## Line Item Breakdown - 2025 VACATION PLAN ASSESSMENTS [ Imperial Hawaii Vacation Club ("IHVC" or "Club"), Vacation Plan ("Interval"), Timeshared Condominiums ("Vacation Plan Units")]

Expense Detail			Total	Ohia	Banyan	Palm	Koa	Hala
Real Property Tax	Assessed by the County of Honolulu for Vacation Plan Units and Club Owned Condominium Units	18.83%	1,586,841	184.80	277.42	294.01	302.31	344.25
Reserve Fund	For IHVC Equipment, Furniture & Fixtures	2.97%	250,000	29.11	43.70	46.32	47.63	54.23
General Excise Tax	A Tax in State of Hawaii with a description of " A Privilege Tax Imposed on Business Activity "	0.15%	12,725	1.48	2.22	2.36	2.42	2.76
Operations	The Cost for Club Operations (This includes salaries, benefits, supplies etc.)	3.20%	270,026	31.44	47.20	50.03	51.44	58.57
AOAO Liability	The Liability to the AOAO for all Common Element Expenses	69.59%	5,864,391	682.93	1,025.19	1,086.54	1,117.22	1,272.21
AOAO Reserve Fund	For Future Capital Replacement	5.26%	443,456	51.64	77.52	82.16	84.48	96.21
2025 Assessment ~ By Unit Type without Discount(s) Applied ~ Pay This Amount				981.40	1,473.25	1,561.42	1,605.50	1,828.23
2025 <b>Cash Discount</b> Amount ~ 5.0% For Paying Assessment by Check or Cash by November 30, 2024			49.07	73.66	78.07	80.28	91.41	
2025 Assessment - Discounted by 5.0% - Pay This Amount No Later Than November 30, 2024				932.33	1,399.59	1,483.35	1,525.22	1,736.82
2025 <b>Cash Discount</b> Amount ~ 3.0% For Paying Assessment by Check or Cash by January 1, 2025				29.44	44.20	46.84	48.17	54.85
2025 Assessment - Discounted by 3.0% - Pay This Amount No Later Than January 1, 2025				951.96	1,429.05	1,514.58	1,557.33	1,773.38

The Imperial Hawaii Vacation Club Accounting Department Phone: (808) 921-7541 Fax: (808) 921-7562 Email: acctg@imperialofwaikiki.com

Cash Discounts are only available for payments made by check, cash or money order and received in the Accounting Department no later than November 30, 2024 for 5% or January 1, 2025 for 3%.

## **OWNER INFORMATION UPDATE**

In our continuing efforts to maintain accurate and up to date information, we ask that you take a few minutes to provide us with your current information and return this form to The Imperial with your payment.								
Recorded Name(s) on Title	Last, First	ADDRESS:	Number and Street					
Last, First	Last, First	]	City, State (Province)					
Home Ph.	Business Ph.	_	Zip (Postal Code)					
Cell Ph.		_	Country					
Email Address								