

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

<p>1a Name of plan <u>HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN</u></p> <p><u>94-497 UKEE ST.</u> <u>WAIPAHU, HI 96797</u></p>	<p>1c Effective date of plan <u>08/13/1973</u></p> <p>2b Employer Identification Number (EIN) <u>99-0166477</u></p> <p>2c Plan Sponsor's telephone number <u>808-671-8225</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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.	04/29/2025	TODD KAWIKA CHUN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/29/2025	JOSEPH O'DONNELL
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	613
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	613
	6a(2)	672
	6b	
	6c	
	6d	672
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	52

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN	D Employer Identification Number (EIN) 99-0166477	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SINGERLEWAK, LLP

500 ALA MOANA BLVD.
SUITE 2-302
HONOLULU, HI 96813

95-2302617

(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?
10	NONE	36126	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN		D Employer Identification Number (EIN) 99-0166477	

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	1370068	1447861
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	339406	424100
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15930	17784
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	225776	234742
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	235	221
f Total assets (add all amounts in lines 1a through 1e)	1f	1951415	2124708
Liabilities			
g Benefit claims payable	1g	1557833	1704443
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1557833	1704443
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	393582	420265

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)	4381518	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4381518
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(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		79999
d Total income. Add all income amounts in column (b) and enter total	2d		4461517

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4387816	
(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)		4387816
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	59	
(4) IQPA audit fees.....	2i(4)	36126	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1974	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	8859	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		47018
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4434834

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26683
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SINGERLEWAK LLP

(2) EIN: 95-2302617

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12784
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 _____.

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
FINANCIAL REPORT
July 31, 2024 and 2023**

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Hawaii Iron Workers' Vacation and Holiday Plan

Opinion

We have audited the accompanying financial statements of the Hawaii Iron Workers' Vacation and Holiday Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of July 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Hawaii Iron Workers' Vacation and Holiday Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Hawaii Iron Workers' Vacation and Holiday 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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.

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 Hawaii Iron Workers' Vacation and Holiday Plan's ability to continue as a going concern within one year after the date the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (cont'd)

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

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 generally accepted auditing standards 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 controls. 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.

In performing an audit in accordance with generally accepted auditing standards, 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 Hawaii Iron Workers' Vacation and Holiday 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 Hawaii Iron Workers' Vacation and Holiday Plan's ability to continue as a going concern for a reasonable period of time.

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of July 31, 2024, reportable transactions for the year ended July 31, 2024, and delinquent participant contributions for the year ended July 31, 2024 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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 has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Singer Lewak LLP". The signature is written in a cursive, flowing style.

Honolulu, Hawaii
April 8, 2025

**HAWAII IRON WORKERS’
VACATION AND HOLIDAY PLAN**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
July 31, 2024 and 2023

	2024	2023
<u>Assets:</u>		
Investments, at fair value:		
Interest-bearing cash	\$ 17,144	\$ 11,598
Money Market Fund	67,598	64,178
Time Certificates of Deposit	150,000	150,000
	234,742	225,776
Receivables:		
Employers’ contributions, net	424,100	339,406
Liquidated damages	1,234	230
	425,334	339,636
Cash - noninterest bearing	1,447,861	1,370,068
Due from Hawaii Iron Workers’ Administrative Office	16,550	15,700
Fixed assets at cost:		
Office furniture and equipment	8,465	8,465
Meeting room	525	525
	8,990	8,990
Less: Accumulated depreciation	8,769	8,755
	221	235
Total assets	2,124,708	1,951,415
<u>Liabilities:</u>		
Vacation and holiday benefits payable	1,704,443	1,557,833
Total liabilities	1,704,443	1,557,833
Net assets available for benefits	\$ 420,265	\$ 393,582

See notes to financial statements.

HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended July 31, 2024 and 2023

	2024	2023
<u>Additions:</u>		
Employers' contributions [net of bad debt expense: 2024 - \$2,140; 2023 - \$1,124]	\$ 4,381,518	\$ 4,031,466
Members' assessments	66,731	61,114
Liquidated damages	4,303	2,828
Investment income	8,965	3,854
Total additions	4,461,517	4,099,262
<u>Deductions:</u>		
Payments for vacation and holiday benefits	4,241,205	4,050,654
Net additions to liability for vacation and holiday benefits	146,611	11,493
General and administrative expenses		
Audit fees	36,126	36,126
Insurance	3,973	8,295
Reimbursement to Hawaii Iron Workers' Administrative Office	3,179	2,998
Legal fees	1,974	3,812
Office	832	1,095
Bank fees	576	118
Postage	286	593
Tabulating service	59	48
Depreciation	13	14
Dues and subscriptions	-	-
	47,018	53,099
Total deductions	4,434,834	4,115,246
Net change	26,683	(15,984)
Net assets available for benefits:		
Beginning of year	393,582	409,566
End of year	\$ 420,265	\$ 393,582

See notes to financial statements.

HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Hawaii Iron Workers' Vacation and Holiday Plan (the Plan) provides only general information. Participants should refer to the Plan's Rules and Regulations for a more complete description of the Plan's provisions.

General

The Iron Workers' Local 625 Vacation Fund was formed on August 13, 1973, under an agreement between the Steel Fabricators and Erectors of Hawaii and the Reinforcing Steel Companies of Hawaii (the Employers) and Local Union No. 625 of the International Association of Bridge, Structural and Ornamental AFL-CIO (the Union). On August 18, 1975, the Fund's name was changed to Hawaii Iron Workers' Vacation and Holiday Trust Fund. The Plan is a multiemployer defined-contribution welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by a Joint Board of Trustees consisting of an equal number of Union Trustees and Employer Trustees. The Joint Board of Trustees has overall responsibility for the operation and administration of the Plan.

Contributions

Each employer is required to make prompt contributions or payments to the Plan in such amount and under the terms as are provided for in the applicable collective bargaining agreement in effect between the employer or his bargaining representative and the Union.

Vacation and Holiday Benefits

All vacation and holiday contributions received from any employer on behalf of any employee shall be accumulated and credited to separate accounts for each employee. The amount of vacation and holiday benefits is the total amount of vacation and holiday contributions paid to the Plan plus any interest credited to the employee's account less withdrawals, assessments, and any prorated expenses as determined by the Trustees.

The Plan distributes vacation and holiday benefits upon request by employees. Effective May 29, 2024, the Plan amended the payment of the benefits by allowing eligible employees to make one (1) withdrawal of the benefits per earning month, up to thirteen (13) withdrawals per earning year. Prior to May 29, 2024, the Plan allowed eligible employees to make one (1) withdrawal of the benefits per month, up to twelve (12) withdrawals per earning year, to be prorated for any partial earning year. Payment of benefits shall be made at any time if an employee leaves the jurisdiction of the Union, is totally disabled, or retires from the industry.

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Vested Rights

An employee has a vested interest in the Plan only to the extent of the amount that is credited to his or her account.

Death Benefit

If an employee dies, his or her accumulated vacation and holiday benefits are paid to the beneficiary named in his or her Plan records. If no beneficiary is named, or the named beneficiary is deceased, payment of the benefits shall be made in the following order of preference:

- a. The surviving legal spouse.
- b. The surviving children, in equal shares.
- c. The surviving parents, in equal shares.
- d. The surviving siblings, in equal shares.
- e. The employee's estate.

If, after all reasonable efforts, payment cannot be made to any of the above-described beneficiaries within two years of the last benefit disbursement, the benefits shall remain in the Plan and be used at the discretion of the Trustees for the general purposes of the Plan.

Members' Assessments

An administrative assessment fee of \$100 is charged to each participant account per calendar year.

Funding Policy

The Plan is financed by employers' contributions made in accordance with the formulas set forth in the collective bargaining agreements. Members' assessments are used to pay for reasonable expenses to administer and maintain the Plan. Investment earnings may, at the discretion of the Trustees, be held to defray the reasonable costs of the Plan.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated on an equitable basis to all participating employees. No part of the net assets shall be returned to or inure to the benefit of any employer, employer association, or the Union.

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting and accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein. Actual results could differ from those estimates.

Employers' Contributions Receivable

Employers' contributions receivable principally reflects amounts due from employers as based on hours worked by the participants as of July 31, 2024 and 2023. The Plan recorded an allowance for doubtful accounts of \$10,701 and \$8,561 as of July 31, 2024 and 2023, respectively.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies and procedures utilizing information provided by investment advisors, managers, and custodian. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fixed Assets and Depreciation

Fixed assets are recorded at cost, less accumulated depreciation. Maintenance and repairs are charged to expenses as incurred; major renewals and betterments are capitalized. When capitalized assets are retired or disposed of, the related cost and accumulated depreciation are removed from the respective accounts and any gain or loss is included in income. Depreciation is computed on the straight-line method over the estimated useful life of the asset. Depreciation expense for the years ended July 31, 2024 and 2023 was \$13 and \$14, respectively. The Plan evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate that the carrying value amount may not be recoverable. There was no asset impairment during the years ended July 31, 2024 and 2023.

Vacation and Holiday Benefits Liability

Contributions received are added to vacation and holiday accounts of employees. Any balances remaining in the employees' accounts, after payments of benefits and assessment fees, are liabilities of the Plan.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Subsequent events have been evaluated through April 8, 2025 , which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. 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. There have been no changes in the methodologies used at July 31, 2024 and 2023.

Interest bearing cash: Valued at cost which equals fair value.

Money Market Fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-ended money market fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Time Certificates of Deposit: Valued using the face value of the deposit.

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of July 31, 2024 and 2023:

	July 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 17,144	\$ -	\$ -	\$ 17,144
Money Market Fund	67,598	-	-	67,598
Time Certificates of Deposit	-	150,000	-	150,000
Total assets at fair value	\$ 84,742	\$ 150,000	\$ -	\$ 234,742

	July 31, 2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 11,598	\$ -	\$ -	\$ 11,598
Money Market Fund	64,178	-	-	64,178
Time Certificates of Deposit	-	150,000	-	150,000
Total assets at fair value	\$ 75,776	\$ 150,000	\$ -	\$ 225,776

NOTE 4 – INCOME TAX STATUS

The trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated February 26, 1999, stating that the trust is tax-exempt under provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). However, as a result of the Plan’s funding policy, from time to time, the trust may be subject to income taxes. No federal or state income taxes have been recorded for the years ended July 31, 2024 and 2023 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt.

**HAWAII IRON WORKERS’
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 4 – INCOME TAX STATUS (Continued)

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be substantiated upon examination by the IRS. The Plan Administrator believes the Plan’s tax positions are more likely than not to be sustained if challenged by the tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management has concluded that there are no uncertain tax positions taken, or expected to be take, that would require recognition of a liability (or asset) or disclosure in the financial statements as of July 31, 2024 and 2023.

NOTE 5 – RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

The Hawaii Iron Workers’ Administrative Office provides administrative services for the Plan and other employee benefit plans covered under the collective bargaining agreements between the Employer Organizations and the Union. The administrative office economically centralizes services and pro-rates its operating expenses among the various entities.

Various Trustees of the Plan also serve as Trustees of the Hawaii Iron Workers’ Administrative Office, Pension, Annuity, Health and Welfare, and Training Plans.

NOTE 6 – CONCENTRATION OF CREDIT RISK

The Plan maintains its cash and investments in accounts which may not be federally insured, may exceed federally insured limits, or may be insured by an entity other than an agency of the federal government. The Plan has not experienced any losses in such accounts.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investments securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**HAWAII IRON WORKERS'
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 8 – NONEXEMPT PROHIBITED TRANSACTIONS

Employers of employees covered by the Plan are parties in interest with respect to the Plan under ERISA Section 3(14)(C). The failure to pay participant contributions to the Plan in the time frame prescribed by 29 CFR § 2510.3-102 would result in prohibited use of Plan assets in violation of Section 406(a)(1) (D) of ERISA.

The following employers failed to pay participant contributions to the Plan within the 90-day time frame for the plan year ended July 31, 2024:

<u>Employer</u>	<u>Amount</u>
D&C Welding	\$ 7,437.10
Bronksteel LLC	\$ 1,843.99
DC Fabrication	\$ 1,420.34
S&S Rebar	\$ 2,082.26
	\$ 12,783.69
	\$ 12,783.69

The following employers failed to pay participant contributions to the Plan within the 90-day time frame for the plan year ended July 31, 2023:

<u>Employer</u>	<u>Amount</u>
D&C Welding	\$ 7,437.10
Bronksteel LLC	\$ 1,843.99
DC Fabrication	\$ 1,420.34
	\$ 10,701.43
	\$ 10,701.43

**HAWAII IRON WORKERS’
VACATION AND HOLIDAY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 9 – PLAN AMENDMENT

Effective May 29, 2024, Plan Amendment No. 3 was adopted to amend certain definitions to include “Earning Month” and to amend the payment of benefits for employees to be eligible to make one (1) benefit withdrawal per Earning Month, up to thirteen (13) withdrawals per Earning Year.

SUPPLEMENTAL SCHEDULES

HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN

Year Ended July 31, 2024

EIN: 99-0166477 Plan Number: 501

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

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
Check here if Late Participant Loan repayments are included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 12,784	\$ 12,784	\$ -	\$ -	\$ -

HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN

July 31, 2024

EIN: 99-0166477 Plan Number: 501

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current Value
	Dreyfus Treasury & Agency Cash Management	Money Market Fund	\$ 67,598	\$ 67,598
	Central Pacific Bank	Savings account	17,144	17,144
	Central Pacific Bank	Certificate of deposit, 4/25/25, 4.260%	150,000	150,000
	Total		<u>\$ 234,742</u>	<u>\$ 234,742</u>

HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN

Year Ended July 31, 2024

EIN: 99-0166477 Plan Number: 501

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on the Transaction Date	(i) Net Gain or (Loss)
Central Pacific Bank	Central Pacific Bank CD 4/25/25, 4.260%	\$ 150,000		\$ 150,000	\$ 150,000	\$ -
Central Pacific Bank	Central Pacific Bank CD 4/25/24, 3.500%		\$ 150,000	150,000	150,000	-

HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN

July 31, 2024

EIN: 99-0166477 Plan Number: 501

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current Value
	Dreyfus Treasury & Agency Cash Management	Money Market Fund	\$ 67,598	\$ 67,598
	Central Pacific Bank	Savings account	17,144	17,144
	Central Pacific Bank	Certificate of deposit, 4/25/25, 4.260%	150,000	150,000
	Total		<u>\$ 234,742</u>	<u>\$ 234,742</u>

HAWAII IRON WORKERS' VACATION AND HOLIDAY PLAN

Year Ended July 31, 2024

EIN: 99-0166477 Plan Number: 501

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on the Transaction Date	(i) Net Gain or (Loss)
Central Pacific Bank	Central Pacific Bank CD 4/25/25, 4.260%	\$ 150,000		\$ 150,000	\$ 150,000	\$ -
Central Pacific Bank	Central Pacific Bank CD 4/25/24, 3.500%		\$ 150,000	150,000	150,000	-