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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2009 calendar year, or tax year beginning September 1, 2009, and ending August 31, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization
Hawaii Association for Health, Physical
Education, Recreation and Dance (HAHPERD)Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2720 Kamanaki St.

City or town, state or country, and ZIP + 4

Honolulu, HI 96814-3806**D** Employer identification number23-7067293**E** Telephone number808-845-7434**F** Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).**G** Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ www.hahperd.org**J** Tax-exempt status (check only one) — ☒ 501(c) 501(c) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not**
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20,698.16
	2	Program service revenue including government fees and contracts	2	5,354.00
	3	Membership dues and assessments	3	839.00
	4	Investment income	4	1,004.35
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <u>Reimbursements</u>)	8	900.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	28,795.51	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	3,503.31
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,135.31
	16	Other expenses (describe ▶ <u>See attachment</u>)	16	10,756.60
	17	Total expenses. Add lines 10 through 16	17	18,395.22
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,400.29
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	134,261.74
	20	Other changes 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	144,662.03

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	134,261.74	22 144,662.03
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	134,261.74	25 144,662.03
26 Total liabilities (describe ▶)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	134,261.74	27 144,662.03

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

20P

SCANNED JAN 28 2011

Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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Expenses

What is the organization's primary exempt purpose?

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See attachment

(Grants \$ _____) If this amount includes foreign grants, check here ☐

29 See attachment

(Grants \$) If this amount includes foreign grants, check here . ☐

30 See attachment

(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a)

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address

(b) Title and average hours per week devoted to position(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

See attachment

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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		
a	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>Hawaii does not require a copy</u>		
42a	The organization's books are in care of ▶ <u>Barbara B. Perry</u> Telephone no ▶ <u>808-845-7434</u> Located at ▶ <u>2720 Kamaniki St., Honolulu, HI</u> ZIP + 4 ▶ <u>96814-3806</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country. ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>▶ <u>Barbara B. Perry</u> Signature of officer</p> <p>▶ <u>Barbara B. Perry</u> <u>Treasurer</u> Type or print name and title</p> </div> <div style="width: 20%; text-align: right;"> <p>▶ <u>January 13, 2011</u> Date</p> </div> </div>			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Hawaii Association for Health, Physical, Education, Recreation and Dance (HAMPERD)	Employer identification number	23 706 7293
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

[illegible]

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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 securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business 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						
12 Gross receipts from related activities, etc (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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")	59,866	30,473	39,688	33,654	22,437	186,118
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						
3 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	59,866	30,473	39,688	33,654	22,437	186,118
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	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						186,118

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	59,866	30,473	39,688	33,654	22,437	186,118
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,417	1,371	1,294	1,127	1,004	7,213
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,417	1,371	1,294	1,127	1,004	7,213
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	882	625	86,385	14,720	5,354	107,966
13 Total support. (Add lines 9, 10c, 11, and 12.)	63,165	32,469	127,367	49,501	28,795	301,297
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	62	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	63	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of handwriting practice paper. It features multiple sets of three horizontal lines: a solid top line, a dashed middle line, and a solid bottom line. These lines are evenly spaced across the entire page to guide letter formation and size. There is no text or other markings on the paper.

2009 IRS Part 1 Attachment

2009 Form 990-EZ

TIN #23-7067293

Hawaii Association for Health, Physical Education, Recreation and Dance

Line 16: Other Expenses

Advocacy	\$0 00
Awards	\$62 83
Board Retreat	\$352 19
Conferences	\$4,687 02
General Operations (supplies, mailing, phone calls, etc.)	\$493 98
Heart Power - Pau Hana Dinner, demonstration team travel, coordinators incentives	\$0 00
Meeting/Socials	\$292.49
Travel of officers to District and National organizational meetings	\$4,449 24
Website	\$418.85
Workshops	\$0.00
Total	\$10,756.60

2009 IRS Part III Attachment

2009 Form 990-EZ

TIN #23-7067293

Hawaii Association for Health, Physical Education, Recreation and Dance

Part III Statement of Program Service Accomplishments

28	State Physical Education Conference was held to disseminate information regarding professional fields not only to association members but to others throughout the state. Expenses included supplies, meals and keynote speakers, 200+ attended	\$4,687.02
29	To inform members and other professionals of current events and developments in professional fields, newsletters were mailed to all members and all public and private schools in the state, 1000 plus copies	\$4,135.31
30	Other program services.	
1	President and President-Elect - travel to affiliate District Board meetings and the National Assembly meeting to represent HAHPERD	\$4,183.07
2	Hawaii members of Southwest District AAHPERD - to encourage HAHPERD members to participate in Southwest District of AAHPERD, travel, lodging and per diem expenses are covered to attend the District Board meetings	\$266 17
3	President-Elect - travel to AAHPERD's Leadership Development Conference representing HAHPERD	\$0.00
4	Student travel to the AAHPERD Student Leadership Conference	\$0.00
5	Scholarship Committee - to encourage professional growth of students entering the profession, 2 college scholarships @ \$1250 scholarship were awarded	\$2,500 00
6	HAHPERD Travel Grants - to encourage HAHPERD members to make presentations at District or National conferences, 2 @\$500 awarded this year	\$0 00
7	Workshops - to inform teachers of new ideas and methods in the profession	\$0 00
8	Update and maintenance of HAHPERD website	\$418.85
9	To support the HAHPERD Scholarship Fund, intrafund transfers of 15% of dues and 10% of Jump Rope for Heart monies were made to the Scholarship fund	\$1,921 07
10	To support a student to attend the AAHPERD National Convention a student travel grant was awarded	\$803 31
11	To support research in the program areas one research grant was awarded	\$200 00

Other Program Services Total \$10,292.47

Total Program Services \$19,114.80

2009 IRS Part IV Attachment

2009 Form 990-EZ

TIN #23-7067293

Hawaii Association for Health, Physical Education, Recreation and Dance

Part IV List of Officers, Directors, Trustee, and Key Employees

(A) Name and Address	(B) Title	(C)	(D)	(E)
Lynn Tagami, 1839 Alu Street, Honolulu, HI 96819	President	0	0	0
Kehau Lau,	President-Elect	0	0	0
Donna Chun, 95-1156 Makaikai, Mililani, HI 96789	Past President	0	0	0
Jeanne Chang, 1447 Kewalo St., #202, Honolulu, HI 96822	Secretary	0	0	0
Barbara Perry, 2720 Kamanaiiki Street, Honolulu, HI 96819	Treasurer	0	0	0
Sheila Kurosu, 932 Ward Ave., Suite 490, Honolulu, HI 96814	Director	0	0	0
Agenhart Ellis III, 2925 Kuahwi Way, Honolulu, HI 96819	Director	0	0	0
Chris Sanders, P O. Box 634, Kaaawa, HI 96730	Director	0	0	0
Elizabeth Loo, 45-622 Liula St , Kaneohe, HI 96744	Director	0	0	0
Tracy Taylor, 92-651 Malahuna Loop, Kapolei, HI 96706	Director	0	0	0
Jonathan Hermosura, 1298 Kaluawaa St , Honolulu, HI 96816	Director	0	0	0