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Form **990**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)

OMB No 1545-0047

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization PARENTS AND CHILDREN TOGETHER		D Employer identification number 99-0119678
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1485 LINAPUNI STREET 105		E Telephone number (808) 848-7207
		City or town, state or country, and ZIP + 4 HONOLULU, HI 96819		G Gross receipts \$ 19,478,402.
		F Name and address of principal officer. RUTHANN QUITIQUIT SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ N/A
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ WWW.PACTHAWAII.ORG K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1968 M State of legal domicile: HI				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND SUPPORT HEALTHY INDIVIDUALS, FAMILIES AND COMMUNITIES BY CREATING OPPORTUNITIES FOR		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	495
	6 Total number of volunteers (estimate if necessary)	6	1200
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 20,260,721.	Current Year 19,059,502.
	9 Program service revenue (Part VIII, line 2g)	355,062.	337,707.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,033.	25,960.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,226.	33,133.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,752,042.	19,456,302.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	425,198.	544,346.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	13,818,677.	14,238,743.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,649.		
	17 Other expenses (Part IX, column (A), lines 11a-11g, 11i-11j, 11k-11l, 11m-11n, 11o-11p, 11q-11r, 11s-11t, 11u-11v, 11w-11x, 11y-11z, 11aa-11ab, 11ac-11ad, 11ae-11af, 11ag-11ah, 11ai-11aj, 11ak-11al, 11am-11an, 11ao-11ap, 11aq-11ar, 11as-11at, 11au-11av, 11aw-11ax, 11ay-11az, 11ba-11bb, 11bc-11bd, 11be-11bf, 11bg-11bh, 11bi-11bj, 11bk-11bl, 11bm-11bn, 11bo-11bp, 11bq-11br, 11bs-11bt, 11bu-11bv, 11bw-11bx, 11by-11bz, 11ca-11cb, 11cc-11cd, 11ce-11cf, 11cg-11ch, 11ci-11cj, 11ck-11cl, 11cm-11cn, 11co-11cp, 11cq-11cr, 11cs-11ct, 11cu-11cv, 11cw-11cx, 11cy-11cz, 11da-11db, 11dc-11dd, 11de-11df, 11dg-11dh, 11di-11dj, 11dk-11dl, 11dm-11dn, 11do-11dp, 11dq-11dr, 11ds-11dt, 11du-11dv, 11dw-11dx, 11dy-11dz, 11ea-11eb, 11ec-11ed, 11ee-11ef, 11eg-11eh, 11ei-11ej, 11ek-11el, 11em-11en, 11eo-11ep, 11eq-11er, 11es-11et, 11eu-11ev, 11ew-11ex, 11ey-11ez, 11fa-11fb, 11fc-11fd, 11fe-11ff, 11fg-11fh, 11fi-11fj, 11fk-11fl, 11fm-11fn, 11fo-11fp, 11fq-11fr, 11fs-11ft, 11fu-11fv, 11fw-11fx, 11fy-11fz, 11ga-11gb, 11gc-11gd, 11ge-11gf, 11gg-11gh, 11gi-11gj, 11gk-11gl, 11gm-11gn, 11go-11gp, 11gq-11gr, 11gs-11gt, 11gu-11gv, 11gw-11gx, 11gy-11gz, 11ha-11hb, 11hc-11hd, 11he-11hf, 11hg-11hh, 11hi-11hj, 11hk-11hl, 11hm-11hn, 11ho-11hp, 11hq-11hr, 11hs-11ht, 11hu-11hv, 11hw-11hx, 11hy-11hz, 11ia-11ib, 11ic-11id, 11ie-11if, 11ig-11ih, 11ii-11ij, 11ik-11il, 11im-11in, 11io-11ip, 11iq-11ir, 11is-11it, 11iu-11iv, 11iw-11ix, 11iy-11iz, 11ja-11jb, 11jc-11jd, 11je-11jf, 11jg-11jh, 11ji-11jj, 11jk-11jl, 11jm-11jn, 11jo-11jp, 11jq-11jr, 11js-11jt, 11ju-11jv, 11jw-11jx, 11jy-11jz, 11ka-11kb, 11kc-11kd, 11ke-11kf, 11kg-11kh, 11ki-11kj, 11kk-11kl, 11km-11kn, 11ko-11kp, 11kq-11kr, 11ks-11kt, 11ku-11kv, 11kw-11kx, 11ky-11kz, 11la-11lb, 11lc-11ld, 11le-11lf, 11lg-11lh, 11li-11lj, 11lk-11ll, 11lm-11ln, 11lo-11lp, 11lq-11lr, 11ls-11lt, 11lu-11lv, 11lw-11lx, 11ly-11ly, 11ma-11mb, 11mc-11md, 11me-11mf, 11mg-11mh, 11mi-11mj, 11mk-11ml, 11mm-11mn, 11mo-11mp, 11mq-11mr, 11ms-11mt, 11mu-11mv, 11mw-11wx, 11my-11mz, 11na-11nb, 11nc-11nd, 11ne-11nf, 11ng-11nh, 11ni-11nj, 11nk-11nl, 11nm-11nn, 11no-11np, 11nq-11nr, 11ns-11nt, 11nu-11nv, 11nw-11nx, 11ny-11ny, 11oa-11ob, 11oc-11od, 11oe-11of, 11og-11oh, 11oi-11oj, 11ok-11ol, 11om-11on, 11oo-11op, 11oq-11or, 11os-11ot, 11ou-11ov, 11ow-11ow, 11px-11py, 11pz-11pz, 11qa-11qb, 11qc-11qd, 11qe-11qf, 11qg-11qh, 11qi-11qj, 11qk-11ql, 11qm-11qn, 11qo-11qp, 11qq-11qr, 11qs-11qt, 11qu-11qu, 11rw-11rx, 11ry-11ry, 11sa-11sb, 11sc-11sd, 11se-11se, 11sg-11sh, 11si-11sj, 11sk-11sl, 11sm-11sm, 11so-11so, 11sq-11sq, 11ss-11ss, 11su-11su, 11sw-11sw, 11sy-11sy, 11ta-11tb, 11tc-11td, 11te-11te, 11tg-11th, 11ti-11ti, 11tk-11tk, 11tm-11tm, 11to-11to, 11tq-11tq, 11ts-11ts, 11tu-11tu, 11tw-11tw, 11ty-11ty, 11ua-11ub, 11uc-11uc, 11ue-11ue, 11ug-11ug, 11ui-11ui, 11uk-11uk, 11um-11um, 11uo-11uo, 11uq-11uq, 11us-11us, 11ut-11ut, 11uw-11uw, 11uy-11uy, 11va-11vb, 11vc-11vc, 11ve-11ve, 11vg-11vg, 11vi-11vi, 11vk-11vk, 11vm-11vm, 11vo-11vo, 11vq-11vq, 11vs-11vs, 11vu-11vu, 11vw-11vw, 11vy-11vy, 11wa-11wb, 11wc-11wc, 11we-11we, 11wg-11wg, 11wi-11wi, 11wk-11wk, 11wm-11wm, 11wo-11wo, 11wq-11wq, 11ws-11ws, 11wu-11wu, 11wx-11wx, 11yy-11yy, 11za-11za, 11zb-11zb, 11zc-11zc, 11ze-11ze, 11zg-11zg, 11zi-11zi, 11zk-11zk, 11zm-11zm, 11zo-11zo, 11zq-11zq, 11zs-11zs, 11zu-11zu, 11zw-11zw, 11za-11za, 11zb-11zb, 11zc-11zc, 11ze-11ze, 11zg-11zg, 11zi-11zi, 11zk-11zk, 11zm-11zm, 11zo-11zo, 11zq-11zq, 11zs-11zs, 11zu-11zu, 11zw-11zw		
	18 Revenue less expenses. Subtract line 18 from line 12	1,425,089.	287,473.
	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Year 8,553,847.	End of Year 8,687,333.
20 Total assets (Part X, line 16)	791,323.	637,336.	
21 Total liabilities (Part X, line 26)	7,762,524.	8,049,997.	
22 Net assets or fund balances. Subtract line 21 from line 20			

Part II Signature Block

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	☒ Signature of officer Ruthann Quitiquit	May 12, 2010	
	Type or print name and title Ruthann Quitiquit President + CEO		
Paid Preparer's Use Only	Preparer's signature Ronald L. Huiji	Date MAY 11 2010	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 N&K CPAS, INC. 1001 BISHOP ST ASB TOWER 1700 HONOLULU, HI 96813-3696		Preparer's identifying number (see instructions) EIN ▶ (808) 524-2255

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

6/15/22

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROMOTE AND SUPPORT HEALTHY INDIVIDUALS, FAMILIES AND COMMUNITIES
BY CREATING OPPORTUNITIES FOR THEM TO IDENTIFY AND ADDRESS THEIR OWN
STRENGTHS, NEEDS AND CONCERNS, AND SUCCESSFULLY REALIZE THEIR
POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 8,032,426. including grants of \$) (Revenue \$ 272,567.)
EARLY CHILDHOOD PROGRAMS:

THE EARLY HEAD START AND HEAD START PROGRAM IS A FEDERALLY FUNDED INITIATIVE THAT PROVIDES EARLY CHILDHOOD EDUCATION AND RELATED COMPREHENSIVE SERVICES FOR LOW-INCOME PARENTS AND CHILDREN AND CHILDREN WITH SPECIAL NEEDS. EARLY HEAD START PROVIDES SERVICES IN CENTERS AND IN HOMES TO PRENATAL PARENTS AND PARENTS WITH INFANTS AND TODDLERS UP TO THE AGE OF 3. PARENTS PARTICIPATE IN CLASSROOMS AND PARENTING AND ADULT EDUCATION CLASSES AT KUHIO PARK TERRACE, AND IN HONOLULU, WINDWARD AND WEST OAHU. HEAD START SERVES CHILDREN AGES THREE THROUGH FIVE AND THEIR PARENTS TO PROVIDE A HEAD START FOR SCHOOL SUCCESS. THE KALIHI-BASED PROGRAM OFFERS EARLY EDUCATION CLASSES, PARENT INVOLVEMENT

4b (Code:) (Expenses \$ 3,088,493. including grants of \$) (Revenue \$ 0.)
COMMUNITY BUILDING AND ECONOMIC DEVELOPMENT PROGRAMS:

COMMUNITY TEEN PROGRAM IS A COMPREHENSIVE YOUTH SERVICE CENTER FOR YOUTH AGES 7-18 WHO LIVE IN AND AROUND HONOLULU'S LARGEST PUBLIC HOUSING COMPLEX, KUHIO PARK TERRACE AND KUHIO HOMES AND IN PUUWAI MOMI, A LOW INCOME HOUSING PROJECT IN HALAWA. THE PROGRAM PROMOTES THE DEVELOPMENT OF HEALTHY YOUTH, FAMILIES AND COMMUNITIES BY PROVIDING AN ABUNDANCE OF POSITIVE ACTIVITIES AND EXPERIENCES FOR YOUTH AND FAMILY MEMBERS INCLUDING EDUCATIONAL, RECREATIONAL, COMMUNITY BUILDING AND SUPPORT SERVICES. CASE COORDINATION SERVICES ARE AVAILABLE FOR YOUTH AND FAMILIES COPING WITH POOR SCHOOL PERFORMANCE, TRUANCY AND OTHER DIFFICULTIES. THROUGH THE LAWAKUA EDUCATIONAL FOUNDATION, STUDENTS

4c (Code:) (Expenses \$ 2,917,220. including grants of \$) (Revenue \$ 54,524.)
FAMILY PEACE AND PRESERVATION PROGRAMS:

FAMILY PEACE CENTERS PROMOTE FAMILY PEACE BY TEACHING NON-VIOLENT SKILLS TO ASSURE VICTIM SAFETY AND OFFENDER ACCOUNTABILITY AND TO BREAK FAMILY CYCLES OF VIOLENCE. THE PROGRAM EMPHASIZES PARTNERSHIP, EQUALITY AND RESPECT AMONG AND BETWEEN ALL FAMILY MEMBERS. VIOLENCE AND POWER CONTROL GROUPS FOR OFFENDERS (KULEANA) ARE PROVIDED ON OAHU, MAUI AND LANAI. ON OAHU THERE ARE SUPPORT GROUPS FOR VICTIM/SURVIVORS (PUUHONUA); SUPPORT FOR CHILDREN WHO HAVE WITNESSED DOMESTIC VIOLENCE (HAUPOA); AND PARENTING SKILL BUILDING GROUPS. IN ADDITION, MAUI ALSO PROVIDES SUPPORT GROUPS FOR OFFENDERS WITH CO-OCCURRING SUBSTANCE ABUSE AND PROCESSES TEMPORARY RESTRAINING ORDERS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,646,012. including grants of \$) (Revenue \$ 10,616.)

4e Total program service expenses \$ 16,684,151. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
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 any tax-exempt bonds?	N/A	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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? <i>If "Yes," complete Schedule L, Part III</i>		X

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:		
a 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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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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 U.S. Information Returns. Enter -0- if not applicable	34	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	495	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
8	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?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	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		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

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.

	Yes	No
1a Enter the number of voting members of the governing body	18	
b Enter the number of voting members that are independent	18	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b 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?	N/A	
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	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	SEE SCHEDULE O	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 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:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b 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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **HI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
WAYNE TOME - (808) 848-7207
1485 LINAPUNI STREET, SUITE 105, HONOLULU, HI 96819

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LUI FALEAFINE, JR. CHAIRPERSON	2.00	X		X				0.	0.	0.
CAPPY FASI VICE-CHAIRPERSON	2.00	X		X				0.	0.	0.
RON TEVES SECRETARY	2.00	X		X				0.	0.	0.
LOWELL KALAPA TREASURER	2.00	X		X				0.	0.	0.
CAROLANN GUY DIRECTOR	1.50	X						0.	0.	0.
FRANK HAINES DIRECTOR	1.50	X						0.	0.	0.
MUTHUSAMI KUMARAN, PHD DIRECTOR	1.50	X						0.	0.	0.
SANDY KUROSAKI DIRECTOR	1.50	X						0.	0.	0.
WENDY WILLERS LAGARETA DIRECTOR	1.50	X						0.	0.	0.
OLIN KEALOHA LAGON DIRECTOR	1.50	X						0.	0.	0.
RICHANNE T. LAM DIRECTOR	1.50	X						0.	0.	0.
EILEEN LOTA DIRECTOR	1.50	X						0.	0.	0.
SASHA KENT SETTLE DIRECTOR	1.50	X						0.	0.	0.
FETU NAKAUCIRI DIRECTOR	1.50	X						0.	0.	0.
DAVID SHIBATA DIRECTOR	1.50	X						0.	0.	0.
ALLENE SUEMORI DIRECTOR	1.50	X						0.	0.	0.
DANA-ANN TAKUSHI DIRECTOR	1.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TONI COFRAN DIRECTOR	1.50	X						0.	0.	0.
MERIPA TAI AI GODINET DIRECTOR	1.50	X						0.	0.	0.
RUTHANN QUITIQUIT PRESIDENT & CEO	60.00			X				173,269.	0.	14,146.
KATHY TIRRELL VICE-PRES OF OPERATIONS	60.00			X				105,435.	0.	10,128.
HA'AHEO MANSFIELD VICE-PRES OF PROGRAMS	60.00			X				105,049.	0.	10,128.
1b Total								383,753.	0.	34,402.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
EHANA, 92-928 PALAILAI STREET, #76, KAPOLEI, HI 96707	MIS CONSULTING	108,531.

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

Part VIII Statement of Revenue

				(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	1 a Federated campaigns	1a	106,018.				
	b Membership dues	1b					
	c Fundraising events	1c	67,392.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	18241748.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	644,344.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			19059502.			
Program Service Revenue	2 a SERVICE FEES	Business Code	900099	336,403.	336,403.		
	b OTHER REVENUE		900099	1,304.	1,304.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			337,707.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			25,960.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 67,392. of contributions reported on line 1c). See Part IV, line 18		a		55,233.			
b Less: direct expenses		b		22,100.			
c Net income or (loss) from fundraising events				33,133.			33,133.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				19456302.	337,707.	0.	59,093.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	544,346.	544,346.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	381,600.	329,302.	50,078.	2,220.
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	11,111,791.	9,582,725.	1,463,780.	65,286.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	429,520.	374,676.	52,766.	2,078.
9 Other employee benefits	1,261,522.	1,100,440.	154,979.	6,103.
10 Payroll taxes	1,054,310.	919,686.	129,523.	5,101.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	569,328.	381,781.	163,680.	23,867.
12 Advertising and promotion				
13 Office expenses	674,503.	608,897.	52,512.	13,094.
14 Information technology				
15 Royalties				
16 Occupancy	1,315,688.	1,160,856.	154,752.	80.
17 Travel	312,280.	277,400.	34,812.	68.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,761.	2,761.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	298,311.	249,623.	48,688.	
23 Insurance	145,264.	145,057.		207.
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.)				
a SUBCONTRACTORS	602,771.	602,771.		
b REPAIRS AND MAINTENANCE	265,345.	235,881.	29,378.	86.
c EMPLOYEE DEV, RECRUITMENT	102,647.	82,332.	19,368.	947.
d SMALL EQUIPMENT PURCHASES	64,211.	60,498.	3,713.	
e MISCELLANEOUS	32,631.	25,119.		7,512.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	19,168,829.	16,684,151.	2,358,029.	126,649.
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	171,363.	1	604,817.
	2 Savings and temporary cash investments	2,684,138.	2	1,849,788.
	3 Pledges and grants receivable, net	2,509,348.	3	2,594,186.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,329.	9	97,264.
	10a Land, buildings, and equipment: cost basis	5,704,916.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	3,188,834.		
		1,908,367.	10c	2,516,082.
	11 Investments - publicly traded securities	250,711.	11	627.
	12 Investments - other securities. See Part IV, line 11	1,000,000.	12	1,000,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	24,591.	15	24,569.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,553,847.	16	8,687,333.	
Liabilities	17 Accounts payable and accrued expenses	471,299.	17	369,306.
	18 Grants payable		18	
	19 Deferred revenue	89,687.	19	76,292.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	63,427.	23	56,429.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	166,910.	25	135,309.
	26 Total liabilities. Add lines 17 through 25	791,323.	26	637,336.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,378,179.	27	6,716,795.
	28 Temporarily restricted net assets	1,384,345.	28	1,333,202.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,762,524.	33	8,049,997.
	34 Total liabilities and net assets/fund balances	8,553,847.	34	8,687,333.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	13516259.	13011843.	13708132.	20260721.	19059502.	79556457.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	13516259.	13011843.	13708132.	20260721.	19059502.	79556457.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						79556457.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13516259.	13011843.	13708132.	20260721.	19059502.	79556457.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,921.	57,060.	100,054.	103,033.	25,960.	307,028.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						79863485.
12 Gross receipts from related activities, etc. (see instructions)					12	19,376,582.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.62 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.66 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 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" test. The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

PARENTS AND CHILDREN TOGETHER

Employer identification number

99-0119678

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure 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, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		873,657.		873,657.
b Buildings		726,067.	230,831.	495,236.
c Leasehold improvements		1,696,235.	829,278.	866,957.
d Equipment		1,710,491.	1,582,199.	128,292.
e Other		698,466.	546,526.	151,940.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,516,082.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,456,302.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,168,829.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	287,473.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	287,473.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	20,823,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,366,836.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,366,836.
3	Subtract line 2e from line 1	3	19,456,302.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	19,456,302.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	20,535,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,366,836.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,366,836.
3	Subtract line 2e from line 1	3	19,168,829.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,168,829.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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2008

Open To Public Inspection

Name of the organization

PARENTS AND CHILDREN TOGETHER

Employer identification number
99-0119678

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		STARLIGHT AND SLIPPAH KIDS DAY (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	61,515.	61,110.		122,625.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	61,515.	61,110.		122,625.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	10,753.	11,347.		22,100.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				22,100.
	9 Net income summary. Combine lines 3 and 8 in column (d)				100,525.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %		
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection.

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[illegible]

- ☒ Yes ☐ No

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	▲
3	Enter total number of other organizations	▲

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD (LUNCHES AND SNACKS) FOR THE CHILDREN IN THE HEADSTART PRESCHOOL PROGRAM.	691	0.	343,172.		FOOD
PROVISION OF COST OF FIELD TRIPS AND INCENTIVE AWARDS TO INDIVIDUALS SERVED IN ALL AREAS OF THE ORGANIZATION'S VARIOUS PROGRAM SERVICES.	13268	0.	201,174.		COST OF FIELD TRIPS AND INCENTIVE AWARDS (MOVIE TICKETS, GIFT CERTIFICATES, ETC.)

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: PACT HAS A COMPREHENSIVE INTERNAL QUALITY ASSURANCE AND IMPROVEMENT PROCESS THAT INCLUDES QUARTERLY REPORTING OF OUTPUTS AND OUTCOMES. EACH QUARTER, EACH PROGRAM DIRECTOR REPORTS ON THE NUMBER OF CONSUMERS WHO RECEIVED SERVICES. THE DIRECTOR ALSO REPORTS ON WHETHER OUTCOMES WERE ACHIEVED.

IN ADDITION, EACH PROGRAM HAS TRACKING LOGS FOR MATERIAL ITEMS DISTRIBUTED TO CONSUMERS (GIFT CERTIFICATES, MOVIE TICKETS, ETC.). THE ADMINISTRATIVE ASSISTANT LOGS OUT THE NUMBER OF CERTIFICATES DISTRIBUTED AND IDENTIFIES

Part IV Supplemental Information

THE WORKER AND RECIPIENT CONSUMER. RECONCILIATIONS ARE PERFORMED MONTHLY,
QUARTERLY AND ANNUALLY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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Open to Public Inspection

Name of the organization

PARENTS AND CHILDREN TOGETHER

Employer identification number

99-0119678

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PARENTS AND CHILDREN TOGETHER

Employer identification number

99-0119678

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM TO IDENTIFY AND ADDRESS THEIR OWN STRENGTHS, NEEDS AND CONCERNS
AND SUCCESSFULLY REALIZE THEIR POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

AND HEALTH AND SOCIAL SERVICES. THE KEONEPOKO CHILD CARE CENTER IS
LOCATED ON THE ISLAND OF HAWAII AND PROVIDES CHILD CARE SERVICES TO
WORKING FAMILIES. ENROLLED CHILDREN RECEIVE SIMILAR EARLY CHILDHOOD
EDUCATION SERVICES AS THOSE ENROLLED IN HEAD START.

INDIVIDUALS SERVED DURING THE YEAR: 691

HANA LIKE HOME VISITOR PROGRAM AIMS TO PREVENT CHILD ABUSE AND NEGLECT
BY STRENGTHENING FAMILIES AT-RISK. ONE TEAM OF HOME VISITORS PROVIDES
SERVICES IN THE HONOLULU TO KALIHI AREAS ON OAHU. HOME VISITORS WORK
CLOSELY WITH EXPECTANT PARENTS AND PARENTS OF INFANTS AND TODDLERS TO
PROMOTE OPTIMAL CHILD DEVELOPMENT, PROVIDING PARENTING EDUCATION,
EMOTIONAL SUPPORT AND LINKS TO RESOURCES. HANA LIKE ALSO IMPLEMENTED
HUI MAKUAKANE, A FATHERING PROGRAM, AND HOUSES THE HAWAII COALITION FOR
DADS, BOTH OF WHICH SUPPORT FATHERS AND FOSTER THEIR POSITIVE ROLE IN
THE FAMILY AND ENHANCED HEALTHY START A MULTI-DISCIPLINARY APPROACH TO
WORKING WITH FAMILIES INVOLVED IN CHILD WELFARE SERVICES.

INDIVIDUALS SERVED DURING THE YEAR: 700

RESPIRE CARE PROVIDES A MUCH NEEDED BREAK FROM CHILD CARE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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RESPONSIBILITIES FOR PARENTS WHO ARE UNDER STRESS AND CANNOT AFFORD
CHILDCARE. TRAINED CHILDCARE PROVIDERS AND VOLUNTEERS CARE FOR
CHILDREN UNDER SIX YEARS OF AGE AND ASSIST PARENTS WITH LITERACY
ACTIVITIES AND PARENTING SKILLS.

INDIVIDUALS SERVED DURING THE YEAR: 346

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
ENROLLED IN THE PROGRAM MAY BE ELIGIBLE FOR PRIVATE SCHOOL
SCHOLARSHIPS.

INDIVIDUALS SERVED DURING THE YEAR: 600

THE KPT FAMILY CENTER AND THE KANEOHE COMMUNITY FAMILY CENTER SEEK TO
STRENGTHEN COMMUNITIES BY PROVIDING INFORMATION AND REFERRAL, A
TOY/BOOK LENDING LIBRARY, COMMUNITY DRUG AWARENESS PROGRAMS, VOLUNTEER
PROGRAMS, COUNSELING, ENGLISH LANGUAGE SKILLS, COMPUTER SKILLS TRAINING
AND FAMILY ACTIVITIES WITHIN THEIR RESPECTIVE COMMUNITIES. THE
NEIGHBORHOOD PLACE OF CENTRAL KALIHI WORKS WITH FAMILIES TO PREVENT
CHILD ABUSE AND NEGLECT AND INVOLVEMENT WITH THE CHILD WELFARE SYSTEM.
THE FAMILY CENTERS LEAD A STATEWIDE COLLABORATION TO PROVIDE PARENTAL
INFORMATION RESOURCE CENTERS (PIRC). PIRC PROVIDES TRAINING AND
TECHNICAL ASSISTANCE FOR PARENTS, SCHOOLS AND COMMUNITIES TO WORK
TOGETHER FOR OPTIMAL DEVELOPMENT AND EDUCATION OF CHILDREN, INCREASING
PARENTS' CAPACITY IN THEIR PARENTING ROLES, PROVIDING AN IN-HOME
CURRICULUM FOR PARENTS OF 3-5 YEAR OLDS AND FACILITATING HOME-SCHOOL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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PARTNERSHIPS.

INDIVIDUALS SERVED DURING THE YEAR: 8,800

ECONOMIC DEVELOPMENT CENTER IS DESIGNED TO STRENGTHEN AN INDIVIDUAL'S ABILITY TO SECURE AND KEEP EMPLOYMENT OR TO START AND MAINTAIN A SMALL BUSINESS. PARTICIPANTS WITH LOW TO MODERATE INCOME WHO LACK WORKPLACE AND BUSINESS SKILLS CAN ACCESS SERVICES THAT INCLUDE A PERSONAL VOCATIONAL ASSESSMENT, BASIC ECONOMIC LITERACY, BUDGET PLANNING, RESUME DEVELOPMENT, JOB PLACEMENT AND FOLLOW UP, SMALL BUSINESS TRAINING AND START-UP. PARTICIPANTS CAN START CREATING ASSETS THROUGH AN INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROGRAM, WHICH MATCHES SAVINGS THEY ESTABLISH FOR BUSINESS EQUITY OR EDUCATION.

INDIVIDUALS SERVED DURING THE YEAR: 430

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

INDIVIDUALS SERVED DURING THE YEAR: 1,196

FAMILY VISITATION CENTERS PROVIDE A SAFE AND NEUTRAL SETTING FOR CHILDREN TO VISIT WITH THEIR NON-CUSTODIAL PARENTS OR TO TRANSITION FROM ONE PARENT TO THE OTHER. FAMILIES EXPERIENCING SEPARATION, DIVORCE OR FAMILY VIOLENCE ARE SERVED ON OAHU AND KAUAI. AT PRESENT THE KAUAI PROGRAM IS BEING OFFERED WITHOUT A FORMAL CONTRACT IN PLACE.

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.

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INDIVIDUALS SERVED DURING THE YEAR: 550

OHIA - DOMESTIC VIOLENCE SHELTER OFFERS A SAFE AND CONFIDENTIAL PLACE FOR WOMEN AND THEIR CHILDREN WHO CAN NO LONGER STAY IN THEIR HOMES BECAUSE OF DANGER FROM DOMESTIC VIOLENCE. CRISIS RESPONSE IS AVAILABLE 24/7. TRAINED STAFF ASSISTS WOMEN WITH SAFETY AND FUTURE PLANNING AND MAKE REFERRALS FOR HOUSING, LEGAL AND MEDICAL NEEDS. A CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) IS ALSO ON SITE TO ADDRESS SUBSTANCE ABUSE ISSUES.

INDIVIDUALS SERVED DURING THE YEAR: 160

LEHUA TRANSITION HOUSE, SCHEDULED TO OPEN IN LATE DECEMBER 2009, WILL PROVIDE SUCCESSFUL FEMALE GRADUATES OF OHIA WHO ARE SINGLE AND EMPLOYED WITH TEMPORARY SHELTER FOR AT LEAST A YEAR. RESIDENTS WILL BE ENCOURAGED TO USE THAT TIME TO GET THEIR FINANCES IN ORDER AND CONTINUE THEIR HEALING PROCESSES.

CPS VISITATION CENTERS IN WAIPAHU AND WAIANAE PROVIDE SUPERVISED VISITS BETWEEN PARENTS AND CHILDREN WHO ARE ACTIVELY INVOLVED WITH CHILD WELFARE SERVICES. THE GOAL OF THE PROGRAM IS TO INCREASE THE LIKELIHOOD OF FAMILY RE-UNIFICATION THROUGH SUPPORTIVE PARENTING STRATEGIES AND SUPERVISED VISITATION.

INDIVIDUALS SERVED DURING THE YEAR: 250

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PARENTS AND CHILDREN TOGETHER

Employer identification number
99-0119678

LANAI INTEGRATED SERVICES SYSTEM IS A COMPREHENSIVE PROGRAM FOR CHILD ABUSE AND NEGLECT PREVENTION AND INTERVENTION IN A CONTINUUM THROUGH FOSTER CARE AND PERMANENCY PLACEMENT SUPPORT. SERVICES INCLUDE OUTREACH, PARENTING SKILLS TRAINING, COUNSELING, SUPPORT, REFERRAL, SUPERVISED VISITATION, SUPPORT FOR FOSTER CARE PLACEMENT AND ADOPTIVE PARENTS. FAMILIES AT-RISK OF INVOLVEMENT OR CURRENTLY INVOLVED WITH THE CHILD WELFARE SYSTEM ARE ELIGIBLE FOR SERVICES.

INDIVIDUALS SERVED DURING THE YEAR: 53

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS:

INTENSIVE SUPPORT SERVICES PROGRAM ASSISTS FAMILIES WHOSE ADOLESCENTS HAVE SERIOUS EMOTIONAL, SOCIAL AND BEHAVIORAL CHALLENGES WITH A DIAGNOSIS OF SERIOUS EMOTIONAL & BEHAVIORAL DISORDER (SEBD). A FULL RANGE OF SERVICES ARE PROVIDED THROUGH INTENSIVE IN-HOME AND COMMUNITY BASED INTERVENTIONS. SERVICES INCLUDE INDIVIDUAL SUPPORT FOR YOUTH WITH CHALLENGES SUCH AS OPPOSITIONAL BEHAVIOR, DEPRESSION AND/OR ANXIETY. SERVICES INCREASE PARENTAL FUNCTIONING AND INCLUDE MULTISYSTEMIC THERAPY (MST) AN EVIDENCE-BASED INTERVENTION WHICH IS MORE INTENSIVE THAN TRADITIONAL HOME-BASED SERVICES FOR CHILDREN WITH WILLFUL MISCONDUCT. MST TEACHES/COACHES THE FAMILY HOW TO SUPERVISE AND SUPPORT THEIR CHILD'S ADJUSTMENT IN SCHOOL AND IN THE COMMUNITY. MST SERVICES ARE AVAILABLE ON OAHU, MAUI, MOLOKAI AND KAUAI.

FUNCTIONAL FAMILY THERAPY (FFT) IS AN EVIDENCE-BASED FAMILY TREATMENT

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.

OMB No 1545-0047

2008

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Inspection

Name of the organization

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Employer identification number
99-0119678

SYSTEM FOR YOUTH EXPERIENCING ONE OF A WIDE RANGE OF EXTERNALIZING
BEHAVIOR DISORDERS (E.G., CONDUCT, VIOLENCE, DRUG ABUSE) ALONG WITH
FAMILY PROBLEMS. FFT SERVICES ARE PROVIDED IN THE HOME AND IN
COMMUNITY BASED SETTINGS. FFT SERVICES ARE AVAILABLE ON OAHU AND
KAUAI.

INDIVIDUALS SERVED DURING THE YEAR: 183

EXPENSES \$ 2646012. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10616.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS REVIEWED
BY THE TREASURER AND CHAIR OF THE BOARD'S FINANCE COMMITTEE AND PROVIDED TO
THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A
CONFLICT OF INTEREST POLICY FOR ITS STAFF, VOLUNTEERS AND CONSULTANTS WHICH
ALSO APPLIES TO THE ORGANIZATION'S OFFICERS AND DIRECTORS. IN ADDITION,
FAMILY MEMBERS OF THE ORGANIZATION EMPLOYEES OR OFFICERS/EMPLOYEES OF
ORGANIZATIONS CONTRACTED TO PERFORM A COMPONENT OF THE ORGANIZATION'S
PROGRAM, EMPLOYEES OF THE ORGANIZATION OR AN EMPLOYEE OF THE ORGANIZATION'S
FUNDING SOURCE ARE PROHIBITED FROM SITTING ON THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR RUTHANN QUITIQUIT,
PRESIDENT, KATHLEEN TIRELL, VICE PRESIDENT OF OPERATIONS AND HA'AHEO
MANSFIELD, VICE PRESIDENT OF PROGRAMS, ARE DETERMINED ANNUALLY BY THE BOARD
OF DIRECTORS DURING THE APPROVAL OF THE ADMINISTRATION BUDGET. THE
ORGANIZATION UTILIZES COMPARABLE DATA FROM THE HAWAII EMPLOYER COUNCIL

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PARENTS AND CHILDREN TOGETHER

Employer identification number
99-0119678

SALARY SURVEY, OTHER AGENCIES' FORM 990, JOB ADVERTISEMENTS AND OTHER
COMPARABLE DATA.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST AND THROUGH POSTINGS
ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization PARENTS AND CHILDREN TOGETHER	Employer identification number 99-0119678
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O N&K CPAs, INC., 1001 BISHOP ST., ASB TWR. #1700	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HAWAII 96813-3696	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **PARENTS AND CHILDREN TOGETHER**

Telephone No. **(808) 848-7207**FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15**, 20**10**.
- 5 For calendar year **JULY 1**, 20**08**, and ending **JUNE 30**, 20**09**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **WE HAVE NOT YET OBTAINED ALL OF THE PERTINENT INFORMATION NECESSARY TO FILE A COMPLETE AND PROPER RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.00
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]**Title **CERTIFIED PUBLIC ACCOUNTANT** Date **02/15/10**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization PARENTS AND CHILDREN TOGETHER	Employer identification number 99-0119678
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O N&K CPAs, INC., 1001 BISHOP STREET, ASB TOWER, SUITE 1700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HAWAII 96813-3696	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of **► PARENTS AND CHILDREN TOGETHER**

Telephone No. **► (808) 848-7207**

FAX No. **►**

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 **_____** or
► ☒ tax year beginning **JULY 1**, 20 **08**, and ending **JUNE 30**, 20 **09**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.00
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.00
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
ISA

Form **8868** (Rev. 4-2008)