or 103-12 IE:	MACQUARIE SCIENCE & TECH RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-875	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9856197

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) 13497282

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) 1454192

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) 1794499

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) 3220922

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) 3953113

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) 33949637

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) 3648273

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) 4038727

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) 40189899

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) 52288550

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)	44592301
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)	44320164
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)	38789669
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)	30883626
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)	23960887
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)	1536883
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)	9894109
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)	59706580
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFEGOAL 2070 WITH BLA		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INS CO		
c EIN-PN 82-5217478-633	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2830
a Name of MTIA, CCT, PSA, or 103-12 IE:	VICTORY PIONEER EQUITY INCOME RET O		
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)	5904969

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) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
61-1582293

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	886597	66887
(2) Participant contributions	1b(2)	851848	377429
(3) Other	1b(3)	31862	23102
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)	5683080	6901488
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	382475397	485076039
(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)	22623849	19641270
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	412552633	512086215
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	412552633	512086215

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)	15879281	
(B) Participants	2a(1)(B)	41557175	
(C) Others (including rollovers)	2a(1)(C)	4416449	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		61852905
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)	545069	
(F) Other	2b(1)(F)	460790	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1005859
(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)		67015478
(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		129874242
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33853239	
(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)		33853239
f Corrective distributions (see instructions)	2f		556370
g Certain deemed distributions of participant loans (see instructions)	2g		210470
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1407509	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	222708	
(6) Bank or trust company trustee/custodial fees	2i(6)	523851	
(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)		2154068
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36774147
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		93100095
l Transfers of assets:			
(1) To this plan	2l(1)		16881056
(2) From this plan	2l(2)		10447569

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) [X] 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) [X] 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.)	**4a**	X		375376
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 FARISH MEDIA, INC.	99-0332803	001
CAVALIER CONSTRUCTION INC	99-0352110	001
ALTRES 401(K) RETIREMENT PLAN	99-0338459	333
BUBBIES HOMEMADE ICE CREAM & DESSERTS, INC.	99-0235623	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 BLUE CHAKRA CONNECTIONS, INC. DBA GOURMET EVENTS HAWAII	61-1456308	002
STONE SOLUTIONS INCORPORATED 401(K) PLAN	26-3180267	001
SPIN-OFF TERMINATION PLAN FOR ION BUILDERS LLC	45-4282487	001
AUX 401(K) PLAN	80-0211636	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
SPIN-OFF TERMINATION PLAN FOR HAWAII EAR CLINIC, INC.	27-0478545	001
RETIREMENT PLAN SOLUTIONS BY COMPASS GPS	81-1939215	001
INSPYRE BOUTIQUE, LLC	45-2477179	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 HISTORIC HOTEL COLORADO, LLC	82-5498531	001
BARRETT BUSINESS SERVICES INC. RETIREMENT SAVINGS PLAN	52-0812977	001
HASEKO SAVINGS AND CAPITAL ACCUMULATION PLAN	99-0156516	001
SPECTRUM GROUP PLAN SOLUTION	91-1035498	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 IGLOO AC LLC	82-2065710	001
HAWAII EXPLOSIVES & PYROTECHNICS	99-0289622	001
WAIAHOLE POI FACTORY 401(K) PLAN	99-0156391	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PROSERVICE HAWAII 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
61-1582293

Part I Distributions

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

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

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

EIN(s): 13-3689044

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

10		Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11	a	Does the ESOP hold any preferred stock?	☐ Yes ☐ No
	b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12		Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
10J HARA STORE, INC.	99-0307165	0.14	507622
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
1HEART, LLC	46-4946480	0.00	441

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

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

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
24KAMA'AINA LANDSCAPING & MAINTENANCE LLC	84-4133962	0.01	16654
50TH STATE INVESTMENTS LLC	99-0271967	0.04	137265
535 PLUMBING LLC	47-3131456	0.15	372658
808 EYE CARE LLC	47-4136592	0.04	91560
888, INC. DBA LONGHI'S	99-0203104	0.05	342302
A HONU AUTISM LLC DBA MALAMA PONO AUTISM CENTER	46-2847974	0.27	968709
A. RODRIGUEZ & ASSOCIATES INC.	94-3260106	0.00	31797
AAA LEGAL PROCESS, INC.	46-5733387	0.08	233251
ABA CLASSROOM S CORP	86-3090257	0.07	78511

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
ABDR ELECTRIC, INC.	90-0778968	0.02	325814
ABF TAX ADVISORS	47-2701578	0.16	1089750
ABIGAIL K.K. KAWANANAKOA RLT DATED APRIL 4,2001, AS AMENDED	82-3337257	0.12	428309
ABLE PEST EXTERMINATORS, INC.	47-0907299	0.00	41658
AC MED, LLC DBA KALOKO URGENT CARE	92-0901925	0.15	960247
ACE TILE INC.	45-2615673	0.31	271532
ADA PROPERTY MANAGEMENT, LLC DBA HI PACIFIC PROPERTY MANAGEMENT	46-3977621	0.14	332662
ADON RENEWABLES CORPORATION	47-4181598	0.09	112029
AEROFIELD SERVICES, LLC	26-0771453	0.17	688574

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
AHAHUI KOA ANUENUE	23-7253559	0.07	331555
AINA PROPANE & PETROLEUM CORP	82-3435262	0.01	10900
AKA CONSTRUCTION LLC	26-3107466	0.16	321697
AKINA ENTERPRISES, LLC	42-1613880	0.04	333541
ALAN H. KODAMA LLC DBA PACSTAR FINANCIAL GROUP	81-1881321	0.02	498187
ALANA INVESTMENT GROUP LLC	84-2054689	0.00	160
ALEX & SON BUILDERS LLC	47-1042846	0.01	250301
ALL G ELECTRIC, LLC	20-4294417	0.08	188441
ALL TOPS, INC. DBA ZENSOLID	93-3093080	0.01	172542

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
ALLAN WANG MD LLC DBA ALLAN WANG MD	99-0352299	0.00	1121
ALLAN Y. SEGAWA, DDS INC.	99-0210046	0.01	54324
ALLIANCE PERSONNEL INC.	91-2182964	0.08	679984
ALOHA ENDODONTICS LLC	82-2141860	0.07	135144
ALOHA HARVEST	99-0344209	0.02	182281
ALOHA POWER EQUIPMENT DISTRIBUTORS, LLC	99-0237182	0.17	1816128
ALOHA SUNSHINE TOURS, LLC	83-1123905	0.00	9786
ALOHA VISION CONSULTANTS, INC.	80-0205389	0.63	5451692
ALPHA-OMEGA PLUMBING, INC.	99-0333270	0.08	113060

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
AMERICAN RENAISSANCE ACADEMY	26-0186914	0.01	119755
ANAINA HOU COMMUNITY PARK	90-0819688	0.02	37391
AO BACKFLOW & FIRE, LLC	33-2252748	0.00	2237
AOAO OCEAN VILLAS AT TURTLE BAY RESORT	90-0280838	0.04	140459
AOAO OF HAWAIIAN PRINCESS AT MAKAHA BEACH DBA AOAO OF HAWAIIAN PRINC	99-0197835	0.01	35502
ARCHON VITAMIN LLC DBA PLANTFUSION	81-4238249	0.01	150444
ARTISTRY WELLNESS HAWAII II LLC	86-2912097	0.01	10345
ASI MEDICAL, INC.	84-1216463	0.22	693990
ASPEN TITLE & ESCROW, LLC DBA ASPEN TITLE & ESCROW	86-3274563	0.00	492

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ASSOCIATION OF APARTMENT OWNERS HALE KAANAPALI DBA MAUI KAANAPALI	99-0222989	0.12	426197
ASSOCIATION OF APARTMENT OWNERS OF THE WHALER ON KAANAPALI BEACH	99-0159842	0.27	2332290
AT HOME MOBILE VETERINARY SERVICES, LLC	80-0209188	0.00	819330
ATLAS BEHAVIOR CONSULTING, LLC	88-2436517	0.04	23619
ATLAS OT, LLC DBA ATLAS OT	99-1927689	0.19	134101
AUNTY LILIKOI PF PRODUCTS LLC	85-1376687	0.01	9166
AUTISM BEHAVIOR CONSULTING GROUP	35-2259496	0.22	909304
AUTOTECH MAUI, INC.	20-1753262	0.06	212612
AVS AUDIO VISUAL SERVICES HAWAII CORP	25-1912242	0.32	1821009

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B & K BUILDERS GENERAL CONTRACTING, LLC	68-0660840	0.17	1534913
B R ANDERSON ELECTRIC INC	51-0595198	0.04	68693
BACON UNIVERSAL COMPANY, INC.	99-0066852	0.72	4136875
BALANCED ABA, INC.	84-4356831	0.02	81002
BARBERS POINT AVIATION SERVICES LLC	45-5197509	0.01	335339
BARNETT CONSTRUCTION, INC.	83-0346938	0.02	336012
BARTON INSTITUTE FOR COMMUNITY ACTION	83-4295300	0.72	1330481
BASECAMP TAHOE CITY DBA BCNLT LLC	47-1566674	0.00	0
BASSET HEATING & AIR CONDITIONING, INC.	26-3583026	0.00	0

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BERNARDO BENIGNO DBA BERNARDO'S PAINTING	57-5411114	0.01	76440
BIG CITY MOUNTAINEERS, INC	65-0200163	0.03	65260
BIG ISLAND CARBON, LLC	26-3108620	0.00	65267
BIG ISLAND ORAL SURGERY LLC	88-0903994	0.28	431538
BIG ISLAND SUBSTANCE ABUSE COUNCIL	99-0118043	0.10	874770
BIG ISLAND TENTS, INC.	99-0332802	0.07	89878
BIGGER BIRD CREATIVE, INC.	20-2943471	0.00	16794
BIH GOLF LLC	27-1465092	0.00	17099
BISHOP MUSEUM	99-0161980	0.77	3726167

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BLOEM LANDSCAPING, INC.	26-3631314	0.13	80852
BLUE CHIP SERVICES, LLC	81-4744746	0.05	121703
BLUE OCEAN BARNS, INC.	84-2744861	0.22	221349
BLUEPRINT AUDIO VISUAL, LLC.	43-2061884	0.01	121984
BOBBY BENSON CENTER	99-0327049	0.07	557462
BOCHA, LLC	81-1703432	0.43	884528
BOLTON, INC.	99-0254572	0.63	4218872
BONFIRE ENGINEERING & CONSULTING	81-3753483	1.30	2626930
BOYS AND GIRLS CLUB OF MAUI, INC.	99-0272347	0.19	1225823

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BRANDON T. YOKOTA, DDS, LLC	20-4064930	0.00	0
BREAKAWAY ENTERPRISES HAWAII LLC DBA ALOHA DISCOUNT LIQUOR	99-0355191	0.01	22953
BROWN DEVELOPMENT, LLC	27-1298985	0.13	387554
BT KALAKAUA, LLC DBA KAIMANA BEACH HOTEL	47-4093373	0.00	591880
BUBBIES HOMEMADE ICE CREAM & DESSERTS, INC.	99-0235623	0.02	0
BUILDING SCIENCE, LLC	46-1660208	0.06	217718
C & B QUALITY PAINTING, LLC	14-1927692	0.07	173900
C&H BODY AND FENDER, INC.	99-0187775	0.05	101167
CABEBE BROTHERS LLC	82-3964607	0.00	1763

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CADENCE CONSULTING LLC	33-1744221	0.15	89127
CALISTOGA MOTOR LODGE LP	47-2174221	0.00	99375
CALVARY CHURCH OF THE PACIFIC DBA AIEA HEIGHTS CHURCH	99-0159378	0.00	762
CAMPBELL WAGNER FRAZIER & DVORCHAK, LLC	46-5321427	0.12	522113
CAPELLI CORP.	20-4899349	0.12	540257
CARING FOR DENVER FOUNDATION	83-4062522	0.35	2019162
CARING MANOA LLC	27-2911953	0.11	231736
CARPERT MASTERS, INC.	99-0308975	0.15	771683
CASE MANAGEMENT SOLUTIONS LLC	83-2722101	0.05	297078

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CASSANDRA PETERSON DB LLC DBA ISLAND FAMILY CHIROPRACTIC	46-1613179	0.06	0
CAVALIER CONSTRUCTION, INC.	99-0352110	0.00	0
CBI, INC. DBA NEWMARK GRUBB CBI	99-0198542	0.04	491030
CBIP INC.	99-0324017	0.78	2038615
CELLANA LLC	51-0658850	0.00	14344
CENTENNIAL BOLT, INC. DBA CENTENNIAL INFRASTRUCTURE PRODUCTS	84-0792695	0.00	1900
CENTRAL PACIFIC SPECIALTY CONTRACTORS, INC.	45-3250496	0.25	2908570
CERTIFIED AIR CONDITIONING, LLC	47-5128294	0.15	529328
CETRA TECHNOLOGY INC	26-2880460	0.19	836795

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CFOSHARE, INC.	83-0656300	0.29	1009890
CG MANAGEMENT LLC	83-1111866	0.09	119010
CGCL LLC ETAL DBA CAFE O'LEI RESTAURANTS AND AMI AMI AT THE COAST	20-3416845	0.11	429092
CHAMPS PEDIATRICS LLC	85-2211428	0.09	59346
CHANEY, BROOKS & COMPANY LLC	99-0109600	0.67	5223023
CHARLES H.Y. DANG, AAL, LLLC	83-1873798	0.03	47526
CHARTER HOME ALLIANCE, LLC	26-4324381	0.01	68244
CHEMEOR, INC.	20-2979029	0.15	1605516
CICADA NEW TOWN TERMINAL, LLC	36-4857776	0.17	133734

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CIESKOWSKI LLC DBA FIVE STAR POOLS	47-4972580	0.08	96185
CIRCADENCE CORPORATION	84-1305290	1.28	6985077
CLEAN POWER CONSTRUCTION LLC	46-1324862	0.08	223417
COCONUT HOTEL PLAZA ASSOCIATES LLC DBA COCONUT WAIKIKI HOTEL	20-8057250	0.14	249752
COLORADO DIGITAL HEALTH DBA PRIME HEALTH	47-2330752	0.04	38229
COLORADO SMART STAFF DBA MILE HIGH EMPLOYMENT/ENERGY SOLUTIONS	36-4464379	0.01	150909
COMMUNICATIONS PACIFIC, INC.	99-0140779	0.00	415963
COMMUNITY EMPOWERMENT RESOURCES	45-4204164	0.03	60276
COMPLETE BOOKKEEPING & ACCOUNTING, LLC	11-3745258	0.06	107574

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COMPLETE CONSTRUCTION SERVICES CORP	99-0348705	0.07	391954
CONCRETE POOL & SPA, INC.	99-0337701	0.14	537342
CONSOLIDATED SYSTEMS, INC.	46-2310183	0.05	251501
CONTROL FREAKS HAWAII INC.	47-5315896	0.10	60773
COOL AIR SYSTEMS HAWAII LLC	84-2446110	0.04	44402
CORAZON HAWAII INC.	93-4175946	0.03	15874
CORNERSTONE PRESSURE WASHING LLC	39-2056505	0.13	435055
CORPORATE ENVIRONMENTS INTERNATIONAL, LLC DBA CEI HAWAII	99-0338355	0.04	488188
COURIER CORPORATION OF HAWAII	80-0143867	0.01	4489

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CPLR LAW, PLLC	33-4104957	0.12	1315830
CRABBE SERVICES LLC	83-1653931	0.08	104447
CREATIVE DESIGNS HAWAII, INC. DBA CREATIVE DESIGN HAWAII	99-0311860	0.10	0
CREDIT UNION SERVICE NETWORK, LLC	80-0211636	0.03	0
CUVEE PROPERTIES ESCAPES, LLC	46-1222965	0.23	931562
CYANOTECH CORPORATION	91-1206026	0.50	7220190
D & M HYDRAULIC SALES & SERVICE, INC	99-0304378	0.19	1573029
D BARRETTO'S REPAIR LLC	46-1792384	0.04	92959
DA LOCK MASTERS - HAWAII, LLC DBA POP-A-LOCK	26-4632633	0.00	11662

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DAUGHTERS OF HAWAII	99-0075505	0.03	23199
DAVID C. CHING DMD, LLC DBA KIDSHINE PEDIATRIC DENTAL GROUP	45-5560176	0.56	1920890
DAVID M SAITO MD LLC	88-3634782	0.08	65386
DAVID SAMSAMI, MD, INC.	32-0241241	0.00	115
DAVID T. DOI DDS, INC.	99-0210285	0.00	143028
DAVID T. DOI, DDS INC.	99-0210285	0.16	388820
DELLABLES, INC.	27-2399084	0.03	62800
DENTAL FITNESS, INC.	65-1223186	0.01	27169
DENVER INDIAN HEALTH & FAMILY SERVICES	84-0724261	0.38	1065044

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DEREK N. O. TAKAI DDS INC.	20-2464574	0.22	1549670
DIAMOND BAKERY COMPANY, LIMITED	99-0037080	0.41	2028102
DIAMOND DINING INTERNATIONAL CORPORATION DBA WESTMAN CORP	90-0770875	0.10	243370
DIAMOND HEAD DENTAL CARE CORP.	47-1276485	0.08	455256
DIAMOND SPRINKLER AND FARM SUPPLY, INC.	82-3433424	0.02	216620
DICK'S FUMIGATION SERVICE INC. DBA DICK'S PEST SOLUTIONS	99-0117359	0.03	151063
DION KAWAKAMI BUILDING SERVICES LLC	47-2450488	0.00	222982
DIPPED BY DEE LLC DBA DIPPED BY DEE	85-3238976	0.00	2317
DISASTER RELIEF PROFESSIONALS LLC DBA SERVPRO OF KAILUA NORTH/LAIE	47-2315229	0.00	0

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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
DISCOVERY KAUAI MANAGEMENT, LLC	86-1711393	0.42	778189
DISCOVERY WV OPERATIONS LLC	99-2628858	0.03	58056
DJ'S CONSTRUCTION, INC.	20-8972943	0.07	107657
DKI808, LLC DBA PREMIER RESTORATION HAWAII	81-2764651	0.76	2714475
DOBBS EXCAVATING INC.	26-2542427	0.12	127700
DREAMSCAPES LANDSCAPING LLC	47-1339699	0.01	26465
DTC HAWAII, LLC	36-4852969	0.00	304640
EA ECOVERSITY	88-1408564	0.01	15026
EAST HAWAII HEALTH PHARMACY	81-3183441	0.00	2247

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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
EAST HAWAII I.P.A.	99-0310967	0.45	1498258
EAST HAWAII MEDICAL GROUP	84-2115962	4.14	11429619
EAST HAWAII STATE VETERANS HOME DBA YUKIO OKUTSU STATE VETERANS HOME	85-3650364	0.46	1485281
ECO CLEAN HAWAII LLC	46-0773141	0.11	166781
EDMUND C. OLSON TRUST NO. 2	33-1088261	0.32	676037
EDNEY & SELLERS DBA TROPICAL DREAMS ICE CREAM	99-0357382	0.00	353
EDWARD L. PUNUA, CPA, INC.	75-2978395	0.07	333660
EKO PAINTING, INC.	99-0353742	0.45	3330404
ELECTRIC SERVICE OF COLORADO, INC	93-2292689	0.03	25182

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ELECTRITECH MAUI, INC.	20-4140026	0.12	73764
ELECTRO TEST LLC	83-3419897	0.10	283205
ELEMENT ENVIRONMENTAL, LLC	20-3594479	1.16	8633518
ELITE DISCOUNT FURNITURE LLC 401(K) PLAN	47-5570578	0.10	255246
ELLEAIR MAUI GOLF CLUB, LLC	99-0342416	0.00	5364
EN FLEUR BEHAVIOR ANALYSIS, LLC	84-3737181	0.10	77704
ENVIRON CONTROL INC	99-0253432	0.05	441028
ES HOLDINGS LLC DBA GO HAWAII TOURS	81-4569973	0.02	13925
ESKIMO CANDY INC	99-0253089	0.37	2491028

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Part II Participating Employer Information (Continued).

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EYE CARE CENTER OF KAUAI, INC.	26-1170598	0.00	36025
EZ TRUCKING HONOLULU, INC.	47-4578701	0.00	32
FEED MY SHEEP, INC.	91-2196666	0.01	31256
FEEDING HAWAII TOGETHER DBA THE PANTRY BY FEEDING HAWAII TOGETHER	47-0901806	0.09	125582
FINBRO CONSTRUCTION LLC	26-0233198	0.29	451512
FIRST QUALITY BUILDING & DESIGN, INC.	99-0292672	0.23	1336298
FLACKTEK MANUFACTURING, INC.	83-2108709	0.12	221196
FLOORING 323, INC.	51-0677948	0.02	199751
FLOORING INVESTMENT GROUP LLC	61-1736255	0.39	2420106

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FOLLI FOLLIE HAWAII, INC. DBA FOLLI FOLLIE	99-0353397	0.00	153897
FOOTHILLS BRIDGE CO	26-0085552	0.37	1460326
FRED LAU HAWAIIAN LANDSCAPE MAINTENANCE COMPANY, LLC	56-2321584	0.08	707460
FRESH CATCH LLC	26-2768934	0.01	52536
FRIENDS OF AUWAHI FOREST RESTORATION PROJECT	87-0700795	0.06	202745
FROGMAN CHARTERS, INC. DBA BOSS FROG'S DIVE SHOP	99-0262089	0.12	139099
FULL LIFE	99-0350129	0.17	615708
GAIL M. HAMADA	94-3267512	0.17	197049
GAMMIE HOMECARE, INC.	99-0251047	0.37	457897

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GATEWAY MONTESSORI SCHOOL	84-0886586	0.06	43753
GENKI SUSHI USA, INC. DBA GENKI SUSHI	99-0296107	0.00	0
GERALD H.B. WONG, D.M.D, INC.	99-0159578	0.00	1161
GERDYN ENTERPRISE, LLC	26-0138769	0.00	0
GINSHARI, INC. DBA KURU KURU SUSHI	99-0359883	0.02	429504
GLOBALHOST.COM, INC.	99-0350541	0.02	12572
GO COMMERCIAL, LLC DBA SVN GO COMMERCIAL	83-4138188	0.06	546920
GO HOLOHOLO, INC.	27-0482261	0.04	30664
GOLD COAST ELECTRIC, LLC	84-4470153	0.01	37268

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GOLDWINGS SUPPLY SERVICE, INC.	99-0204219	0.11	589122
GORDON MECHANICAL NV LLC	87-2893511	0.00	1308
GOUVEA'S & PURITY FOODS, INC.	26-3218111	0.22	2011118
GRAFFEO COFFEE ROASTING COMPANY INC.	99-4112884	0.09	64136
GRANITE FUNDS IV, LLC DBA HOTEL WAILEA	27-1600360	0.66	1302573
GRASS BUSTERS LANDSCAPE, LLC	54-2089351	0.00	90820
GRASSROOT INSTITUTE OF HAWAII INC.	99-0354397	0.13	373053
GREENLEAF WOODWORKS, INC.	46-1287271	0.03	165453
GREENTECH INFRASTRUCTURE PARTNERS, LLC	82-1183899	0.00	38074

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GREGORY L. RYAN, ATTORNEY AT LAW, LLLC DBA GREG RYAN & ASSOCIATES	56-2612061	0.30	1253169
GUIEB'S CATERING, LLC	82-3499571	0.05	30585
H.K. CONSTRUCTION CORP.	22-3906736	0.00	27268
H.T.M. CONTRACTORS INC.	99-0352751	0.02	406996
HALEAKALA SERVICES LLC DBA HALEAKALA SOLAR AND ROOFING	85-2782075	0.01	55272
HALEAKALA WALDORF SCHOOL	99-0151085	0.36	2780336
HALIIMAILE PINEAPPLE COMPANY LTD. DBA MAUI GOLD PINEAPPLE COMPANY	27-1447162	0.07	940729
HAMAKUA FRAMING & STRUCTURE, INC.	20-2064412	0.14	739525
HANA RANCH AGRICULTURE, LLC	30-0781819	0.14	1246623

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HAPA LANDSCAPING LLC	46-3213441	0.11	290656
HART THERAPY INC DBA HANDPRINTS BEHAVIORAL THERAPY DBA HAND	05-0540547	0.11	230592
HAWAII BEEF PRODUCERS, LLC	04-3731132	0.03	250071
HAWAII BIO-WASTE SYSTEMS, INC.	99-0289218	0.10	469633
HAWAII COMMERCIAL TIRE CO., LLC	80-0960696	0.01	14856
HAWAII EAR, NOSE, AND THROAT CONSULTANTS CORP.	20-4330260	0.26	3717615
HAWAII EXPLOSIVES & PYROTECHNICS, INC.	99-0289622	0.01	0
HAWAII GOOD FOOD ALLIANCE	83-4503785	0.05	113035
HAWAII HEALTH INFORMATION EXCHANGE	41-2201519	0.17	1097500

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HAWAII INDEPENDENT PHYSICIANS ASSOCIATION	94-3271860	0.02	47218
HAWAII ISLAND HIV/AIDS FOUNDATION DBA KUMUKAHI HEALTH + WELLNESS	99-0305807	0.04	132539
HAWAII ISLAND HUMANE SOCIETY S.P.C.A	99-6009437	0.05	30529
HAWAII LANDSCAPE & NURSERY, INC.	99-0208466	0.12	1207971
HAWAII LIFE REAL ESTATE BROKERS	26-2630516	0.28	1414034
HAWAII LITERACY, INC.	23-7198698	0.09	269981
HAWAII LUBE CO., LLC	80-0852482	0.05	84972
HAWAII MECHANICAL SOLUTIONS INC.	87-3554371	0.05	495578
HAWAII MORTGAGE EXPERTS, LLC	26-3284541	0.34	3828685

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HAWAII MORTGAGE GROUP LLC	92-2474956	0.25	382019
HAWAII MVCC, LLC	45-4834597	0.00	221620
HAWAII PACIFIC PARKS, ASSOCIATION, LTD.	99-6000894	0.28	1465742
HAWAII PAIN AND SPINE LLC	81-3183441	0.00	13826
HAWAII RUSH SOCCER CLUB	74-3053886	0.02	13963
HAWAII SENIOR CARE, LLC	81-4792798	0.13	327335
HAWAII THEATRE CENTER	99-0229658	0.19	754560
HAWAII ULU PRODUCERS COOPERATIVE	81-3622889	0.04	41096
HAWAII VETERINARY HOSPITAL DBA PETVET ANIMAL HOSPITAL	37-1824715	0.00	728110

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HAWAII WORKFORCE FUNDERS COLLABORATIVE	93-1412085	0.04	50371
HAWAIIAN EYE CENTER, INC.	99-0244890	0.44	3377928
HAWAIIAN ISLAND TIRE CO INC	99-0292624	0.16	2016795
HAWAIIAN SOLAR & PLUMBING, INC.	99-0293476	0.05	309941
HC RETAIL, LLC DBA HONOLULU COFFEE	26-0775336	0.13	564903
HCD DBA HAWAII ONE FLOOR & HOME	99-0208355	0.07	546358
HEALTHTEAMWORKS	84-1456951	0.10	679692
HI END CONSTRUCTION INC.	82-3931086	0.00	27514
HI QUALITY CONSTRUCTION, LLC	83-3728837	0.02	85475

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HI STANDARDS CONSTRUCTION LLC	92-0945425	0.00	23552
HI'IPAKA, LLC DBA WAIMEA VALLEY	26-1537168	0.48	3218424
HILO PRODUCTS, INC.	99-0194366	0.26	3184696
HI-TECH MAUI INC. DBA HI-TECH SPORTS / SHAPERS	99-0296895	0.03	99317
HKI KAUAI, INC.	47-5085501	0.05	107857
HNK, INC. DBA KOHA ORIENTAL FOODS	99-0233793	0.80	7581300
HOA AINA O MAKAHA	99-0292820	0.02	37275
HOKUKAHU, LLC	61-1582293	0.00	1303927
HOKULI'A COMMUNITY ASSOCIATION, INC.	61-1582293	0.08	378641

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HOKULI'A PARK & CULTURAL SITES ASSOCIATION, INC.	61-1582293	0.02	46787
HOLLIDAY ORTHODONTICS, LLC	20-8358785	0.42	2050231
HOLOMUA COLLECTIVE	88-1931228	0.08	136387
HOME REMEDIES, LLC	45-4909681	0.09	373997
HOMEWORKS CONSTRUCTION, INC.	99-0319332	0.41	5172072
HONBLUE, INC.	99-0117143	0.67	19495642
HONOLULU HABITAT FOR HUMANITY	99-0261871	0.01	34500
HONOLULU IMAGING CENTER LLC	87-1602945	0.73	1650904
HONOLULU LASER CENTER & SPA, INC. DBA HONOLULU MEDSPA	99-0358199	0.07	288898

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HONOLULU SURGERY CENTER, LP DBA SURGICARE OF HAWAII	62-1506645	0.42	1732027
HONUA CONSULTING, LLC	57-5060761	0.07	236067
HONUA KAI CONDOMINIUM ASSOCIATION	26-3224932	0.37	1501818
HOOHULI CONTRACTING HAWAII INC	45-1275455	0.00	10041
HO'OLA LAHUI HAWAII	99-0250542	1.01	6913634
HORIZONS ACADEMY OF MAUI, INC.	94-3264165	0.00	67757
HOSHINO RESORTS HAWAII LLC DBA THE SURFJACK HOTEL & SWIM CLUB	32-0509325	0.20	0
HOTEL AND RESTAURANT INDUSTRY EMPLOYMENT & TRAINING TRUST	99-6009966	0.08	303104
HOUSE OF BERRY LLC	81-3183441	0.02	26058

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Part II Participating Employer Information (Continued).

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUSING AND LAND ENTERPRISE OF MAUI	20-5325361	0.01	4409
HOUSING PROVIDERS OF HAWAII DBA HOMEAID HAWAII	47-4980676	0.06	69263
HRG TECHNOLOGIES, LLC	61-1582293	0.16	834613
HT HAYASHI FOUNDATION	20-4708161	0.00	1403
HTH ASSET MANAGEMENT, LLC	81-2324305	0.00	361822
HTM SERVICES, INC.	85-0950743	0.01	34165
HUA MOMONA FARMS, LLC	81-5352675	0.01	206209
HUI ALOHA KIHOLO	26-1868690	0.03	23488
HUI MAKAAINANA O MAKANA	99-0344133	0.05	60139

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Part II Participating Employer Information (Continued).

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HUI NO KE OLA PONO, INC.	99-0287193	0.15	744944
I & L RENTALS, LLC	20-2824463	0.00	24632
I OLA LAHUI, INC.	20-8924382	0.08	159857
IKAYZO, INC	32-0137747	0.00	882403
IKEHU UTILITY SOLUTIONS	83-2194785	0.03	20937
IMOTO MOBILE THERAPY LLC DBA IMOTO PHYSICAL THERAPY	81-2280784	0.03	50265
IMPACT EQUIPMENT RENTALS LLC	33-2242772	0.01	6540
IMPACT SPORTS, INC. DBA ACTION PHYSICAL THERAPY	68-0568233	0.01	46984
IMPRINT HOSPITALITY, LLC	32-0493503	0.08	299574

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IMUA ORTHOPEDICS, SPORTS & HEALTH, LLC	90-0879457	0.05	268297
IN10 LLC	83-3929091	0.08	201589
INDECO INC.	27-5090878	0.04	191373
INDEPENDENT ENERGY SYSTEMS, LLC DBA INDEPENDANT ENERGY HAWAII	85-1544984	0.26	518960
INDEVTECH INCORPORATED	99-0353337	0.05	0
INKWELL VETERINARY SERVICES, LLC	93-4883895	0.02	12153
INNOVATED INSTALLERS, LLC	45-5147898	0.04	38797
INPAC WEALTH SOLUTIONS LLC	35-2493335	0.03	150790
INSPYRE BOUTIQUE, LLC	45-2477179	0.05	0

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INSTITUTE FOR HUMAN SERVICES, INC.	99-0199107	0.59	2826103
INSTITUTE OF INTENSIVE ENGLISH	99-0245936	0.07	194676
INTCO FS MANAGEMENT LLC	47-4614926	0.07	196513
INTEGRATED BROADBAND NETWORK SOLUTIONS, INC.	47-3010381	0.03	318316
INTERNATIONAL ARCHAEOLOGY LLC	46-3540040	0.49	529834
INTERNATIONAL WASTEWATER TECHNOLOGIES, INC.	87-0729797	0.02	68957
IOPONO HOLDINGS GROUP, LLC DBA BERGEMAN PROJECT	27-2927163	0.47	2008991
ISLAND AUDIOLOGY, LLC	71-0967188	0.17	366802
ISLAND CONSTRUCTION AND DEMOLITION LLC	20-1638121	0.00	19068

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ISLAND ENDODONTICS, INC. DBA ISLAND ENDODONTICS	27-2474633	0.12	427385
ISLAND ENGINUITY LLC	81-2994159	0.08	145100
ISLAND FOOD SERVICE LLC	27-2610293	0.05	80828
ISLAND GLASS HAWAII LLC	46-3279267	0.02	158439
ISLAND HARVEST, INC.	99-0292208	0.02	184024
ISLAND TOP SOIL, LLC	99-0336174	0.02	115551
ISLE COMMUNITIES LLC	82-3572578	0.01	0
ITS ALL ABOUT KIDS, LLC	99-2200236	0.00	15740
J M KAHALA LLC	81-2524829	0.07	63496

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J.E. MERK & ASSOCIATES, INC.	99-0229931	0.00	222970
JALENE KANANI INC. DBA NOHO HOME	26-3757501	0.02	9537
JAMES PANETTA, DO, PLLC DBA WINDWARD DIGESTIVE HEALTH CENTER	90-0664126	0.00	1508
JAPAN AVIATION ACADEMY OF HAWAII, INC.	83-1221683	0.00	1422
JAY MIYAKI, CPA, LLC	26-2451632	0.18	560911
JBISHOP LLC DBA ISLAND ABA	81-1851223	0.00	1378
JCHAN DDS LLC	99-4713473	0.01	67492
JEDI PAINTING PROS LLC	47-2130691	0.04	27492
JM ELECTRIC LLC	27-1761322	0.05	45256

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JM MAUI LANI LLC	81-2487137	0.01	9516
JOANNE K.O. SHIMADA	57-6495125	0.00	3100
JOHN ALLEN SIGN COMPANY LLC	26-3437880	0.09	315030
JOHN HARLAN MEYER M.D. INC	26-1710809	0.00	2862
JOHN R BURROUGHS, M.D. PC DBA SPRINGS AESTHETICS	26-1587859	0.00	338
JOHN T. ITO	82-4582853	0.04	196715
JOHNNY ROCKETS	81-1943998	0.00	48785
JOIE DE VIVRE KABUKI LLC DBA KABUKI SPRINGS & SPA	91-1933263	0.18	1831107
JORDAN PARK GROUP LLC - HAWAII OFFICE	81-4906112	0.00	17740

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JP'S TREE TRIMMING, LLC	45-3253616	0.02	135147
JQ HIGGINS III VC LLC DBA OASIS WAIKIKI	88-4065392	0.15	145282
JQ INVESTMENTS INC. DBA TEDDYS BIGGER BURGERS	45-3192860	0.00	693
JUNIOR ACHIEVEMENT OF HAWAII	99-0088861	0.00	3086
JURASSIC KAHILI RANCH LLC	42-1577825	0.08	329736
K.N. LAWN SERVICES, INC.	91-2192867	0.21	1804268
KA'ALA RANCH 2 LLC	86-1296486	0.01	13296
KAANAPALI MEDICAL SERVICES, INC.	99-0238232	0.33	1494986
KAHULUI BAPTIST CHURCH, INC.	99-0085586	0.01	36485

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KAI COFFEE, LLC	46-4540777	0.03	99541
KAI PONO BUILDERS, INC.	99-0346685	0.10	2207358
KAILANI TOURS HAWAII LLC	45-5475911	0.00	145
KAILUA WELLNESS CENTER, LLC	26-0042806	0.00	844
KAIOLIOLI, INC. DBA OCEAN JOY CRUISES HAWAII	91-2193902	0.01	424358
KAKO'O'OIWI	57-1236490	0.05	99124
KANEHUNAMOKU VOYAGING ACADEMY	46-5563571	0.09	592731
KANEOHE YACHT CLUB	99-0043990	0.03	417298
KANI, INC.	20-2987627	0.03	266173

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KANJA CONSULTING LLC	86-2822370	0.10	58566
KAOHIAI ELECTRICAL CONTRACTING LLC	82-0776024	0.06	36197
KAPOLEI AUTISM CENTER LLC	81-4613190	0.01	8841
KAUAI MONTESSORI PROJECT, INC	82-2148873	0.01	7587
KAUAI SEASCAPES NURSERY, INC.	99-0352462	0.08	322459
KAULUAKALANA	83-3612121	0.05	61515
KAUPULEHU LOT B4-A COMMUNITY ASSOCIATION, INC	20-4245214	0.15	532614
KCK AUTO AND DIESEL LLC	86-2282814	0.01	17224
KCP PLUMBING HOLDINGS ACQUISITION SUB, LLC DBA STEVE'S PLUMBING	83-2539242	0.00	116883

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KCY RESTAURANT LLC DBA PUAKEA GRILL	87-2050550	0.12	142288
KDAPS LLC DBA KAUAI NORTH SHORE ANIMAL CLINIC	82-4082819	0.04	44497
KE OLA MAMO	99-0288045	0.16	558410
KEAHOLE FBO I, LP DBA BIG ISLAND JET CENTER	82-2603614	0.04	25813
KEKAHA AGRICULTURE ASSOCIATION	20-0512363	0.04	82931
KEN BERNARD & COMPANY INC. DBA GARDEN PONDS	99-0334557	0.02	48721
KEN DO CONSTRUCTION INC.	90-0143225	0.02	93365
KEN SAKUDA DPM, LLC	56-2650271	0.03	119132
KEVIN ISODA DBA ISODA AND ASSOCIATES	57-5803751	0.05	199107

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KEY VANTAGE DBA GRAHAM'S FLOORING AND DESIGN	46-4470241	0.19	269224
KILAUEA PEST CONTROL, INC.	42-1585370	0.03	38127
KILAUEA POINT NATURAL HISTORY ASSOCIATION DBA FRIENDS OF KAUA'I	99-0226697	0.01	27031
KIMURA PHYSICAL THERAPY, LLC	26-4554475	0.04	619130
KINGDOM KATALYST	46-0821095	0.06	644926
KITAGAWA DERMATOLOGY LLC	27-2749264	0.13	1429762
KK AIR CONDITIONING	45-5553330	0.02	164414
KLEEN SWEEPS, LLC	99-0286773	0.06	442768
KLEIDOSTY PACIFIC LLC	20-8786475	0.08	657991

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KN SURVEYING LLC	73-1734849	0.28	599595
KNOTTED ROOT BREWING COMPANY, LLC	81-5107244	0.04	45517
KO OLINA COMMUNITY ASSOCIATION, INC.	99-0286545	0.16	263455
KO OLINA GOLF CLUB	99-0344707	0.35	4052435
KO OLINA RESORT OPERATIONS ASSOCIATION, INC.	99-0346441	0.00	1643
KOKUA GROUP HOLDINGS, LLC	81-4873869	0.24	1097129
KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA	99-0108896	0.21	448363
KOOLAU WOMEN'S HEALTH CARE, INC.	99-0296070	0.26	2361672
KRANK LLC DBA KRANK CYCLES	47-1143929	0.00	34012

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KT PROTECTION SERVICES LLC	27-1318862	0.02	18442
KU-A-KANAKA LLC	47-3068544	0.00	10984
KUALOA-HEEIA ECUMENICAL YOUTH PROJECT DBA KEY PROJECT	99-0118209	0.03	27438
KUEHNLE AGROSYSTEMS, INC.	26-1870204	0.00	300314
KU'IKAHI MEDIATION CENTER	20-3997875	0.02	36437
KUKIO STAFFING SERVICES LLC	47-2562725	0.10	1242212
KUMANO I KE ALA O MAKAWELI	47-3180959	0.03	21961
KUY RESTAURANTS LIMITED LIABILITY COMPANY	46-2243085	0.00	44108
LAHAINA CARPET & INTERIORS, INC.	99-0332777	0.06	238467

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LAHAINA GALLERIES, INC.	99-0186110	0.14	2618974
LAINE JEWELRY LLC DBA LAINE HONOLULU	85-0940337	0.02	22929
LANAI CAT SANCTUARY, INC.	26-1329156	0.04	35283
LANAI COMMUNITY HEALTH CENTER	20-2509287	0.41	1939595
LANDMARK BUILDERS, INC.	20-4184352	0.01	71208
LANTERNE DX, LLC	84-1838964	0.16	913606
LATIN AMERICAN EDUCATIONAL FOUNDATION, INC.	84-6010415	0.05	187411
LATITUDE 40 CONSULTING INC	27-1999824	0.05	193740
LAUAHI LLC DBA KUPALE TECHNOLOGIES	85-1361165	0.26	225277

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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
LAULIMA FAMILIES, LLC	46-1718944	0.56	3934078
LAYOUT ETC. INC.	99-0335092	0.02	106427
LIGHTS ON DIGITAL DBA LIGHTS ON	46-5182443	0.08	0
LINCOLN KOIKE DBA HAWAII WEALTH AND LEGACY PLANNING GROUP	57-5867939	0.08	214124
LINDA L. NGUYEN OD LLC DBA MAUI OPTOMETRY	90-0840148	0.15	704770
LOEFFLER CONSTRUCTION, INC.	61-1582293	0.00	175320
LONE ROCK FOUNDATION	83-2437632	0.16	364816
LUHIA PARTNERS LLC	99-0265279	0.01	29095
M E I CORPORATION	74-3112012	0.36	930234

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M3 TECHNICAL SOLUTIONS, LLC DBA MC3 TECHNOLOGIES	84-4825606	0.05	54327
MADISON & LEITRIM, LLC DBA WINDOW WORLD OF OAHU	83-1759330	0.20	419326
MAEHAL ENTERPRISES, INC DBA PIKES PEAK HARLEY-DAVIDSON	84-1031760	0.00	0
MAHILANI PARTNERS LLC DBA LAVALOHA	46-1068448	0.02	26723
MAHIPAPA LLC	87-4832869	0.09	72380
MAIA FARMS LLC	92-1422262	0.00	0
MAK AGENCY, INC.	82-2673871	0.04	37074
MAKENA SHARED SERVICES, LLC	37-1749454	2.51	11319344
MALAMA KAUAI	20-5137488	0.02	14926

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MALAMA LOKO EA FOUNDATION	27-1307663	0.03	129241
MALAMALAMA WALDORF SCHOOL	99-0192556	0.05	142532
MALIE, INC.	52-2400034	0.37	1720359
MANA MAOLI	31-1783481	0.00	3973
MANA'O CONSTRUCTION LLC	26-1317423	0.02	98339
MANINI HOLDINGS LLC	73-1688980	0.01	6773
MANULELE DISTILLERS, LLC DBA KO HANA DISTILLERS AND KO HANA FARMS	80-0766899	0.20	199406
MANYU FLOWERS, INC.	26-3887730	0.00	36125
MARCUS & ASSOCIATES, INC.	99-0146909	0.50	6902482

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MARK DEVELOPMENT INC.	99-0173286	0.09	139545
MARYL CONSTRUCTION, INC.	81-0831382	0.41	2430434
MASSAGE ENVY	45-0713573	0.18	1044966
MASTERMIND CLINIC, PLLC	85-2389014	0.01	6030
MATS4 LLC DBA MATSUYAMA FOOD AND FUEL	47-5350023	0.09	85582
MATSUYAMA ENTERPRISES, INC. DBA MATSUYAMA FOOD MART & MATSUYAMA MARKET	99-0214060	0.31	843464
MATTOCH & KIRLEY, LLC	86-2773792	0.18	1767098
MAU LOA LEARNING, LLC	83-3261422	0.07	133431
MAUI ACADEMY OF PERFORMING ARTS	99-0187576	0.05	87750

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MAUI BEACH HOTEL, INC.	99-6011807	0.20	1054374
MAUI CUSTOM WOODWORKS, INC	99-0355232	0.13	1075362
MAUI DISTRIBUTORS, INC.	99-0106871	0.01	3257
MAUI LEONES, LLC DBA COCONUT CONDOS	45-3849420	0.00	46870
MAUI MINO'AKA DENTISTRY LLC	82-4137394	0.01	65150
MAUI OCEAN CENTER, INC.	99-0265086	0.35	2633595
MAUI PARADISE LAHAINA PARTNERS LLC	47-2643893	0.00	72100
MAUI SEAFOODS, LLC	99-0147143	0.00	320920
MAUI SELF STORAGE LLC	99-0353062	0.01	2995

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MCLAREN MASONRY, INC.	20-1030543	0.09	59521
MD CLEANERS, LLC DBA MD RESTORATION	91-2175561	0.53	2254230
MEA PESCADERO LLC	83-2131727	0.03	29611
MEL A. ONA MD INC.	83-2837301	0.15	440656
METRO CHRISTIAN CHURCH	90-0774243	0.04	198422
MICHAEL A. BRUGGEMANN DBA PACIFIC WEALTH PLANNING GROUP	47-1822898	0.04	27765
MICHAEL CHRISTOPHER LLC DBA PONO PRAXIS	27-4296536	0.04	79865
MILESTONES	82-2863418	0.00	41913
MILLENIUM HI CARBON LLC	47-1798567	0.00	7140

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MINA CORPORATION	94-3276947	0.00	335792
MISHA LAM JEWELRY DBA MISHA HAWAII	47-2807144	0.01	12340
MIYASHITA & O'STEEN LLLC DBA MO LAW HAWAII	92-1816258	0.12	131815
MM RESTAURANT HAWAII	26-2568534	0.00	41720
MOA HAWAII	27-0290386	0.00	0
MOANULUA GOLF CLUB	99-0041945	0.03	89261
MOBILE AUTOMOTIVE SERVICES, INC.	36-4973936	0.02	708819
MOBO PACIFIC LLC	61-2193591	0.04	35177
MOILIILI HONGWANJI MISSION	99-0143990	0.00	471

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MOKULUA SOLAR LLC	99-1159306	0.01	21103
MOLOKAI OHANA HEALTH CARE, INC. DBA MOLOKAI COMMUNITY HEALTH CENTER	50-0437659	0.17	1004907
MONICA SCHEEL, MD, LLC DBA DR. MONICA SCHEEL	20-4625284	0.21	1508640
MOONLIGHT LABS LLC	81-4031746	0.02	11726
MOTOOKA ROSENBERG LAU & OYAMA LLLC	22-3884416	0.04	1186660
MRC PARTNERS, LLC DBA LUMERIA MAUI	32-0440768	0.00	0
MTP OPERATING COMPANY LLC	32-0312498	0.02	26931
MULTIFAMILY UTILITY COMPANY, LLC	65-1312734	0.36	1252691
MZ FLOORING INC.	26-2880761	0.23	187082

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NA PU'UWAI	99-0255760	0.15	662255
NAKOA KAI INSURANCE PROFESSIONAL LLC	45-5451260	0.28	367392
NALO FARMS LLC	27-3240337	0.01	30829
NATALIE CHIEN DENTAL, LLC	81-4078316	0.00	1121
NATHAN WOOD GENERAL CONTRACTOR, LLC	27-3383527	0.26	1017639
NATIVE NATIONS EDUCATION FOUNDATION	48-1307077	0.02	167945
NATURAL SALT POOLS LLC	74-3151365	0.06	13906
NCNS ENVIRONMENTAL, INC.	99-0284080	0.19	214495
NEIGHBORHOOD POWER CORPORATION	27-0640639	0.06	400759

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NEU EVENTS, LLC	46-1648573	0.00	17249
NOE STUDIO LLC	86-1329056	0.02	15149
NOLA CAFE LLC	86-3852388	0.00	918
NORTH HAWAII HOSPICE, INC.	99-0242050	0.11	575604
NORTH SHORE MEDICAL CENTER LLC	80-5092262	0.00	17574
NS FINANCIAL SERVICES GROUP	45-2490050	0.00	13149
NXTECH SYSTEM LLC	91-2175980	0.09	546534
OAHU BUILDING MAINTENANCE, CORP.	91-2200157	0.01	63893
OAHU EXTRACTION LLC	26-4723460	0.00	7210

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OAHU PET CREMATORY, LLC	20-2250019	0.00	18795
O'AHU RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL	94-3279682	0.07	435023
OAHU SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS DBA OAHU SPCA	61-1569948	0.09	183358
OAHU TREE WORKS LLC	32-0338112	0.06	69606
OBESITY MEDICINE ASSOCIATION	84-0607207	0.36	1014121
OCEAN ERA INC.	45-2771680	0.06	93457
OHANA CONSTRUCTION, INC.	47-1271151	0.00	108827
OHANA DENTAL OF KAHALA	99-4748661	0.01	4361
OHANA MUA BEHAVIORAL THERAPY	83-1462578	0.03	52348

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O'KEEFE & SONS, LLC	99-0341300	0.00	11464
OLOMANA LOOMIS ISC, INC.	61-1582500	0.23	1712393
ONE LANDSCAPING CO, LLC	81-2010733	0.02	15576
ONE OHANA CORPORATION DBA CORCORAN PACIFIC PROPERTIES	88-2393648	0.01	3003
ORTHOPAEDIC SPECIALISTS HAWAII DBA OSH	37-1901576	0.25	152072
ORTHOPEDICS HAWAII, LLC DBA ORTHOPEDICS HAWAII	87-3355774	0.01	66596
OVER EASY LLC DBA OVER EASY, EASY QUE	47-1558389	0.04	112347
P.A.R.E.N.T.S. INC.	99-0167293	0.02	78404
PACIFIC ACCOUNTING & BUSINESS SERVICES INC.	87-1931437	0.22	609380

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PACIFIC BUDDHIST ACADEMY	04-3660909	0.24	1439489
PACIFIC FISHING & SUPPLY, INC.	99-0302309	0.71	3052654
PACIFIC FORUM INTERNATIONAL	82-4525112	0.24	1083371
PACIFIC GATEWAY CENTER	99-0236204	0.04	100197
PACIFIC GLOVES & SERVICE LLC	99-0352741	0.03	187784
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION	20-0298040	0.45	1769835
PACIFIC ISLANDS GROUP, LLC	20-3329128	0.01	15578
PACIFIC ISLANDS PRIMARY CARE ASSOCIATION	20-2027791	0.10	360327
PACIFIC MIRROR AND GLASS LLC	75-3040588	0.09	621721

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PACIFICOMM SYSTEMS LLC	37-1518843	0.07	304395
PALI WOMEN'S HEALTH CENTER, INC.	99-0247110	0.00	100622
PANAEWA FOLIAGE, INC.	99-0340885	0.05	48723
PAPA OLA LOKAHI	99-0273765	0.17	409697
PAPAHANA KUAOLA	20-2565007	0.01	28803
PARADISE CARPET & TILE, INC.	99-0302471	0.00	5245
PARADISE IN HAWAII LUXURY HOMES, LP	81-0857903	0.11	332859
PARENT PARTICIPATION NURSERY SCHOOL DBA PPNS	99-0148715	0.02	17961
PARTNERS IN CARE - OAHU CONTINUUM OF CARE DBA PARTNERS IN CARE	84-1705573	0.20	497806

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PATRICK PRENDERGAST DDS, PC DBA ADVANCED DENTAL HEALTH	46-2648198	0.00	2852
PAYSER LLC	84-3039585	0.01	29583
PEAK FORM, LLC DBA PEAK FORM MEDICAL CLINIC	20-0184922	0.41	1206948
PEARLRIDGE DENTAL CARE LLC DBA DENTAL CARE OF PEARLRIDGE	46-1935428	0.05	242349
PERENNIAL HARVEST LLC DBA GROWING SPACES	33-3452521	0.05	119287
PETER A. MATSUURA, M.D.	99-0325702	0.23	495692
PETITE SWAN LP	32-0041087	0.02	63388
PFI RUBBISH SERVICE, INC.	99-0286401	0.06	109851
PHYSICIANS EXCHANGE OF HONOLULU, INC.	99-0181717	0.08	1044441

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIERCE AIR & HEATING, INC	46-2826803	0.00	32
PINK REALTY, INC.	27-1414311	0.00	3644
PLANTATION TAVERN, LLC.	47-1099166	0.00	287783
PLATTER BEHAVIORAL CONSULTING LLC	84-5156673	0.09	53675
PLAZA AT MOANALUA, LP	27-0335015	0.16	535593
PLAZA AT PEARL CITY, LLC	45-3522550	0.10	539346
PLAZA AT WAIKIKI, LP	30-1741493	0.14	396473
PLAZA CARE SOLUTIONS, LLC	84-3199710	0.25	1113484
POHAKU PACIFIC, LLC	47-2476382	0.01	386028

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Part II Participating Employer Information (Continued).

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POIPU BEACH SURF SCHOOL LLC	86-1532112	0.03	97736
PONO KAI INTERVAL OWNERS ASSOCIATION	99-0260384	0.08	568159
PONO STONE LLC	45-1607316	0.08	133910
PRECISION AIR CONDITIONING, INC.	99-0251847	0.00	243214
PRISTINE AIR CONDITIONING CORPORATION	46-4476016	0.06	331495
PRISTINE PAINTING & COATINGS, LLC	82-3605988	0.03	20627
PRM LLC	83-4232254	0.00	28400
PRO FORMANCE, INC.	47-1499768	0.03	26274
PROJECT VISION HAWAI	27-2831637	0.02	423179

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PROPARK, INC.	99-0196340	0.03	342786
PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	61-1582294	6.59	30471870
PUKALANI COUNTRY CLUB LLC	38-3937332	0.01	166566
PULAMA YARD SERVICE, LLC	27-2622423	0.00	17086
PUNCHBOWL RETIREMENT CENTER, LLC	99-0354204	0.10	980938
PURE HAWAII TRAVEL, LLC DBA PURE KAUAI	82-4717466	0.02	666451
PURRADISE CAT CARE, INC.	83-2360497	0.13	350929
PU'UKUMU MANAGEMENT LLC	85-0563379	0.01	96287
PUUWAI DESIGN & CONSTRUCTION, LLC	99-0356090	0.08	325799

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QUALITY COAT LLC	46-4782859	0.03	73133
QUALITY DESIGN/BUILD, INC.	99-0347258	0.05	1752836
QUEER ASTERISK	81-2883822	0.03	256025
R&M REYES ENTERPRISE LLC	20-4716556	0.08	241605
RADFORD Y. GOTO, D.M.D.,LLC	47-4475049	0.29	1596184
RAILING SYSTEMS HAWAII, LLC	27-0007413	0.12	580120
RAINBOW WASTE SERVICES LLC	99-0347551	0.00	2065
R-DAM LLC DBA SOUTH MAUI GARDENS	46-1975003	0.11	233168
READYZONEHQ, INC	46-3737319	0.09	301399

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REAL GEEKS, LLC	26-3114026	0.00	62156
REALM, LLC	83-3570534	0.00	28461
REALTORS ASSOCIATION OF MAUI, INC.	23-7289710	0.03	188825
RED TALON GROUP CORPORATION	87-4273892	0.03	16627
REDEFINED WEDDING FILMS, LLC	84-4519848	0.04	136878
REEL AXIS, INC.	82-4117027	0.08	821297
REIWA ACCOUNTING LLP	81-2894152	0.53	1096208
RENEWABLE ENERGY SERVICES, INC	99-0297164	0.27	354769
RESORT MANAGEMENT COMPANY LLC	51-0498302	0.57	3309830

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REVOLUSUN LLC	27-0558508	0.38	1123056
REYES CORPORATION DBA CREATIVE COUNSELING SERVICES	20-5869860	0.28	1647599
RIVER OF LIFE MISSION	99-0253651	0.06	87198
ROBB T. SHIBAYAMA OD INC.	99-0351073	0.21	2128241
ROBISON ENGINEERING, INC	91-2050909	0.80	4025177
ROYAL ALOHA COFFEE COMPANY, LLC	84-2099447	0.09	105488
RP MEDICAL LLC DBA MINIT MEDICAL	47-2604961	0.40	1188513
RT HAWAII RESTAURANTS, INC. DBA RUBY TUESDAY	54-2119017	0.08	1495514
RUDI KING DESIGN LLC DBA KING SCREEN PRINTING	81-0989280	0.03	55661

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RVOC TRUST OF GARY O. GALIHER	99-0191183	0.02	237290
S&I EQUIPMENT RENTALS, LLC	81-3843606	0.04	25845
SAMANTHA THAVASA USA, INC.	74-3190718	0.00	1314
SAVOR BRANDS, INC.	20-4209228	0.26	1739038
SCHMITZ DESIGN-BUILD LLC	99-2695501	0.05	37352
SCIENTIFIC CONSULTANT SERVICES, INC.	99-0295585	0.12	1653967
SCREENS & THINGS, INC.	99-0284609	0.18	2548390
SEAL PRO'S LLC	26-3729070	0.06	282008
SEALTECH INC. DBA SEAL MASTERS OF HAWAII	99-0279176	1.12	9548619

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SEASIDE WAIKIKI HOTEL FUND LLC DBA SHORELINE HOTEL WAIKIKI	45-4397474	0.10	567252
SEX THERAPY HAWAII LLC DBA HAWAII CENTER FOR SEXUAL AND RELATION	81-5127128	0.16	357742
SHAMROCK BROTHERS, LLC DBA J.J. DOLANS	26-1764313	0.20	1254769
SHERRIE HIROTA MD LLC	93-2737687	0.01	5361
SHINN CONSULTING, CPA'S, P.C. DBA CLEARPATH FORT COLLINS CPAS	84-1325041	0.08	76160
SHIP TO HAWAII, LLC	35-2381699	0.02	35138
SHON S. GREGORY DBA SURFACE SHIELD	26-3505640	0.37	1374112
SIMONPIETRI SERVICES LLC	85-2464400	0.13	140262
SJ COMMUNICATION, INC.	46-1993165	0.01	69432

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SMITH'S MOTOR BOAT SERVICE, INC.	99-0112294	0.52	8071022
SOLAR SPECIALTY GROUP INC.	46-2665765	0.04	55728
SOUL CONSTRUCTION, INC.	27-0083354	0.00	1450
SOUTH PACIFIC CONTRACTING, LLC	90-0777552	0.18	161233
SOUTH PACIFIC DISTRIBUTORS, LLC	99-0355189	0.03	218275
SPECIAL EDUCATION CENTER OF HAWAII DBA SECOH	99-0141008	0.09	1505187
SPECIALTY LUMBER. INC.	99-0349716	0.15	942625
SPEECH PATHOLOGY OF HAWAII, LLC DBA SPEECH SOLUTIONS	26-3729001	0.00	121802
SSA EXPRESS, INC. DBA EXPEDITERS HAWAII	20-1550921	0.00	802306

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STANDARD AIR LLC	81-4732834	0.01	34185
STANDARD COMMERCIAL LLC AND STANDARD MANAGEMENT LLC	46-4161645	0.09	248367
STEIN LAW, P.C. DBA MOUNTAIN WEST LAW GROUP	45-3642468	0.00	418110
STEP UP INC	32-0583101	0.01	3521
STEPPING STONES ACADEMY LLC	20-4963713	0.17	491196
STONE SOLUTIONS INCORPORATED	26-3180266	0.04	0
STRAT LABS LLC DBA STRAT LABS	82-2207879	0.01	46467
STRUCTURAL CONCRETE BONDING & RESTORATION, INC.	99-0261657	0.17	414637
STUDIO AUTO BODY, INC.	37-1691090	0.12	136795

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SUMMA HAWAII, INC. DBA SUMMA INTERNATIONAL	68-0590470	0.05	159786
SUNSHINE ARTS, INC.	20-8068164	0.03	351914
SUNSHINE HELICOPTERS, INC.	99-0244614	0.00	673354
SUNSPEAR ENERGY LLC	82-2907032	0.14	132955
SUSANNAH WESLEY COMMUNITY CENTER	99-0073528	0.07	184949
SUSTAINABLE MOLOKAI	27-3261673	0.14	246932
T&T TINTING SPECIALISTS, INC.	99-0216738	0.16	2734095
TAIJI TERASAKI LLC	88-4401503	0.10	131493
TANIKAI, INC.	99-0302106	0.00	294818

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TANIOKA'S FISHMARKET INC. DBA TANIOKA'S SEAFOODS AND CATERING	99-0183966	0.32	635122
TANIZAKI LTD, DBA PUKALANI SUPERETTE	99-0082497	0.12	1238236
TANOA USA	82-4868477	0.04	52821
TAX SERVICES OF HAWAII INC.	27-0953908	0.02	16446
TEAM PHYSICAL THERAPY, LLC DBA ENCHANTED LAKE PHYSICAL THERAPY	27-3985506	0.10	578660
TECHTONIC GROUP, INC.	87-0767850	0.00	122730
TEE'S ELECTRICAL AND MAINTENANCE LLC	26-1908471	0.03	318197
THE ARC IN HAWAII	99-0089327	0.95	1761463
THE ASSOCIATION OF APARTMENT OWNERS OF MAKAHA SURFSIDE	99-0157517	0.00	2262

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THE CAREGIVER FOUNDATION, INC.	26-2548300	0.17	515044
THE CHAMBER OF COMMERCE OF HAWAII	99-0035510	0.18	815497
THE CHILDREN'S LAW CENTER, LLLC	20-4088476	0.00	3704
THE CLUB AT HOKULI'A, INC.	61-1582293	0.31	1192151
THE CLUB AT KUKUI'ULA	87-0755091	1.70	10853779
THE COOKE CO DBA NATOSHA COOKE	83-1321497	0.00	6947
THE EARL & DORIS BAKKEN FOUNDATION	99-0339501	0.00	269704
THE FRENCH KITCHEN, LLC	45-4419213	0.04	90168
THE FRIENDS OF IOLANI PALACE	99-0115665	0.00	16814

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THE GROWING PATCH 24 HOUR CHILDEN'S ACADEMY LLC	47-4449802	0.00	12
THE HANALEI INITIATIVE	83-1572601	0.19	294527
THE INTUITIVE HOME LLC	47-2130690	0.01	69755
THE LAULIMA CHARITABLE FOUNDATION	99-0414024	0.00	2014
THE LILJESTRAND FOUNDATION	26-1319784	0.01	3474
THE MAKANA NORTH SHORE CLINIC DBA MAKANA NORTH SHORE URGENT	47-2817715	0.06	39224
THE MEDIATION CENTER OF THE PACIFIC	99-0192700	0.08	334204
THE PLAZA AT KANEOHE LP DBA THE PLAZA AT KANEOHE	37-1714706	0.07	163288
THE PROFESSIONALS KAUAI, LLC	27-3570399	0.00	62930

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THE QUEEN'S HEALTH SYSTEMS	99-0238120	0.56	1705843
THE VANGUARD THEORY, INC.	27-2832482	0.06	174677
THE WRIGHT DENTIST, LLC	87-2167661	0.04	558297
THESTRATEGIST, LLC	80-0493327	0.00	49658
TIKIS GRILL & BAR, LLC	99-0357563	0.14	620122
TIM LLOYD CONSTRUCTION LLC	47-2574592	0.03	47704
TIMBER CREATIONS MAUI LLC	45-5343330	0.15	166775
TINGUELY DEVELOPMENT, INC.	99-0324251	0.20	1257027
TITAN INDUSTRIES, LLC	26-1871078	0.36	1338310

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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
TMS CONSTRUCTION INC. DBA TMS CONSTRUCTION AND TMS CUSTOM WOODWORKS	47-4531633	0.11	73361
TOGALA CONTRACTOR BUILDER LLC	87-3121578	0.07	75846
TOKUNAGA BUILDERS, INC.	99-0356376	0.02	301046
TOUCHING THE EARTH LAND COMPANY LLC	81-0772638	0.03	54209
TOWER COMMERCIAL LLC	46-1276193	0.01	9754
TRADE WINDS FAMILY MEDICINE, LLC	26-4743216	0.10	954131
TRANSPORTATION APPLIED INTELLIGENCE SOFTWARE, LLC	85-2497425	0.75	1520455
TREVOR HARTWELL DDS LLC	90-1119494	0.10	654350
TRU PROTECTION INC.	40-1089436	0.00	7697

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
TW LOGISTICS LLC DBA ALOHA FREIGHT FORWARDERS	84-3397306	0.35	379185
TYLER KIMURA AGENCY LLC, DBA ALWAYS BEST CARE	01-0924552	0.01	22683
UKUWAI PROPERTIES, LLC	20-5906142	0.10	528438
ULU DEVELOPMENT LLC	47-4028251	0.03	76181
ULU HI-TECH, INC.	84-2633084	0.14	0
UMAUMA EXPERIENCE LLC	83-4253382	0.10	91140
UNCLE'S ICE CREAM	82-2666225	0.00	37040
UNION MAK CORPORATION	20-2435998	0.00	56802
URAHUTIA PRODUCTIONS, LLC DBA AULII LUAU	01-0878161	0.06	223009

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
URGENT ISLAND RESTORATION LLC	81-1948702	0.06	62356
US MED URGENT CARE, LLC	90-0657722	0.00	237825
VALLY MEDICAL GROUP, APC	47-1422140	0.00	4583
VANESSA CHOY, DDS, LLC	83-4578916	0.06	408144
VARES CONTRACTING, INC.	47-1254137	0.00	62952
VEGA ARCHITECTURE, LLC	26-4441241	0.10	370036
VENERE CORPORATION	99-0347622	0.10	485188
VINTAGE EUROPEAN POSTERS, INC.	27-3332519	0.00	208259
VIRGINIA B. HATCH PIGOTT	81-3183441	0.06	104503

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Part II Participating Employer Information (Continued).

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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
VIRGO USA INC.	56-2572286	0.03	196948
VIVIA CARES, INC.	86-1629461	0.17	696343
VOLCANO ART CENTER	99-0162321	0.10	367390
VOLCANO ISLAND HONEY COMPANY, LLC DBA RARE HAWAIIAN HONEY COMPANY	20-3746569	0.01	179102
WAI KAI WAVE, LLC DBA THE LINEUP AT WAI KAI	83-1404418	0.00	0
WAIAHOLE POI FACTORY	99-0156391	0.00	0
WAIANAE COAST EARLY CHILDHOOD SERVICES, INC.	23-7106164	0.08	337526
WAI'ANAE COMMUNITY RE-DEVELOPMENT CORPORATION DBA MA'O	99-0350803	0.08	314860
WAILANI PROPERTIES LLC DBA WAILANI KAUAI	84-2416621	0.04	33168

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Part II Participating Employer Information (Continued).

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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
WAILEA POINT AOAO	99-0247221	0.23	1978092
WAILUKU HONGWANJI MISSION	99-0082412	0.01	15734
WALK ON WOOD FLOOR COMPANY, INC.	47-2763529	0.07	288598
WALLACE THEATERS MANAGEMENT CORPORATION	99-0341305	0.03	86499
WATANABE FLORAL, INC.	99-0170077	0.34	2642024
WATTIQ, INC.	86-2480680	0.15	237963
WEE PEDIATRICS, INC.	99-0276291	0.08	920723
WEISS PT, INC. DBA ISLAND NEURO REHAB	54-2184041	0.00	16681
WILLIAMS CONSTRUCTION LLC	46-3700586	0.05	447883

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

Part II Participating Employer Information (Continued).

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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
WJ'S HOME & LANDSCAPE SERVICES, LLC	33-1153476	0.03	58861
WOMEN'S SPECIALTY CARE, LLC	83-1397608	0.02	40309
WTS INTERNATIONAL, INC.	52-0965127	0.03	60440
XCELL LABORATORIES, LLC	85-3180310	0.00	2914
Y.N. LUM INVESTMENT, INC.	99-0117463	0.20	440893
YC EWA INC. DBA EWA BEACH GOLF CLUB	87-2183214	0.07	141122
YOURVET, INC	47-3961320	0.00	154281
ZMANA LLC	81-4312592	0.00	94354

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

Part III Pooled Employer Plan Information

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, 2025 and 2024

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VERITY
Certified Public Accountants

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, 2025 and 2024, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year ended December 31, 2025, 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's 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, 2025 and 2024, and for the year ended December 31, 2025, 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.

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

Our 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's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 U.S. 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.

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's 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 the DOL's 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).



Honolulu, HI
October 14, 2026

ProService Hawai‘i 401(k) Plan

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

As of December 31,

	2025	2024
ASSETS		
INVESTMENTS:		
Investments in pooled separate accounts, participant directed, at fair value	$ 485,076,039	$ 382,475,397
Investments in investment contract, participant directed	19,641,270	22,623,849
Total investments	504,717,309	405,099,246
RECEIVABLES:		
Employer	66,887	886,597
Participant	377,429	851,848
Other	23,102	31,862
Total receivables	467,418	1,770,307
PARTICIPANT LOANS	6,901,488	5,683,080
NET ASSETS AVAILABLE FOR BENEFITS	$ 512,086,215	$ 412,552,633

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,

	2025
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net change in fair value of pooled separate accounts	$ 67,015,478
Net change in value of investment contract	460,790
Total investment income	67,476,268
Interest income on participant loans	545,069
Contributions:	
Participant	41,557,175
Employer	15,879,281
Rollover	4,416,449
Total contributions	61,852,905
Total additions	129,874,242
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Distributions:	
Benefits paid to participants	33,853,239
Corrective distributions	556,370
Deemed distributions	210,470
Total distributions	34,620,079
Administrative expenses	2,154,068
Total deductions	36,774,147
NET CHANGE	93,100,095
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	412,552,633
Amounts received from other qualified plans	16,881,056
Amounts transferred to other qualified plans	(10,447,569)
End of the year	$ 512,086,215

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

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 deferral contributions in accordance with the Adoption Agreements and the Internal Revenue Code (“IRC”) limitations of $23,500 and $23,000 for the calendar years ended December 31, 2025 and 2024, 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, 2025 and 2024. 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.

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 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. As of December 31, 2025, interest on outstanding participant loans ranged from 2.00% 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 deferrals or roth rollover contributions may only be rolled over to a roth individual retirement account 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. As of December 31, 2025 and 2024, forfeited non-vested accounts amounted to $1,475,913 and $1,249,334, respectively. During the year ended December 31, 2025, forfeitures in the amount of $246,708 were used to reduce Participating Employers' contributions and pay plan expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of accounting

The financial statements of the Plan have been prepared on the cash basis, 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 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 changes in net assets available for benefits 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 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.

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, 2025 and 2024, the interest rates for the Stable Value Option were as follows:

	2025	2024
Minimum Rate	2.50%	2.40%
Average Rate	2.55%	2.45%
Closing Rate	2.50%	2.50%

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.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Income recognition

Purchases and sales of securities are recorded on a trade-date basis. Net change in fair value 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 when received. 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 Agreement 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 Principal Employer. Certain administrative functions are performed by officers or employees of the Principal Employer, who receive no compensation from the Plan. All administrative expenses are the responsibility of the Plan; however, the Principal Employer and the Participating Employers at their discretion may pay such expenses.

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 (“DOL”) 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 Benefits (Modified Cash Basis) as of December 31, 2025 and 2024, and the related investment activity reflected in the accompanying Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year ended December 31, 2025.

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification Topic 820 ("ASC 820"), *Fair Value Measurement,* 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 as of December 31, 2025 and 2024.

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

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Measured outside of FV hierarchy	Total
Pooled separate accounts	$ 65,997,718	$ 419,078,321	$ -	$ -	$ 485,076,039
Total investments in fair value hierarchy	65,997,718	419,078,321	-	-	485,076,039
Investment contract	-	-	-	19,641,270	19,641,270
Total investments	$ 65,997,718	$ 419,078,321	$ -	$ 19,641,270	$ 504,717,309

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	$ 85,042,516	$ 297,432,881	$ -	$ -	$ 382,475,397
Total investments in fair value hierarchy	85,042,516	297,432,881	-	-	382,475,397
Investment contract	-	-	-	22,623,849	22,623,849
Total investments	$ 85,042,516	$ 297,432,881	$ -	$ 22,623,849	$ 405,099,246

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Transamerica is the trustee 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 $2,154,068 for the year ended December 31, 2025.

NOTE 6 – PLAN TERMINATION

Although the Principal Employer expects to continue the Plan indefinitely, the Principal Employer has the right under the Plan Agreement 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 non-vested portion of Principal Employer contributions for participants subject to such full termination, partial plan termination, or partial discontinuance will become fully vested and non-forfeitable.

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, believes that the Plan is qualified and the related trust is tax-exempt.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. It is the Plan’s policy to recognize interest accrued related to underpayment of income taxes in interest expense and penalties in administrative expenses. The Plan has no uncertain tax positions as of December 31, 2025 and 2024.

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 the Principal Employer 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 were 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 – DELINQUENT PARTICIPANT CONTRIBUTIONS

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can reasonably be segregated from the employer’s general assets. Although all participant contributions were ultimately remitted to the Plan, contributions totaling $375,376 were not remitted within the time period prescribed by the DOL during the year ended December 31, 2025. The Plan worked with Transamerica to calculate lost earnings related to the late remittances and loan repayments, which were remitted to the Plan during 2026.

NOTE 10 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2025 financial statements for subsequent events through October 14, 2026, the date the financial statements were available to be issued, and was not aware of any subsequent events that would require additional recognition or disclosure in the financial statements.

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Supplementary Information

ProService Hawai'i 401(k) Plan

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

As of December 31, 2025

	Total that Constitute Nonexempt Prohibited Transactions			
Participant contributions transferred late to plan	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☑	$ -	$ 375,376	$ -	$ -

ProService Hawai'i 401(k) Plan

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

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Investment contract			
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	**	$ 19,641,270
		Total investment contract		19,641,270
	Pooled separate accounts			
*	Transamerica Life Insurance Company	Transamerica LifeGoal Retirement with BlackRock RetOpt	**	59,706,580
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2035 with BlackRock RetOpt	**	52,288,550
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2040 with BlackRock RetOpt	**	44,592,301
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2045 with BlackRock RetOpt	**	44,320,164
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2030 with BlackRock RetOpt	**	40,189,899
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2050 with BlackRock RetOpt	**	38,789,669
*	Transamerica Life Insurance Company	TA Vanguard Total Stck Mrkt Index Ret Opt	**	33,949,637
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2055 with BlackRock RetOpt	**	30,883,626
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2060 with BlackRock RetOpt	**	23,960,887
	Morgan Stanley	Morgan Stanley Growth Ret Opt	**	13,497,282
	American Funds	American Funds Growth Fund of America Ret Opt	**	11,176,859
*	Transamerica Life Insurance Company	Transamerica Large Cap Growth Ret Opt	**	9,894,109
	Ivy Funds	Delaware Ivy Science & Technology Ret Opt	**	9,856,197
	Loomis Sayles Funds	Loomis Sayles Investment Grade Bond Ret Opt	**	7,442,817
	Pioneer Investments	Pioneer Equity Inc Ret Opt	**	5,904,969
	American Funds	American Funds New Perspective Ret Opt	**	5,212,410
	Columbia	Columbia Contrarian Core Ret Opt	**	4,943,166
	Allspring Global Investments	Allspring Special Mid Cap Value Ret Opt	**	4,238,179
	American Funds	American Funds Balanced Ret Opt	**	4,131,970
*	Transamerica Life Insurance Company	Transamerica High Yield Bond Ret Opt	**	4,038,727
	State Street Global Advisors	State Street S&P Mid Cap Index Ret Opt	**	3,953,113
	Thornburg	Thornburg International Equity Ret Opt	**	3,648,273
	State Street Global Advisors	State Street Russell Small Cap Index Ret Opt	**	3,220,922
	Invesco	Invesco Global Ret Opt	**	3,010,932
	American Funds	American Funds EuroPacific Growth Ret Opt	**	2,787,127
	Hartford Mutual Funds	Hartford Mid Cap Ret Opt	**	2,702,239
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Port Ret Opt	**	2,308,617
	BlackRock	BlackRock Health Sciences Opps Ret Opt	**	2,265,663
	Franklin Templeton Investments	Franklin Small Cap Value Ret Opt	**	2,004,894
	State Street Global Advisors	State Street Emerging Markets Index Ret Opt	**	1,794,499
	Dimensional Fund Advisors	DFA U.S. Small Cap Port Ret Opt	**	1,716,566
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2065 with BlackRock RetOpt	**	1,536,883
	Neuberger Berman	Neuberger Berman Real Estate Ret Opt	**	1,454,192
	Janus Henderson	Janus Henderson Triton Ret Opt	**	1,423,337
	Dimensional Fund Advisors	DFA International Small Cap Value Port Ret Opt	**	1,185,402
	American Funds	American Funds New World Ret Opt	**	1,042,552
*	Transamerica Life Insurance Company	Transamerica LifeGoal 2070 with BlackRock RetOpt	**	2,830
		Total pooled separate accounts		485,076,039
	Participant loans			
*	Participants	Participant Loans - Rate 2.00% to 10.50%		6,901,488
		Total participant loans		6,901,488
		Total Assets (Held at End of Year)		$ 511,618,797

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

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

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ProService Hawaii 401(k) Plan
EIN No.: 61-1582293, Plan No. 333
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Life Ins Co	Transamerica Stable Val Option	$ 19,641,270
		Insurance Company/General Account Total	**$ 19,641,270**
*	Transamerica Life Ins Co	AllSpring Special Md Cp Val Rt Opt	$ 4,238,179
*	Transamerica Life Ins Co	American Fds EuroPacific Gr Ret Opt	$ 2,787,127
*	Transamerica Life Ins Co	American Fds Gr Fd of America Opt	$ 11,176,859
*	Transamerica Life Ins Co	American Fds New Perspective Rt Opt	$ 5,212,410
*	Transamerica Life Ins Co	American Funds Balanced Ret Opt	$ 4,131,970
*	Transamerica Life Ins Co	American Funds New World Ret Opt	$ 1,042,552
*	Transamerica Life Ins Co	BlackRock Health Sciences Opp Opt	$ 2,265,663
*	Transamerica Life Ins Co	Columbia Contrarian Core Ret Opt	$ 4,943,166
*	Transamerica Life Ins Co	DFA Infl-Prtctd Sec Pofolio Opt	$ 2,308,617
*	Transamerica Life Ins Co	DFA Intl Small Cap Val Pofolio Opt	$ 1,185,402
*	Transamerica Life Ins Co	DFA U.S. Small Cap Prtf Ret Opt	$ 1,716,566
*	Transamerica Life Ins Co	Franklin Small Cap Val Ret Opt	$ 2,004,894
*	Transamerica Life Ins Co	Hartford Mid Cap Ret Opt	$ 2,702,239
*	Transamerica Life Ins Co	Invesco Glbl Ret Opt	$ 3,010,932
*	Transamerica Life Ins Co	Janus Henderson Triton Ret Opt	$ 1,423,337
*	Transamerica Life Ins Co	Loomis Sayles Inv Grade Bd Rt Opt	$ 7,442,817
*	Transamerica Life Ins Co	Macquarie Science & Tech Ret Opt	$ 9,856,197
*	Transamerica Life Ins Co	Morgan Stanley Gr Ret Opt	$ 13,497,282
*	Transamerica Life Ins Co	Neuberger Berman Real Est Ret Opt	$ 1,454,192
*	Transamerica Life Ins Co	State Street Emerg Mkt Idx Ret Opt	$ 1,794,499
*	Transamerica Life Ins Co	State Street Russell Sm Cp Idx Opt	$ 3,220,922
*	Transamerica Life Ins Co	State Street S&P Md Cp Idx Ret Opt	$ 3,953,113
*	Transamerica Life Ins Co	TA Vanguard Ttl Stock Mkt Idx Opt	$ 33,949,637
*	Transamerica Life Ins Co	Thornburg Intl Val Ret Opt	$ 3,648,273
*	Transamerica Life Ins Co	Transamerica High Yield Bd Rt Opt	$ 4,038,727
*	Transamerica Life Ins Co	Transamerica LG 2030 BlackRock	$ 40,189,899
*	Transamerica Life Ins Co	Transamerica LG 2035 BlackRock	$ 52,288,550
*	Transamerica Life Ins Co	Transamerica LG 2040 BlackRock	$ 44,592,301
*	Transamerica Life Ins Co	Transamerica LG 2045 BlackRock	$ 44,320,164
*	Transamerica Life Ins Co	Transamerica LG 2050 BlackRock	$ 38,789,669
*	Transamerica Life Ins Co	Transamerica LG 2055 BlackRock	$ 30,883,626
*	Transamerica Life Ins Co	Transamerica LG 2060 BlackRock	$ 23,960,887
*	Transamerica Life Ins Co	Transamerica LG 2065 BlackRock	$ 1,536,883
*	Transamerica Life Ins Co	Transamerica Lg Cap Gr Ret Opt	$ 9,894,109
*	Transamerica Life Ins Co	Transamerica LG D BlackRock Opt	$ 59,706,580
*	Transamerica Life Ins Co	Transamerica LifeGoal 2070 with BlackRock Ret Opt	$ 2,830
*	Transamerica Life Ins Co	Victory Pioneer Equity Income Ret Opt	$ 5,904,969
		Pooled Separate Accounts Total	**$ 485,076,039**
*	Participants	Notes Receivable with interest rates of 2.00% to 10.50%	$ 6,901,488
		TOTAL PLAN ASSETS	**$ 511,618,797**

* Indicates Party-In-Interest to the Plan