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Department of the Treasury Internal Revenue Service

### 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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

MB No 1545-0047

Inspection

2008 and ending JUN A For the 2008 calendar year, or tax year beginning JUL D Employer identification number C Name of organization use IRS Address change label or GOOD BEGINNINGS ALLIANCE print or Name change type 94-3257650 Doing Business As See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ation SOUTH KING STREET (808)531-5502200 Amended return City or town, state or country, and ZIP + 4 014. Applica <u>HONOLULU, HI 96813</u> H(a) Is this a group return pending F Name and address of principal officer ELIZABETH A. Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status X 501(c) ( 3 ) (insert no) If "No," attach a list (see instructions) J Website: ► WWW.GOODBEGINNINGS.ORG H(c) Group exemption number ▶ K Type of organization. X Corporation Trust Association L Year of formation: 1996 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities GOOD BEGINNINGS ALLIANCE IS Activities & Governance DEDICATED TO ENSURING YOUNG CHILDREN ARE SAFE, HEALTHY AND READY Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 4 13 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 20 5 0 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 1,676,657 2,001,780. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 40,782 11,258. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12) 717,439 2,013,038. Grants and similar amounts paid (Part IX, column (A) lines 1-81 VFD 1.829 7.087. 13 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Partill X) column (A) 802,546 845,316. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ----Other expenses (Part IX, column (A), lines 11a-11d, 114-24f) IT 765,798. 593,679. 570,173 446,082. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 147,266. 566,956. Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 1,293,472 802,434 Total assets (Part X, line 16) 155,570 97,576. Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 137,902 704,858 Signature Block Part II 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. Sign Here ELIZABETH A. CHUN, VICE PRESIDENT & EXECUTIVE DIRECTOR Type or print name and title Check if Preparer's signature RODNEY AKAMINE 05/12/10 employed Preparer's Firm's name (or AKAMINE, OYADOMARI & KOSAKI, CPA'S, yours if Use Only 1440 KAPIOLANI BLVD, SUITE 900 HONOLULU, HI 96814-3612 Phone no.  $\triangleright$  (808)941-0500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

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

Form **990** (2008)

Form **990** (2008)

Total program service expenses ▶ \$

(Must equal Part IX, Line 25, column (B)

1,265,665.

94-3257650 GOOD BEGINNINGS ALLIANCE Page 3 Form 990 (2008) Part IV Checklist of Required Schedules Yes Ņο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B. Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete Schedule C, Part II 4 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes." complete Schedule C. Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice X on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide 9 X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 X If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 X 15 located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Yes," complete Schedule F, Part III 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease N/A any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L. Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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X

X

X

X

24a

24b

24c

24d

25a

25b

26

If "No", go to question 25

Form 990 (2008) GOOD BEGINNINGS ALLIANCE
Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		_ X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3 <sup>7</sup> If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	aan /	10000

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 22 U.S. Information Returns. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 20 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? N/A X 6a Did the organization solicit any contributions that were not tax deductible? ва b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 6b Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/ASection 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A**b** Did the organization make a distribution to a donor, donor advisor, or related person? Ωh Section 501(c)(7) organizations. Enter N/A 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter N/A a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them )

Form **990** (2008)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

94-3257650

Form 990 (2008) GOOD BEGINNINGS ALLIANCE 94-3257650 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u> </u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body  13			
b	Enter the number of voting members that are independent  1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u> _
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization? $ m N/A$	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	i		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	Does the organization regularly and consistently mornior and emore compliance with the policy: if 163, describe		77	
	in Schedule O how this is done	12c	<u>X</u>	
13		12c 13		X
	ın Schedule O how this is done		X	X
13	In Schedule O how this is done  Does the organization have a written whistleblower policy?	13		X
13 14	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	13		X
13 14	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	13		X
13 14 15	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	13 14		
13 14 15	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?	13 14 15a		X
13 14 15 a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	13 14 15a		X
13 14 15 a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)	13 14 15a		X
13 14 15 a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	13 14 15a 15b		X X
13 14 15 a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	13 14 15a 15b		X X
13 14 15 a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	13 14 15a 15b		X X
13 14 15 a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	13 14 15a 15b		X X
13 14 15 a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶HI	13 14 15a 15b 16a		X X
13 14 15 a b 16a b	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  N/A  tion C. Disclosure	13 14 15a 15b 16a		X X
13 14 15 a b 16a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶HI	13 14 15a 15b 16a		X X
13 14 15 a b 16a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filled ►HI  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	13 14 15a 15b 16a		X X
13 14 15 a b 16a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  N/A  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►HI  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply	13 14 15a 15b 16a	x	X X
13 14 15 a b 16a b Sec 17 18	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  N/A  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►HI  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request	13 14 15a 15b 16a	x	X X
13 14 15 a b 16a b Sec 17 18	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If *Yes,* has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  N/A  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►HI  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	13 14 15a 15b 16a 16b	X	X X
13 14 15 a b 16a b Sec 17 18	In Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  N/A  Tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►HT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection Indicate how you make these available Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar statements available to the public	13 14 15a 15b 16a 16b	X	X X

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

SHARON TABA	Check this box if the organization did not co	ompensate an (B)	y of	officer, director, trustee, (C)			or, tn	uste	(D)	(E)	(F)
Per   Week   Per   Per	Name and Title	_	١,								
Week   Section   Section			<u> </u>	heci	k all	thai	t app	ily) I		•	
PRESIDENT/DIRECTOR		•	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	the organization	organizations	compensation
JEAN JOHNSON	SHARON TABA										
VICE PRES./DIRECTOR         0.00 X         X         0.00 0           LYNN CABATO         0.00 X         X         0.00 0           SECRETARY/DIRECTOR         0.00 X         X         0.00 0           GREGG YAMANAKA         0.00 X         0.00 0           TREASURER/DIRECTOR         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           DEBEI AMARAL         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           FRANK RANGER         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           LOUISE IWAISHI M.D.         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           SUE ENTZ         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           TERRY LOCK         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           LISA UYEHARA         0.00 X         0.00 0           DIRECTOR         0.00 X         0.00 0           ELISABETH CHUN         0.00 X         0.00 X           VICE PRESIDENT & EXEC DI 56.00 X         73,975.         0.00 X	PRESIDENT/DIRECTOR	0.00	X		X				0.	0.	0.
LYNN CABATO	JEAN JOHNSON										
SECRETARY/DIRECTOR	VICE PRES./DIRECTOR	0.00	X	ļ	X	<u> </u>			0.	0.	0.
GREGG YAMANAKA   TREASURER/DIRECTOR   0.00 x x   0.00	LYNN CABATO										
TREASURER/DIRECTOR 0.00 X X 0. 0.  DANA DAVIDSON  DIRECTOR 0.00 X 0. 0.  DEBBI AMARAL  DIRECTOR 0.00 X 0. 0.  FRANK RANGER  DIRECTOR 0.00 X 0. 0.  KANOE NAONE  DIRECTOR 0.00 X 0. 0.  LOUISE IWAISHI M.D.  DIRECTOR 0.00 X 0. 0.  KERIANN OSADA  DIRECTOR 0.00 X 0. 0.  SUE ENTZ  DIRECTOR 0.00 X 0. 0.  TERRY LOCK  DIRECTOR 0.00 X 0. 0.  TERRY LOCK  DIRECTOR 0.00 X 0. 0.  LISA UYEHARA  DIRECTOR 0.00 X 0. 0.  LISA UYEHARA  DIRECTOR 0.00 X 0. 0.  ELISABETH CHUN  VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0.	SECRETARY/DIRECTOR	0.00	X		X	<u> </u>			0.	0.	0.
DANA DAVIDSON DIRECTOR 0.00 X 0. 0.  DEBBI AMARAL DIRECTOR 0.00 X 0. 0.  FRANK RANGER DIRECTOR 0.00 X 0. 0.  KANOE NAONE DIRECTOR 0.00 X 0. 0.  LOUISE IWAISHI M.D. DIRECTOR 0.00 X 0. 0.  KERIANN OSADA DIRECTOR 0.00 X 0. 0.  SUE ENTZ DIRECTOR 0.00 X 0. 0.  TERRY LOCK DIRECTOR 0.00 X 0. 0.  LISA UYEHARA DIRECTOR 0.00 X 0. 0.  LISA BETH CHUN VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0.											
DIRECTOR         0.00 X         0.00	TREASURER/DIRECTOR	0.00	Х		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
DEBBI AMARAL DIRECTOR	DANA DAVIDSON										
DIRECTOR         0.00 X         0.00	DIRECTOR	0.00	Х						0.	0.	0.
FRANK RANGER DIRECTOR	DEBBI AMARAL										
DIRECTOR 0.00 X	DIRECTOR	0.00	Х		<u>L</u> .	<u> </u>	<u> </u>		0.	0.	0.
NAME NAME   DIRECTOR   0.00 X   0.00   0.0	FRANK RANGER										
DIRECTOR       0.00 X	DIRECTOR	0.00	Х		<u> </u>	ļ. <u>.</u>	<u> </u>		0.	0.	0.
LOUISE IWAISHI M.D.       0.00 X       0.00 X         DIRECTOR       0.00 X       0.00 X         LISA UYEHARA       0.00 X       0.00 X         DIRECTOR       0.00 X       0.00 X         ELISABETH CHUN       0.00 X       0.00 X         VICE PRESIDENT & EXEC DI 56.00 X       73,975.       0.00 X         LLOYD KANESHIGE       0.00 X       0.00 X       0.00 X											
DIRECTOR         0.00 X         0.00		0.00	X		<u> </u>		<u> </u>		0.	0.	0.
KERIANN OSADA       0.00 X											
DIRECTOR       0.00 X		0.00	Х		<u> </u>		_		0.	0.	0.
SUE ENTZ         DIRECTOR       0.00 X       0.00 X         TERRY LOCK       0.00 X       0.00 X         DIRECTOR       0.00 X       0.00 X         DIRECTOR       0.00 X       0.00 X         ELISABETH CHUN       0.00 X       0.00 X         VICE PRESIDENT & EXEC DI 56.00 X       73,975.       0.00 X         LLOYD KANESHIGE       0.00 X       0.00 X											_
DIRECTOR       0.00 X		0.00	X			ļ_	↓	L.	0.	0.	0.
TERRY LOCK DIRECTOR 0.00 X 0. 0. LISA UYEHARA DIRECTOR 0.00 X 0. 0. ELISABETH CHUN VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0. LLOYD KANESHIGE										_	_
DIRECTOR         0.00 X         0.00 O.           LISA UYEHARA         0.00 X         0.00 O.           DIRECTOR         0.00 X         0.00 O.           ELISABETH CHUN         VICE PRESIDENT & EXEC DI 56.00 X         73,975.         0.00 O.           LLOYD KANESHIGE         0.00 X         73,975.         0.00 O.		0.00	X		ļ	ļ_	<del> </del>		0.	0.	0.
LISA UYEHARA DIRECTOR 0.00 X 0. 0. ELISABETH CHUN VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0. LLOYD KANESHIGE										_	
DIRECTOR 0.00 X 0. 0. ELISABETH CHUN VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0. LLOYD KANESHIGE		0.00	X	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
ELISABETH CHUN VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0. LLOYD KANESHIGE					ļ				_	_	_
VICE PRESIDENT & EXEC DI 56.00 X 73,975. 0. LLOYD KANESHIGE		0.00	X	_	<u> </u>	_	ـــــــــــــــــــــــــــــــــــــ	ļ	0.	0.	0.
LLOYD KANESHIGE										_	_
		56.00	<u> </u>	<del> </del>	X	<u> </u>	1		73,975.	0.	<u> 0.</u>
CFO 50.00 X 68,691. 0.		<b>-</b> 0 00			l				60.604		
	CFO	50.00			X	-	┼-	-	68,691.	0.	0.
			-	$\vdash$	$\vdash$	-	+	<u> </u>			

from the organization

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

		(2008) GOOD	<del>-</del>	94-3257650 Page				
Pa	rt VI	II Statement of Rever	nue		T			
	•	·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	t c	<ul> <li>Federated campaigns</li> <li>Membership dues</li> <li>Fundraising events</li> <li>Related organizations</li> <li>Government grants (contribut</li> <li>All other contributions, gifts, gran similar amounts not included abo</li> </ul>	its, and	127,903. 573877.				
Son		Noncash contributions included in lines	: 1a-1f \$	<u> </u>	2 001 700			
Program Service Revenue	2 a	)		Business Code	2,001,780.			
gram (Rever	6		-				···	
Pr	f	All other program service reve	enue					
		Total. Add lines 2a-2f		<u> </u>			-	
	3	Investment income (including other similar amounts) Income from investment of ta.		<b>&gt;</b>	12,973.			12,973.
	5	Royalties	x-exempt bond p	Dioceeds >				
		,	(i) Real	(II) Personal				
	6 a	Gross Rents			]			
		Less rental expenses						
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss)     Gross amount from sales of	() Casumtusa	(3 Oth ar				<del> </del>
	/ a	assets other than inventory	(i) Securities	(ii) Other				
	k	Less cost or other basis and sales expenses		1,715.				
	c	Gain or (loss)		-1,715.				
		Net gain or (loss)		<b>&gt;</b>	-1,715.	-1,715.		
enne	8 a	Gross income from fundraising including \$	g events (not of					
Other Revenue	t	contributions reported on line Part IV, line 18 Less direct expenses	1c) See a b					
		Net income or (loss) from fund	_	<b>•</b>				
	9 a	Gross income from gaming ac Part IV, line 19						
		Less direct expenses	a b					
		: Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less	-					
ŀ		and allowances	а	_				
		Less cost of goods sold	b	L				
ŀ		Net income or (loss) from sale		<u> </u>				_
ŀ	11 a	Miscellaneous Revenu		Business Code				
ŀ	ıı a	<del> </del>						-
ļ	c							
ľ	c	All other revenue	<del></del>					
		Total. Add lines 11a-11d		<b>•</b>	0.010.000			10 050
83200 02-02	12 9 09	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	Oc, and 11e	2,013,038.	-1,715.	0.	12,973. Form <b>990</b> (2008)

•

# Form 990 (2008) GOOD BEGINNINGS ALLIANCE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22	7,087.	7,087.							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the US									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	142,665.	94,052.	48,613.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	612,702.	563,116.	49,586.						
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits	33,126.	28,820.	4,306.						
10	Payroll taxes	56,823.	49,436.	7,387.	<u> </u>					
11	Fees for services (non-employees)									
а	Management				<del></del>					
b	Legal	850.	850.							
C	Accounting	22,590.	11,069.	11,521.						
d	Lobbying				***					
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other	150,325.	150,325.							
12	Advertising and promotion	2,397.	2,397.							
13	Office expenses	22,295.	8,879.	13,416.						
14	Information technology	9,857.	8,405.	1,452.						
15	Royalties									
16	Occupancy	61,065.	53,485.	7,580.						
17	Travel	58,308.	56,772.	1,536.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	97,404.	85,772.	11,632.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	8,024.	6,820.	1,204.						
23	Insurance	15,016.	11,191.	3,825.						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
а	PUBLIC RELATIONS	55,212.	43,361.	11,851.						
b	SUPPLIES - PROGRAM ACTI	45,495.	44,585.	910.						
С	PRINTING AND PUBLICATIO	22,109.	21,094.	1,015.						
d	TRAINING	17,352.	17,239.	113.						
Θ	OTHER	5,380.	910.	4,470.						
f	All other expenses									
25	Total functional expenses Add lines 1 through 24f	1,446,082.	1,265,665.	180,417.	0.					
26	Joint Costs Check here ▶ if following									
	SOP 98-2 Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation	·								
					5 000 (2222)					

		•		(A)		<b>(B)</b> End of year
	,	Cook non-metalogical formation and the cook non-metalogic		Beginning of year 850,451.		1,295,760
	1	Cash - non-interest-bearing		100,000.	1	250,000
	2	Savings and temporary cash investments		178,589.	2	128,003
	3	Pledges and grants receivable, net		24,848.	3	
	4	Accounts receivable, net		24,040.	4	150
	5	Receivables from current and former officers, di	· •		ا ہ	
	_	employees, or other related parties. Complete P			5	
	6	Receivables from other disqualified persons (as 4958(f)(1)) and persons described in section 495				
		Part II of Schedule L	occioido Complete		ا ۾	
<b>"</b>	7	Notes and loans receivable, net			6 7	· · · · · · · · · · · · · · · · · · ·
Assets	7	Inventories for sale or use			8	
As	8 9	Prepaid expenses and deferred charges		13,511.	9	11,063
		Land, buildings, and equipment cost basis	10a 140,402.	13,311.	-	
	10a	Less accumulated depreciation Complete				
	D	Part VI of Schedule D	10ь 122,944.	26,073.	10c	17,458
	44	Investments - publicly traded securities	100 122,344.	20,073.	11	17,430
	11 12	Investments - publicly traded securities  Investments - other securities See Part IV, line 1	1	100,000.	12	100,000
	13	Investments - program-related See Part IV, line		100,000.	13	100,000
	14	Intangible assets	11		14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	1,293,472.	16	1,802,434
	17	Accounts payable and accrued expenses	ai iii e 0+)	155,570.	17	97,576
	18	Grants payable	233,3,00	18		
	19	Deferred revenue	······································	19		
	20	Tax-exempt bond liabilities		20		
s	21	Escrow account liability Complete Part IV of Sci	nedule D		21	
ıţie	22	Payables to current and former officers, director				
Liabilities	_	highest compensated employees, and disqualifi				
Ľ		of Schedule L		22		
	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities, Add lines 17 through 25		155,570.	26	97,576
		Organizations that follow SFAS 117, check he	ere X and complete	_		
S		lines 27 through 29, and lines 33 and 34.	·			
2	27	Unrestricted net assets		279,902.	27	288,386
ala	28	Temporarily restricted net assets		758,000.	28	1,316,472
<u>Б</u>	29	Permanently restricted net assets		100,000.	29	100,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, cl	neck here 🕨 🔲 and			
<u>م</u>		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
\SS(	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
ž	33	Total net assets or fund balances		1,137,902.	33	1,704,858
	34	Total liabilities and net assets/fund balances		1,293,472.	34	1,802,434
Pai	t XI	Financial Statements and Reporting				
						Yes No
1	Acco	ounting method used to prepare the Form 990	Cash X Accrual	Other		
2a	Were	the organization's financial statements compiled	or reviewed by an independent	accountant?		2a X
b	Were	e the organization's financial statements audited b	y an independent accountant?			2b X
C	If "Ye	es" to lines 2a or 2b, does the organization have a	committee that assumes respor	nsibility for oversight of the	audıt,	.
	revie	w, or compilation of its financial statements and s	election of an independent acco	untant?		2c X
За	As a	result of a federal award, was the organization re-	quired to undergo an audit or aud	dits as set forth in the Singl	le Aud	int
	Act a	and OMB Circular A-133?				3a X
Ь	If "Ye	es " did the organization undergo the required au	fit or audits?			3b

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public

Inspection

Name of	the organizati	ion						E	mployer i	dentıficati	on nu	mber
		GOOD BE	GINNINGS ALI	IANCE					94	<u> 1-3257</u>	650	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t ) (see ins	tructions)	_			
Γhe orgar	nization is not a	a private foundation	because it is (Please ch	neck only <b>c</b>	ne organi	zation)						
1 🗀	A church, co	nvention of churche	s, or association of chur	rches desc	nbed in se	ction 170	(b)(1)(A)(i	).				
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(</b> ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	( <b>A)</b> (iii). (At	tach Sche	edule H)			
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	iii). Enter th	ne hospital	's nan	10,
	city, and stat	e										
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental un	nt describe	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II )									
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(	1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic desc	rıbed	ın
	section 170(	section 170(b)(1)(A)(vi). (Complete Part II)										
8 🗔	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	erves (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ıp fees, an	d gross red	eipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33	1/3% of its	s support f	from gross	invest	tment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	fter June 3	0, 197	75
	See section	509(a)(2). (Complete	e the Part III )									
10 🔲	An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety S	See <b>sect</b> io	n 509(a)(4	<b>4).</b> (see ins	structions)			
11 🗔	An organizati	ion organized and o	perated exclusively for the	he benefit	of, to perfo	orm the fur	nctions of,	or to car	ry out the p	ourposes o	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> e	ction <b>509</b> (	(a)(3), Che	ck the box	that	
	describes the	e type of supporti <u>ng</u>	organization and compl		_							
	a L Type I	। Ь∟	_ Type II	с 📖 Тур	e III - Fund	tionally int	tegrated		d 📖	Type III · C	Other	
ө 📖	By checking	this box, I certify tha	at the organization is not	controllec	l directly o	r indirectly	by one o	r more dıs	qualified p	ersons oth	er tha	ın
	foundation m	nanagers and other t	han one or more publict	y supporte	d organiza	ations desi	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a wri	ten determination from	the IRS the	atıtıs a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganızatıon, check tl	nis box									L
g	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing per	sons?	ı		
	(i) A perso	n who directly or inc	lirectly controls, either a	lone or tog	ether with	persons c	lescribed	ın (ıi) and (	(III) below,		Yes	No
	the gove	eming body of the s	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	)						11g(ii)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the organizations	the organ	ızatıon sup	oports						
		<u> </u>	(11) T (			<del>-</del>						
	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization sted in your	(v) Did you	notify the	(vi) Is organizati	s the	(vii) Am	ount o	f
org	anization		(described on lines 1-9		document?		support?	(i) organiz U.S	zed in the	supp	oort	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(see instructions))	103	140	103	140	103				
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Section A. Public Support

Schedule A (Form 990 or 990-EZ) 2008 GOOD BEGINNINGS ALLIANCE 94-3257650 Page 2

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)

Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	765,858.	638,746.	557,695.	1676657.	2001780.	5640736.
2	Tax revenues levied for the organ-						
	ızatıon'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 · 3	765,858.	638,746.	557,695.	1676657.	2001780.	5640736.
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)						1810435.
6	Public Support. Subtract line 5 from line 4						3830301.
Sec	ction B. Total Support			<del>-</del>			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	765,858.	638,746.	557,695.	1676657.	2001780.	5640736.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	10,310.	20,091.	34,787.	40,782.	12,973.	118,943.
9	Net income from unrelated business						
	activities, whether or not the				ļ		
	business is regularly carried on				ĺ		
10	Other income Do not include gain	_					
	or loss from the sale of capital						
	assets (Explain in Part IV)	3,162.	11,405.				14,567.
11	Total support. Add lines 7 through 10	•					5774246.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for		•	d. fourth, or fifth ta	x vear as a section		
	organization, check this box and stop		,	,	,	(-)(-)	ightharpoonup
Sec	ction C. Computation of Publ		centage	<del></del>	**	_	
14	Public support percentage for 2008 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	66.33 %
	Public support percentage from 2007			.,,	Ī	15	60.24 %
16a	33 1/3% support test - 2008. If the o	rganization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						$\triangleright x$
b	33 1/3% support test - 2007. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			ightharpoons
17a	'a 10% -facts-and-circumstances test - 2008. 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"					J	
b	10% -facts-and-circumstances test	t - <b>2007</b> . If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						
						dule A (Form 990	

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Pa	art III Support Schedule for (	Organizations	Described in	Section 509(a	)(2) (Complete onl	y if you checked the b	ox on line 9 of Part I )
Se	ction A. Public Support				<u> </u>		
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose		<del></del>				
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			-			
4	Tax revenues levied for the organ-	•					
	ization's benefit and either paid to or expended on its behalf					İ	
5	The value of services or facilities				<del> </del>		
3	furnished by a governmental unit to						
	the organization without charge						
6							
_	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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			L			
c	Add lines 7a and 7b						
	Public support (Subtract line 7¢ from line 6)						
Sec	ction B. Total Support		T				<sub>1</sub>
Cal	endar year (or fiscal year beginning in)►	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6					-	
10a	Gross income from interest, dividends, payments received on						
	secunties loans, rents, royalties						
_	and income from similar sources						<u> </u>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	·						
	Add lines 10a and 10b  Net income from unrelated business				<del> </del>		
• •	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						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)			·			
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax vear as a secti	on 501(c)(3) organiz	ation.
	check this box and stop here	J			<b>,</b>	(1)(1)	` ▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>108</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2007</b> Schedule A,	Part IV-A, line 27h			18	%
19a	a 33 1/3% support tests - 2008. If the	organization did r	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organi	zation	
t	33 1/3% support tests - 2007. If the	•			-	•	and
	line 18 is not more than 33 1/3%, che		-				
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ir	nstructions	<b>P</b>

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number

		GOOD BEGINNINGS ALLIANCE							
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, lin	e 6							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
-			and five de						
5	Did the organization inform all donors and donor advisors in								
•	are the organization's property, subject to the organization's	•	Yes No						
6	Did the organization inform all grantees, donors, and donor a								
Pa	for charitable purposes and not for the benefit of the donor of								
·			art IV, line /						
1	Purpose(s) of conservation easements held by the organizat	`' ' ''							
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	torically important land area						
	Protection of natural habitat	Preservation of certifie	ed historic structure						
	Preservation of open space								
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	ervation easement on the last day						
	of the tax year								
			Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	นcture included in (a)	2c						
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable						
	year >	, , ,	<b>3</b> • <b>3</b> • •						
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the pe		d						
•	enforcement of the conservation easements it holds?	nodio mormoning, mopositori, violatiorio, an	Yes No						
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	<del></del> :-						
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · ·						
8	Does each conservation easement reported on line 2(d) above								
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(	Yes No						
0									
9	In Part XIV, describe how the organization reports conservat	•							
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	ne organization's accounting for						
Da	conservation easements t III   Organizations Maintaining Collections o	f Art Historical Tracquires or Ot	har Similar Assata						
Га			ner Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6							
	w.,								
1a	If the organization elected, as permitted under SFAS 116, no	•	•						
	treasures, or other similar assets held for public exhibition, e	· ·	lic service, provide, in Part XIV, the text of						
	the footnote to its financial statements that describes these								
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	e sheet works of art, historical treasures,						
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service,	provide the following amounts relating to						
	these items								
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial							
	the following amounts required to be reported under SFAS 1								
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$						
b	Assets included in Form 990, Part X		► \$ ► \$						
	•								
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 2008						

		<u>GINNINGS A</u>			_					) Page <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Histor	ical Tr	easures, o	r Other	r Simila	<u>r Asse</u>	ts (conti	nued)
3	Using the organization's accession and other	r records, check any	y of the follo	wing tha	t are a signific	cant use	of its colle	ection ite	ms (chec	k all
	that apply)									
а	Public exhibition	c	i 🔲 Loa	an or excl	nange progra	ms				
b	Scholarly research	e								
С	Preservation for future generations					-				
4	Provide a description of the organization's co	ollections and explai	in how they	further th	ne organizatio	n's exem	pt purpo	se in Pari	: XIV	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Trust, Escrow and Custodial					red "Yes"	to Form	990. Par		
	reported an amount on Form 990, Pai			3						,
	Is the organization an agent, trustee, custodi	an or other intermed	diary for cor	ntribution	s or other ass	sets not in	ncluded			
	on Form 990, Part X?				0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		,		Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tabl	ما					03	
_	ree, explain the arrangement in a arrangement	a 55p. 51.5 1.15 1.5	one wing tab						Amount	
C	Beginning balance						1c		7 ariount	
	Additions during the year						1d			
•	Distributions during the year						1e			
f	Ending balance						1f		_	
_	Did the organization include an amount on Fo	orm 000 Bort V line	012					7	Yes	No
2a	If "Yes," explain the arrangement in Part XIV	Jiii 990, Fait ∧, iiile	3211						」 tes	NO
Par		f organization anoug	orod "Voc" t	o Form 0	OO Port IV I	20.10				
<u>. u.</u>	Endownient ands. Complete						1) Three we	ara baak	(-) Four	
4	Parimuma of year balance	(a) Current year	(b) Prior	year	(c) Two years	S DACK (C	<b>1)</b> Three ye	ais Dack	( <del>O</del> ) Foul	years back
1a	Beginning of year balance		<u> </u>						•	<del></del>
b	Contributions					-				
С.	Investment earnings or losses									
d	Grants or scholarships									<del></del>
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year									
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held aı	nd administer	ed for the	e organiza	ation		
	by									Yes No
	(i) unrelated organizations								3a(i)	$\rightarrow$
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the				··					
Par	t VI Investments - Land, Building	s, and Equipm	<b>ent.</b> See F	orm 990,	Part X, line 1	0	<u>.</u>			
	Description of investment	(a) Cost or o		(b) Cost		(c) De	preciation	۱	(d) Book	value
	<del></del>	basis (investr	ment)	basis (	other)					
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			13	0,010.	1	12,90	6.	17	7,104.
ө	Other			1	0,392.		10,03	8.		354.
Total	. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colu	ımn (B). lıne	10(c))				▶	17	7.458.

Schedule D (Form 990) 2008

GOOD BEGINNINGS ALLIANCE

under FIN 48

Schedule D (Form 990) 2008

94-3257650 Page 3

_	dule D (Form 990) 2008 GOOD BEGINNINGS ALLIANCE	Financial Statements	94-3257650 Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to		0.012.020
1	Total revertue (Form 990, Part VIII, column (A), line 12)	1	2,013,038.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,446,082.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	566,956.
4	Net unrealized gains (losses) on investments	4	2 100
5	Donated services and use of facilities	5	2,100.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,100.
9	Total adjustments (net) Add lines 4-8	9	<u> </u>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  † XII   Reconciliation of Revenue per Audited Financial Statements.	nts With Poyonus per	566,956.
		ents with Nevende per	1 450 201
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 1,458,381.
2	Net unrealized gains on investments	00	
a	Donated services and use of facilities	2a 2,100	-
b	<del>-</del> '		4
C	Recovenes of prior year grants	2c 1,715	-
d	Other (Describe in Part XIV) Add lines 2a through 2d	2d 1,715	
e			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
3	Subtract line 2e from line 1		3 1,454,566.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4. 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a FFO 472	-
b	Other (Describe in Part XIV)	4b 558,472	
c	Add lines 4a and 4b		4c 558,472. 5 2,013,038.
D <sub>2</sub>	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses ne	
-	Total expenses and losses per audited financial statements	ients with Expenses pe	1 1,449,897.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1,445,057.
2	Donated services and use of facilities	2 <sub>a</sub> 2,100	
a	Prior year adjustments		<del>-</del>
b	Losses reported on Form 990, Part IX, line 25	2b	<b>-</b>
C	Other (Describe in Part XIV)	2c 2d 1,715	<b>-</b>
d	Add lines 2a through 2d	[20] 1,715	7 7 015
e	Subtract line 2e from line 1		2e 3,815. 3 1,446,082.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1		3 1,440,002.
4	Investment expenses not included on Form 990, Part VIII, line 7b	45	
		4a	┥
	Other (Describe in Part XIV) Add lines 4a and 4b		4c 0.
C	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5 1,446,082.
Par	rt XIV Supplemental Information	<del></del>	1 1,440,002.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II lines 1a and 4 Part IV lines	1h and 2h Part V line 4 Part
	rt XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	ii, iii les Ta alta 4, Tarriv, iii les	To and 25, rait v, into 4, rait
Λ, Γ α	11 A, 1116 O, F art Art, 11163 20 and 45, and F art Art, 11163 20 and 45		
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:		
DOI	NATED USE OF FACILITIES		
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:		
LOS	SS ON DISPOSED FIXED ASSETS: 1715.		
<u>PAI</u>	RT XII, LINE 4B - OTHER ADJUSTMENTS:		

Schedule D (Form 990) 2008 GOOD BEGINNINGS ALLIANCE	94-3257650 Page 5
Part XIV Supplemental Information (continued)	
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS: 558472.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FART KILL, DINE 2D - OTHER ADOUGHENTS:	<del></del>
LOSS ON DISPOSED FIXED ASSETS: 1715.	
	<u> </u>
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<del></del>	
· · · · · · · · · · · · · · · · · · ·	
	- "
	<del> </del>

#### SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Open to Public

<del></del>			Attach to Fo	m 990.			Inspection
Name of the organization							Employer identification number
GOOD BEGI		LIANCE					94-3257650
Part I General Information on Grants a	ind Assistance	* · · · · · ·					
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibili	ty for the grants or ass	sistance, and the selec	etion
criteria used to award the grants or assi	stance?						🗶 Yes 🔲 No
2 Describe in Part IV the organization's pre	ocedures for mon	toring the use of grant	t funds in the Unite	ed States			
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States.	Complete if the org	janization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000 Check thi	s box if no one recipie	nt received more t	<u>han \$5,000 Use P</u>	art IV and Schedule I-	1 (Form 990) if addition	nal space is needed
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
O Franchistania (Control Control		<u> </u>					
2 Enter total number of section 501(c)(3) a		rganizations					<u> </u>
3 Enter total number of other organization:						<del>_</del>	
LHA For Privacy Act and Paperwork Redu	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008

BA PROVIDES SCHOLARSHIPS TO STUDENTS ENROLLED AT UNIVERSITIES AND
OLLEGES AND PURSUING A DEGREE IN EARLY CHILDHOOD EDUCATION. GBA
ONITORS THE USE OF SCHOLARSHIP GRANT FUNDS BY REQUIRING FINAL GRADES
OR COURSES TAKEN PAID FOR IN WHOLE OR IN PART BY SCHOLARSHIP GRANT
UNDS.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

QMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

GOOD BEGINNINGS ALLIANCE

Employer identification number 94-3257650

GOOD EDGINNINGS ANDIANCE J 24 3237030
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUCCEED AND STRIVES TO ENSURE A SAFETY NET EXISTS SO ALL CHILDREN HAVE
THE SUPPORT AND OPPORTUNITY TO GROW INTO THRIVING, SUCCESSFUL ADULTS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
LEADERS STATEWIDE AND FOLLOWING UP WITH BUSINESS LEADERS AT THE COUNTY
LEVEL. GBA PROVIDED CONTINUOUS ASSISTANCE TO BOTH THE EARLY LEARNING
COUNCIL AND ITS SUBCOMMITTEES INVOLVING DATA REPORTS AND THE
DEVELOPMENT OF A PILOT COMPREHENSIVE EARLY CHILDHOOD SYSTEM PROPOSAL TO
BE FUNDED.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
ADVOCATES AND EDUCATIVE TESTIMONY GIVEN TO INFORM DECISION MAKING. THE
RESULTANT 2008 LEGISLATION CREATED A STATE EARLY LEARNING COUNCIL (ELC)
MANDATED TO ESTABLISH A COMPREHENSIVE QUALITY EARLY LEARNING SYSTEM FOR
ALL CHILDREN FROM BIRTH TO ENTRY INTO KINDERGARTEN. GBA CONNECTED THE
ELC TO THE P-3 COMMUNITY WORK ENSURING THE FURTHER ALIGNMENT BETWEEN
THE EARLY CHILDHOOD SYSTEM - BEGINNING WITH PROVISIONS FOR EARLY
LEARNING (P) AND CONTINUING THROUGH THIRD GRADE (3).
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CITY AND COUNTY OF HONOLULU COMMUNITY DEVELOPMENT BLOCK GRANT MALAMA
OAHU'S KEIKI.
THE 2008-2009 "MALAMA OAHU'S KEIKI" PROJECT FOCUSED ON PROVIDING EARLY
CHILDHOOD AND FAMILY STRENGTHENING EDUCATION (PARENT EDUCATION CLASSES,
PLAY AND LEARN GROUP SESSIONS, AND RESOURCE WORKSHOPS) TO OVER 300 LOW-
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12- 18-08

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

GOOD BEGINNINGS ALLIANCE

Employer identification number 94-3257650

AND MODERATE-INCOME FAMILIES IN EMERGENCY OR TRANSITIONAL SHELTERS AND
IN PUBLIC HOUSING. THE PROGRAM ALSO FOCUSES ON BUILDING COMMUNITY
LEADERS BY IDENTIFYING VOLUNTEERS WHO ARE MENTORED TO TAKE ON STAFF
ROLES. THE CURRENT PROGRAM ASSISTANT FOR THE MALAMA OAHU'S KEIKI
PROJECT IS A PARENT WHO WAS TRAINED TO TAKE ON THIS POSITION AND
SUPPORTED IN HER COMMUNITY COLLEGE PURSUIT OF A DEGREE IN EARLY
CHILDHOOD.
EXPENSES \$ 130748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
OTHER PROGRAM SERVICES IN ACCORDANCE WITH THE ORGANIZATION'S MISSION.
DONATED RENT RECEIVED WAS \$2,100.
EXPENSES \$ 417039. INCLUDING GRANTS OF \$ 7087. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S ARTICLES OF
INCORPORATION AND BYLAWS WERE AMENDED EFFECTIVE JUNE 30, 2009.
ARTICLES OF INCORPORATION: THE ORGANIZATION'S CORPORATE PURPOSES
ELIMINATED REFERENCES TO HRS ACT 77. THE PARAGRAPH ON RESTRICTIONS WAS
EXPANDED TO RESTRICT THE ORGANIZATION FROM CARRYING ON PROPAGANDA OR
INFLUENCING ANY LEGISLATION.
CORPORATE BYLAWS: THE NUMBER OF DIRECTORS ALLOWED WAS INCREASED FROM
FOURTEEN TO TWENTY. AS TO THE COMPOSITION OF THE BOARD OF DIRECTORS,
REFERENCE TO HRS ACT 77 AND DIRECTORS REPRESENTING SPECIFIC DISCIPLINES
WERE ELIMINATED.

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

GOOD BEGINNINGS ALLIANCE

Employer identification number 94-3257650

FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO FILING, GOOD BEGINNINGS
ALLIANCE (GBA) PROVIDES THE COMPLETED FORM 990 TO ITS EXECUTIVE COMMITTEE
OF THE BOARD FOR REVIEW. AFTER SUBMISSION OF THE FORM 990, ALL BOARD
MEMBERS ARE PROVIDED A COPY OF THE FILED FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, GBA REQUIRES A
SIGNED CERTIFICATION OF COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY
FROM EACH DIRECTOR AND OFFICER.
FORM 990, PART VI, SECTION C, LINE 19: GBA POSTS ITS ARTICLES OF
INCORPORATION, BY LAWS AND MINUTES OF ITS BOARD MEETINGS ON ITS WEBSITE.
GBA DOES NOT CURRENTLY MAKE ITS CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC.
990, PAGE 11, PART XI, LINE 2C
GBA'S EXECUTIVE COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE
ORGANIZATION'S AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF
AN INDEPENDENT AUDITOR.

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions.

OMB No 1545-0172

Name(s) shown on return

► Attach to your tax return. Business or activity to which this form relates

990

Identifying number

GOC	D BEGINNINGS ALLIA	NCE	FO	RM 990 P	AGE 10		94-3257650
Par	t   Election To Expense Certain Prope	rty Under Section 1	79 Note: If you have any	isted property, o	complete Part	V before y	ou complete Part I
1 N	laximum amount See the instructions	s for a higher limit	for certain businesses			1	250,000.
	otal cost of section 179 property plac	=				2	
3 T	hreshold cost of section 179 property	before reduction	in limitation			3	800,000.
4 R	eduction in limitation. Subtract line 3	from line 2 If zero	or less, enter -0-			4	
	ollar limitation for tax year. Subtract line 4 from line			ee instructions		5	
6	(a) Description of pr		<b>I</b>	iness use only)	(c) Electe	ed cost	
							1
-					-		1
		ē <del>11</del>		-			
7 1	sted property Enter the amount from	line 29	<u></u>	7			
	otal elected cost of section 179 prope		s in column (c) lines 6 an			8	
	entative deduction Enter the smaller	-	s in column (c), intes o an	u /		9	
	arryover of disallowed deduction from		007 Form 4562			10	
	usiness income limitation. Enter the s	•		oro) or line 5			
	ection 179 expense deduction Add li		•	•		11	
	'	•				12	
	arryover of disallowed deduction to 2 Do not use Part II or Part III below fo			▶ 13			
Par					4		
Га	t II   Special Depreciation Allowa	ince and Other D	epreciation (Do not inc	uae iistea prope	эпу )		<u> </u>
_							
	pecial depreciation for qualified prope	• •	ted property) placed in s	ervice during the	e tax year	14	
15 P	roperty subject to section 168(f)(1) ele	ection				15	
	ther depreciation (including ACRS)					16	
Par	t III MACRS Depreciation (Do no	ot include listed pi	roperty ) (See instruction	s)			
			Section A	_			
17 M	IACRS deductions for assets placed i	in service in tax ve	aara baaranna bafara 20	^^		l	
18 "		in solvice in tax ye	aars beginning belore 20	08		17_	7,799.
10 1	you are electing to group any assets placed in ser	•	• •		▶ [		1,799.
<u>10 il</u>		vice during the tax year	into one or more general asset as a second as a second asset as a second as a	counts, check here	▶ [ neral Depreci		
		vice during the tax year	into one or more general asset a	counts, check here	peral Depreci	ation Syst	
19a	Section B - Assets	Placed in Service (b) Month and year placed	into one or more general asset asset asset asset and the During 2008 Tax Yeal (c) Basis for depreciation (business/investment use	Using the Ger		ation Syst	em
	Section B - Assets (a) Classification of property	Placed in Service (b) Month and year placed	into one or more general asset asset asset asset and the During 2008 Tax Yeal (c) Basis for depreciation (business/investment use	Counts, check here Using the Ger (d) Recovery period		ation Syst	em
19a	Section B - Assets (a) Classification of property  3-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Ger (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
19a b	Section B - Assets  (a) Classification of property  3-year property  5-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Ger (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
19a b c	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Ger (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
19a b c	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Ger (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
19a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Ger (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
19a b c d e	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property  25-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
19a b c d e	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Placed in Service (b) Month and year placed	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period  5 YRS.	(e) Convention	ation Syst  (f) Method  SL	em (g) Depreciation deduction
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property  25-year property	Placed in Service (b) Month and year placed in service	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	counts, check here Using the Ger (d) Recovery period  5 YRS.  25 yrs 27 5 yrs 27 5 yrs	(e) Convention  HY  MM  MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L	em (g) Depreciation deduction
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property  25-year property	Placed in Service (b) Month and year placed in service	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period  5 YRS.	(e) Convention  HY  MM  MM  MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L	em (g) Depreciation deduction
19a b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property	Placed in Service (b) Month and year placed in service	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124	counts, check here Using the Ger (d) Recovery period  5 YRS.  25 yrs 27 5 yrs 27 5 yrs 39 yrs	MM MM MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F	Placed in Service (b) Month and year placed in service	ce During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	counts, check here Using the Ger (d) Recovery period  5 YRS.  25 yrs 27 5 yrs 27 5 yrs 39 yrs	MM MM MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F	Placed in Service (b) Month and year placed in service	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124	25 yrs 27 5 yrs 39 yrs Using the Altern	MM MM MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year	Placed in Service (b) Month and year placed in service	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124	25 yrs 27 5 yrs 39 yrs Using the Altern	MM MM MM MM MM MM	stion Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year	Placed in Service (b) Month and year placed in service	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124	25 yrs 27 5 yrs 39 yrs Using the Altern	MM MM MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Par	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124	25 yrs 27 5 yrs 39 yrs Using the Altern	MM MM MM MM MM MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Par	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  t IV Summary (See instructions ) insted property Enter amount from line	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124  During 2008 Tax Year	25 yrs 27 5 yrs 40 yrs	MM MM MM MM MM MM	stion Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L 22 T	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  t IV   Summary (See instructions ) isted property Enter amount from line otal. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  // // // Placed in Service  / / 28 14 through 17, lin	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124  During 2008 Tax Year (c) Du	25 yrs 27 5 yrs 40 yrs (g), and line 21	MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	em (g) Depreciation deduction  225.
19a b c d e f g h i 20a b c Par 21 L 22 T	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  t IV Summary (See instructions )  isted property Enter amount from line otal. Add amounts from line 12, lines inter here and on the appropriate lines	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  // // // // Placed in Service  / 28 14 through 17, lines of your return P	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124  During 2008 Tax Year (c) and the properties of t	25 yrs 27 5 yrs 40 yrs (g), and line 21	MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L 22 T E 23 F	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  t IV Summary (See instructions )  isted property Enter amount from line otal. Add amounts from line 12, lines or assets shown above and placed in	Placed in Service  (b) Month and year placed in service  // // // Placed in Service  /  / / / / / / / / / / / / / / / / /	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124  During 2008 Tax Year (c) and the properties of t	25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 27 5 yrs 40 yrs  (g), and line 21 ations - see inst	MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	em (g) Depreciation deduction  225.
19a b c d e f g h i 20a b c Par 21 L 22 T E 23 F	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  t IV Summary (See instructions )  isted property Enter amount from line otal. Add amounts from line 12, lines inter here and on the appropriate lines	Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  /  /  Placed in Service  /  28 14 through 17, lim service during the tion 263A costs	into one or more general asset as the During 2008 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  1,124  During 2008 Tax Year (c) the properties of the p	25 yrs 27 5 yrs 40 yrs (g), and line 21	MM	ation Syst  (f) Method  SL  S/L  S/L  S/L  S/L  S/L  S/L  S/L	em (g) Depreciation deduction  225.

Form 4562 (2008) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) Part V

	through (c) of		l of Section B,					i ueuu	Cility ibase		e, com	JIELE UII	ı <b>y</b> 24a, 2	40, colar	11113 (a)	
Se	ction A - Depreciation	and Other In	formation (Ca	ution: 3	See the i	nstructi	ons for	lımıts fo	or passeng	ger autor	nobiles	)				
24	a Do you have evidence to	support the bu	ısın <u>ess/</u> investme	nt use cl	aimed?	Y	′es 🗌	□ No	24b If "Y	es," is th	ne evide	ence writ	ten?	Yes	No	
	(a)	(b)	(c)		(d)		( <del>e</del> )		(f)	T . (	<b>g</b> )		(h)		(i)	
	Type of property (list vehicles first )	Date placed in	Business/ investment	l .	Cost or	l /bu	sis for depi siness/invi		Recovery		thod/		eciation		cted in 179	
	(list vernicles linst )	service	use percentag	ie <sup>O1</sup>	ther basis		use on		period	Conv	rention	aea	uction		st	
25	Special depreciation all	lowance for c	qualified listed	oroperty	y placed	ın servi	ce durin	g the t	ax year ar	ıd						
	used more than 50% in										25	<u> </u>				
<u> 26</u>	Property used more that	an 50% in a d	qualified busine	ss use					,	_						
		<u> </u>	9	6						<u>.</u>	_					
			_ 9	6										ļ		
		<u> </u>	9	6												
<u>27</u>	Property used 50% or	less in a qual	lified business	use						_						
		<u> </u>	9	6						S/L						
		<u> </u>	9	6						S/L <sub>-</sub>				1		
		<u> </u>	9	6					L	S/L -				1		
28	Add amounts in column	n (h), lines 25	through 27 E	nter her	e and or	ine 21	, page 1				28					
<u>29</u>	Add amounts in column	n (i), line 26 l	Enter here and	on line	7, page	1							29		<del></del>	
			S	ection	B - Infor	mation	on Use	of Vel	nicles							
Со	mplete this section for v	ehicles used	by a sole prop	netor, p	artner, o	r other	"more th	nan 5%	owner,"	or <b>relate</b> e	d persoi	n				
-	ou provided vehicles to	your employe	ees, first answe	er the qu	uestions	ın Sect	ion C to	see if	you meet a	an excep	otion to	complet	ing this :	section fo	or	
tho	se vehicles															
				(a)		(b)			(c)		(d)		(e)		7)	
30	Total business/investment	miles driven d	luring the	Vel	nicle	Ve	hicle	\	/ehicle	Veh	iicle	Vel	hicle	1	Vehicle	
	year (do not include com	muting miles)														
31	Total commuting miles	driven during	the year							]						
32	Total other personal (no	oncommuting	g) miles										•	_		
	driven	`								1				Ì		
33	Total miles driven durin	g the year														
	Add lines 30 through 3	2														
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?															
35	Was the vehicle used p	nmanly by a	more													
	than 5% owner or relat	ed person?														
36	Is another vehicle availa	able for perso	onal													
	use <sup>9</sup>	•											1			
		Section C	- Questions f	or Emp	lovers W	/ho Pro	vide Ve	hicles	for Use b	v Their I	mplov	ees	•			
An:	swer these questions to			-	-					-			re not m	nore than	5%	
	ners or related persons		•	•						•						
37	Do you maintain a writt	en policy sta	tement that pre	ohibits a	all persor	nal use	of vehic	les, inc	luding cor	nmuting	by you	ır		Yes	No	
	employees?	, ,	•		·				•	_						
38	Do you maintain a writt	en policy sta	tement that pr	ohibits p	personal	use of	vehicles	, ехсер	t commut	ing, by y	our					
	employees? See the in:	structions for	r vehicles used	by corp	orate of	ficers, c	directors	s, or 1%	6 or more	owners						
39	Do you treat all use of v	ehicles by e	mployees as p	ersonal	use?											
40	Do you provide more th	nan five vehic	les to your em	ployees	, obtain	ınforma	tion fron	n your	employee:	s about						
	the use of the vehicles,							-							<u></u>	
41	Do you meet the requir	ements cond	eming qualified	d autom	obile de	monstra	ation use	97								
	Note: If your answer to								covered ve	hicles						
P	art VI Amortization															
	(a)			(b)		(c)			(d)		(e)			(f)		
	Description of	of costs		imortization begins		Amortiza amoun	ble t		Code section	Amortization period or percentage			A: fo	Amortization for this year		
42	Amortization of costs the	nat begins di	unng your 2008	tax yea	ar						-					
		<del></del>							_			$\Box$		_		
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43	Amortization of costs the	nat began be	fore your 2008	tax yea	ar	***	_				<u> </u>	43				
4 4		-				•							<del></del>			