

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or th	e 2009 ca	ilendar year, or tax year beginning and endi	ing		
B C	heck if	ie [Please	C Name of organization	[Employer i	dentification number
	Addres	use IRS label or				
] Name] change	print or	HAWAII LABOR HERITAGE COUNCIL		99-0	307329
	Initial	type See	Number and street (or P.O. box, if mail is not delivered to street address)	loom/suite E	Telephone	number
]Termi	n- Specific	FO BOX 233433		808-	235-4714
	Amen	ded trons	City or town, state or country, and ZIP + 4	[F	Group Exe	mption
	Applica	iton g	HONOLULU, HI 96823-3508		Number 🕨	<u> </u>
	• Sec	tion 501(c)	(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Account	ing method:	X Cash Accrual
			Schedule A (Form 990 or 990-EZ).	Other (s	pecify) 📂	
I V	Vebsit	e: ► <u>N</u> /	<u>'A</u>	H Check	▼ 🛣 if i	he organization is not
J T	ax-ex	empt status	g (check only one) — 🗶 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	required to	attach Sched	lule B (Form 990, 990-EZ, or 990-PF)
K C	heck	▶ □ if	the organization is not a section 509(a)(3) supporting organization and its gross receipts are r	normally not r	more than \$2	25,000. A Form 990-EZ or
		F	orm 990 return is not required, but if the organization chooses to file a return, be sure to file a	complete retu	rn.	
L A	dd lin	es 5b, 6b, a	nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form	n 990-EZ	▶ \$	36657.
Pa	ırt I	Revei	nue, Expenses, and Changes in Net Assets or Fund Balances (S	ee the instruc	ctions for Pa	rt I.)
	1	Contribution	ons, gifts, grants, and similar amounts received		1	
	2	Program s	ervice revenue including government fees and contracts		2	
	3	Membersh	up dues and assessments		3	
	4	Investmen	tincome		4	1200.
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	ь	Less: cost	or other basis and sales expenses 5b			
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
Ę	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from gaming, ch	neck here ►		
Revenue	a	Gross reve	enue (not including \$ of contributions			
,		reported o	n line 1) 6a	_3545	57.	
	ь	Less: direc	et expenses other than fundraising expenses 6b			
	С	Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	35457.
	7a	Gross sale	s of inventory, less returns and allowances 7a			
	b	Less: cost	of goods sold 7b			
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reve	nue (describe 🕨) 8	
	9_	Total reve	nue (describe ►	7	▶ 9	36657.
	10	Grants and	cimilar amounts naid (attach schedule)	J	10	
1	11	Benefits pa	aid to or for members ther compensation, and employee benefits	31	_ 11	
တ္တ	12	Salaries, o	ther compensation, and employee benefits	1	12	·
sesued	13	Profession	al fees and other payments to independent contractors		13	
ă X	14	Оссиралсу	nal fees and other payments to independent contractors OGDEN UT		14	
ŭ	15	Printing, p	ublications, postage, and shipping		15	112.
	16	Other expe	inses (describe SEE STATE	MENT 1) <u>16</u>	164.
JUL A 6 2010	17	Total expe	nses. Add lines 10 through 16		▶ 17	276.
$\mathbb{Z}_{\mathfrak{g}}^{2}$	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	36381.
ત્ક કું	19	Net assets	or fund balances at beginning of year (from line 27, column (A))			
e<'ÿ		(must agre	ee with end-of-year figure reported on prior year's return)		19	93278.
= ₹	20	Other char	nges in net assets or fund balances (attach explanation)		20	
====	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶ 21	<u> 129659.</u>
Pa	<u>ırt II</u>	Balan	ice Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 i	nstead of For	m 990-EZ.	
			(See the instructions for Part II.)	Beginning of	year	(B) End of year
222	Cas	h, savıngs,	and investments	823	367. 22	119410.
€ 23	Lan	d and build			23	
Pa 122 223 234	Oth	er assets (d	escribe SEE STATEMENT 2)		11.24	10249.
25	Tota	al assets		932	278. 25	129659.
26			s (describe ▶)		0.26	0.
27	Net	assets or f	und balances (line 27 of column (B) must agree with line 21)	932	78. 27	129659.
9321	71 8-10		or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)

	m 990-EZ (2009) HAWAII LABOR HERITAGE COU	NCIL		99-	03073	29 Page 2
Р	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		E	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	1 5				r section 501(c)(3)
De	scribe what was achieved in carrying out the organization's exempt pur	poses. In a clear and conci	se manner, descr	be	,) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	nt information for each prog	ram title.		for others)	
28	SEE STATEMENT 4					
		<u> </u>			1	
	(Grants \$) If this amount includes foreign of	grants, check here			28a	
29						
					1	
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30					1	
					.	
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)				32	0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	or Part IV)
		4174	4.10		ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation		employee	(e) Expense
	(a) Hame and address	per week devoted to	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		Position	٠.,	_	pensation	ound unovarious
LI	EONARD HOSHIJO	PRESIDENT, SE	CRETARY,	DIR	ECTO	
_	983 HALEOLA ST, HONOLULU, HI 96821	0.00	0.	Γ·	0.	0.
	DETTA FUJIMORI	VICE-PRESIDEN				
	389 KILAUEA AVE, HONOLULU, HI 96816	0.00	0.		0.	0.
_	ILLIAM DOMINGO		ECTOR			
	455 WAOLANI AVE, HONOLULU, HI 96817	0.00	0.	1	0.	0.
_	OBIN CAMPANIANO	DIRECTOR				•
	563 ALAULA WAY, HONOLULU, HI 96822	0.00	0.		0.	0.
	ENNIFER DANG, 45-417 PAILAKA PLACE,	DIRECTOR	<u> </u>			<u> </u>
	ANEOHE, HI 96744	0.00	0.		0.	_
$\overline{\mathbf{v}}$	ANEONE, HI 30/44	0.00	0.			0.
		1				
_						
_		1				
_		 				<u> </u>
_		1				
_		 				
_		4				
_				L		
_						
_				<u> </u>		
_		_				
		1				
_						
				1		
_						
						
]				
_						
_]				

Form **990-EZ** (2009)

Pa	ort V Other Information (Note the statement requirements in the instructions for Part V)			<u> </u>
_			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a	i	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37ь		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
Þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	[
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	1		
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958	}	1	
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed. ► HI			
42 a	The organization's books are in care of ► JENNIFER DANG Telephone no. ► 808-23			
	Located at ► PO BOX 235493, HONOLULU, HI ZIP+4 ► 9	682	<u>3 – 3</u>	<u>508</u>
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	404		v
Ü	If "Yes," enter the name of the foreign country:	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	
40	1 1	N/A		
	45	11/V		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 33	110
77	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ (

1.

Par	organizations and section 4947(a)(1) nonexempt charitable and 51.					
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	andidates for public		Ye	s No
	office? If "Yes," complete Schedule C, Part I			1	46	X X X
	Did the organization engage in lobbying activities? If "Yes," complete Sch				47	<u> </u>
	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	-		-	48	<u> </u>
	Did the organization make any transfers to an exempt non-charitable related	organization?		-	49a	X
	If "Yes," was the related organization a section 527 organization?			L	49b	<u>. </u>
	Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, enter	· ·	s, trustees and key e			more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accour other allo	it and
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independ	dent contractors who each recei	ved more than \$100	.000 of compensa	tion from t	he
	organization. If there is none, enter "None." NONE					
	(a) Name and address of each independent contractor paid more	man \$ 100,000	(b) Type of ser	vice (c) Compens	1001
						
d	Total number of other independent contractors each receiving over \$100,000)	>	. <u> </u>		
Sign Here		ccompanying schedules and statemen information of which preparer has any	ts, and to the best of m knowledge	knowledge and bell	ef, it is true,	
Paid	Type or print name and title Preparer's signature // / / / / / / / / / / / / / / / / /	Mate Che	Ck if self-	parer's identifying nu	mber (See Ins	str)
Prepa Use 0	arer's Kalke & Valloch	05/26/10 emp				
	d self-employed), address, and ZIP+4 HONOLULU, HI 96819		Phon no.		36-00	 08
May t	he IRS discuss this return with the preparer shown above? See instructions				Yes	No

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization

HAWAII LABOR HERITAGE COUNCIL 99-0307329

David	Decem	for Dublic Cha		<u> </u>		'				0307	<u> </u>	
Part I			ity Status (All organiz					tructions.				
he orgai		•	because it is: (For lines	•	-	-	•					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2 🖳	A school des	cribed in section 17	7 0(b)(1)(A)(ii). (Attach Sc	chedule E.)								
з 🖳	A hospital or	a cooperative hosp	ital service organization	descnbed	n section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	prtal desc	nbed in se	ection 170	(b)(1)(A)(ii	ii). Enter tl	ne hospital	's name	١,
	city, and stat	te:										
5 🗔	An organizati	on operated for the	benefit of a college or un	niversity o	wned or or	perated by	a governi	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 🗀		_	eives a substantial part					or from the	general p	ublic desc	ribed in	
		(b)(1)(A)(vi). (Comple										
8 \square	`		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	-		eives: (1) more than 33		•	rom contri	butions n	nembershi	n fees, an	d aross rea	ceints fr	om
			nctions - subject to certa									
		•	axable income (less sec	•	•	•				-		
		509(a)(2). (Complete			,	31103303	aoquirou b	y tho orga	inization a	itor ourio c	0, 1070	
10 🔲			perated exclusively to te	et for nubl	ıc safety S	See sectio	n 500(a)(a	4)				
ii 🗀	J	•	perated exclusively for the		•			•	v out the r	numneee n	of one of	r
٠. س	_	_	ations described in secti						•			,
			organization and compl				c). Occ sc (cuon sos ₍	a)(3). One	CK IIIe DOX	urai	
			7 <u> </u>		e III - Fund		tograted		4 [Type III - 0	Othor	
•						-		r mara dia	لــــا u ماماطامیت	• •		
e 📖	_		at the organization is not		-	-	-					
_			han one or more publicly		-				9(a)(1) or s	ection 508	(a)(2).	
f			tten determination from t	the IHS tha	atitisa ly	ре і, Туре	ii, or Type	9 111				
	•	rganization, check the					·		_			
g			organization accepted ar			-						
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ıi) and (ııi) below,		Yes	No
	the gove	erning body of the s	upported organization?						••••	11g(i)	+	
	(ii) A famıly	member of a perso	n described in (i) above?	•			•	•••		11g(ii)	\vdash	
	(iii) A 35% (controlled entity of a	ı person described in (i) o	or (II) abov	e?					11g(iii)	$oxed{oxed}$	
h	Provide the f	following information	about the supported or	ganızatıon	(s).							
		-	,	,								
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) Is		(vii) An	nount of	
org	anization	` ′	organization (described on lines 1-9		sted in your		tion in col.	organization (i) organiz	ed in the		port	
		Ì	above or IRC section	governing	document?	(i) of you	r support?)`` U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
												_
						ĺ						
									i i			
		 		 			 	<u> </u>	1-1			
		1			1							
		 		 	 	 	 		 			
		1			ł	1						
	·	 	 	 	 	 	 	 	 - 			—
			1		1							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

....

	edule A (Form 990 or 990-EZ) 2009 art II' Support Schedule for	_			0(b)(1)(A)(iv) an	nd 170(b)(1)(A)(v	Page 2
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)	<u> </u>			
Sec	ction A. Public Support	 _					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					}	
	membership fees received (Do not		i				
	include any "unusual grants.")			<u> </u>			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
3	The value of services or facilities	ļ					
	furnished by a governmental unit to						
	the organization without charge			<u> </u>	_i		
4	Total. Add lines 1 through 3			L			
5	The portion of total contributions						
	by each person (other than a]				
	governmental unit or publicly					İ	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)			L			
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>Sec</u>	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		,			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties					Į i	
	and income from similar sources .				<u> </u>		
9	Net income from unrelated business	l	l				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L		<u> </u>	<u> </u>		
12	Gross receipts from related activities,	, etc. (see instructi	ons) .			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, the	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
	organization, check this box and stor						_
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (•	column (f))		14	
15	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009. If the o	-			14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						. ▶∟
b	33 1/3% support test - 2008. If the o	- -			d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual		=				. ▶∟
17a	10% -facts-and-circumstances tes	=					
	and if the organization meets the "fac					art IV how the organ	nization
	meets the "facts-and-circumstances"	-			-		▶∟
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		• —
	organization meets the "facts-and-cire		_		· · ·	•	▶∐
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	7b, check this box	and see instruction	s <u> </u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 . .. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 355 355. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 355 355. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 355 355. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 00 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 100.00 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 17 100.00 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not b 33 1/3% support tests - 2008, If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	S	STATEMENT 1
DESCRIPTION			AMOUNT
MORGAN STANLEY BANK CHARGES			95. 69.
TOTAL TO FORM 990-EZ, LINE 16			164.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
FORM 990-EZ DESCRIPTION	OTHER ASSETS	BEG. OF YEAR	
		BEG. OF YEAR 1628. 9283.	END OF YEAR

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	TATE	MENT	3
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• []	YES	[X]	NO

990-EZ PG 2 STATEMENT

EDUCATION - TO BUILD AN UNDERSTANDING OF THE COLLECTIVE HERITAGE OF HAWAII'S LABORING PEOPLE. PROGRAMS INCLUDE RECOGNIZING STUDENT ACHIEVEMENT IN THE HAWAII HISTORY DAY COMPETITIONS AND SUPPORTING ART, DRAMA AND CULTURAL **PROGRAMS**

HAWAII LABOR HERITAGE COUNC

: ...

99-0307329

990-EZ PG 2 5 STATEMENT

TO EDUCATE CULTURE & ARTS OF HAWAII'S HISTORY OF LABORING PEOPLE