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DLN: 93493135049512

Department of the Treasury

## **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

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number B Check if applicable GOOD BEGINNINGS ALLIANCE 94-3257650 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (808) 531-5502 33 SOUTH KING STREET NO 200 Terminated G Gross receipts \$ 1,649,212 Amended return City or town, state or country, and ZIP + 4 HONOLULU, HI 96813 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? **ELISABETH A CHUN** 33 SOUTH KING STREET NO 200 ┌ Yes ┌ No **H(b)** Are all affiliates included? HONOLULU, HI 96813 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **▽** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW GOODBEGINNINGS ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► 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 DEDICATED TO ENSURING YOUNG CHILDREN ARE SAFE, HEALTHY AND READY TO SUCCEED AND STRIVES TO ENSURE A SAFETY NET EXISTS SO ALL CHILDREN HAVE THE SUPPORT AND OPPORTUNITY Activities & Governance TO GROWINTO THRIVING, SUCCESSFUL ADULTS 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 15 4 15 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 16 6 1 Total number of volunteers (estimate if necessary) . . . . 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 1,645,545 1,367,292 Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,470 3,667 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1.370.762 1,649,212 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . 13 9.688 3,405 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 692,442 675,806 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ 715,863 578,467 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 18 1,417,993 1,257,678 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -47,231 391,534 (Assets or | nd Balances | **Beginning of Current End of Year** Year 1,732,030 2,136,615 20 Total assets (Part X. line 16) . Total liabilities (Part X, line 26) . . . . . 21 74,403 87,454 22 1,657,627 2,049,161 Net assets or fund balances Subtract line 21 from line 20 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. 2012-05-14 Date Sign Here ELISABETH A CHUN VICE PRESIDENT & EXECUTIVE DIRECTOR Type or print name and title

Paid

Preparer

**Use Only** 

RODNEY AKAMINE

HONOLULU, HI 968143612

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

Firm's name AKAMINE OYADOMARI & KOSAKI CPA'S INC

Firm's address 🕨 1440 KAPIOLANI BLVD SUITE 900

Preparer's signature

RODNEY AKAMINE

2012-05-14

Check if self

Phone no 🕨 (808) 941-

Fım's EIN

Par	t III	Statement of Program Check if Schedule O contain	-		III		
1	Brief	y describe the organization's	mission				
AND	STRI	INNINGS ALLIANCE IS DEC 'ES TO ENSURE A SAFETY N . SUCCESSFUL ADULTS					
11111	VINO	, 3000013					
2	the p	ne organization undertake any nor Form 990 or 990-EZ? . s," describe these new service				on	
3		ne organization cease conduct ces?					
	If "Ye	s," describe these changes or	Schedule O				
4	Secti	ribe the exempt purpose achie on 501(c)(3) and 501(c)(4) of stions to others, the total expe	rganizations and secti	on 4947(a)(1) trus	ts are required to report tl		nd
4a	(Cod	e ) (Expense:	s \$ 604,603	ıncludıng grants of \$	3,540 ) (Rever	nue \$	)
	SYST CHILI IN DI EARL CHILI CONS FAMI CHILI	MUNITY CAPACITY BUILDING GOOD EMS OF CARE AND SUPPORT FOR YOU DEEN IN THEIR CRUCIAL ROLE AS FI SCUSSIONS, PROVIDE INPUT AND RI Y CHILDHOOD COORDINATORS WHO DHOOD AND CARE ACTIVITIES THES SISTENTLY REPORTED TO STATE POLITIES THES DIREN OF INCARCERATED PARENTS MPORTANCE OF THE EARLY YEARS A	DUNG CHILDREN THROUGH RST TEACHER A MAJOR G CEIVE INFORMATION ABO FACILITATE COUNTY COU E COORDINATORS OFFER ICY MAKERS ACHIEVEMEN ITH COMMUNITY RESOURC 3 SUPPORTED CREATION	IOUT THE STATE OF HAV OAL OF GBA IS TO SUPP UT EARLY CHILDHOOD A NCILS WHO ENGAGE RE EFFECTIVE FEEDBACK S TS 1 CONDUCTED PARE CES 2 FACILITATED NE OF COMPREHENSIVE CO	VAII WHILE ALSO SUPPORTING ORT SUCCESSFUL MECHANISM: ND CARE ACTIVITIES OUR WO SIDENTS, PROVIDE INPUT, AND O THAT THE CHALLENGES AND INT/CHILD TRAINING FOR HOM IWORK OF PROVIDERS TRAININ DUNTY EARLY CHILDHOOD PLAN	PARENTS OF OUR MOST VL S FOR COUNTY RESIDENTS RK INCLUDES SUPPORTIN RECEIVE INFORMATION AI RESOURCES OF THE COUN ELESS AND LOW-INCOME F IG PARENTS AND SUPPORT S TO ADDRESS PUBLIC AWA	JLNERABLE 5 TO ENGAGE IG COUNTY BOUT EARLY ITIES ARE FAMILIES, ITING ARENESS IN
4b	CHILL EARL INFO ACCE INCR SYST CLOS SIXTI TRAII RESL TOP / AND PROL STRA CARE EVEN POLIG FLOR CHILL	(Expense: C POLICY RECOMMENDATIONS DEVIDERN IN HAWAII GBA COORDINATES OF CHILDHOOD EDUCATION GBA ALIGE REMED DECISIONS WITH DATA AND RESING HIGH-QUALITY EARLY EDUCATION GBA ALIGE REMED DECISIONS WITH DATA AND RESING HIGH-QUALITY EARLY EDUCATION SCHOOL READINESS IMPACTIVE WITH DEPARTMENT OF HUMAN SELY WITH DEPARTMENT OF THE LITING IN \$664,277 IN FEDERAL FUNDAPPLICATION SO THAT EARLY CHILDESUCCES MATERIALS FOR DIFFERENT AS TO ENGAGE (ECE) WE UTILIZE AN INTERACTIVE TO REACH THE PUBLIC WE COOF YMAKERS ACHIEVEMENTS 1 LAUNDA AND DR JACK SHONKOFF OF HUD DREN, 3 REACHED OUT TO GUBERN OF GRASSROOTS SUPPORT FOR EC PROPERTY OF THE PUBLIC WE COOF DEPARTS OF THE PUBLIC WE COOF THE PUBLIC WE PUBLIC WE COOF THE PUBLIC WE COOF	ELOPMENT GOOD BEGINN:  RESOURCES WITH OTHER  RESPUBLIC SUPPORT (DEF ESEARCH AND BY SECURI  TION OPPORTUNITIES AND  ITY ON KEY LEGISLATIVE BE EDUCATING PUBLIC, LEGIS ERVICES' SUBCOMMITTEE ADINESS ASSESSMENT SHO HSSRA CALCULATING TOO DING TO SUPPORT EARLY HOOD WOULD BE INCLUDE  NOED TIME TO DEVELOP LE  UDIENCES TO MAKE A COL  E A BROAD COALITION OF E WEBSITE, SOCIAL NETWO ROTHORNOOD BE TOO E WEBSITE, SOCIAL NETWO ROTHORNOOD BE WILL  ARVARD, 2 CREATED A ST ATORIAL CANDIDATES AS	INGS ALLIANCE PROMOT R HAWAII ORGANIZATION PARTMENTAL, LEGISLATIV NG NEW PUBLIC AND PR EXPANDING NECESSAR SILLS IMPACTING YOUNG ISLATURE, POLICY MAKE TO AMEND RULES FOR DWING MORE OF HAWAI DI, 6 DRAFTED STATE A CHILDHOOD SYSTEM BU D, 8 INFORMED STATE A CHILDHOOD SYSTEM BU DNG-TERM PLAN AWARE MPELLING CASE FOR INV STAKEHOLDERS IN INC DRKING SITES (FACEBOO ILY CHILDHOOD ADVOCA L CAMPAIGN BEGINNING TATEWIDE ALLIANCE OF TO NEED FOR STATE FU	NS TO PROMOTE THE AVAILABIL  /E, AND ADMINISTRATIVE) BY S IVATE INVESTMENT TO ADDRES  Y HEALTH AND FAMILY SUPPOR  CHILDREN, 2 PUBLISHED ISSU  RS, AND GOVERNOR CANDIDAT  CHILD CARE 4 PARTNERED W.  I'S YOUNG CHILDREN NOT REA  LOVISORY COUNCIL APPLICATION  ILDING, 7 PROVIDED INPUT TO  ILDING, 7 PROVIDED INPUT TO  ILGISLATORS AS TO IMPORTAN  NESS AND PUBLIC WILL BUILDID  /ESTING RESOURCES IN HAWAI  REASING INVESTMENTS IN QUA  DK, TWITTER, ETC ), PARENT E  TES SO THAT A MULTITUDE OF  WITH DECISION-MAKER PRESI  EARLY CHILDHOOD (EC) ADVOCT  NDED COMPREHENSIVE EARLY	EASE RESOURCES FOR YOU TTY, ACCESSIBILITY AND QU UPPORTING POLICY MAKEI SE COMMUNITY CONCERNS I SERVICES ACHIEVEMENT JE BRIEF ON CUTS TO HAW JES ABOUT NEGATIVE CUTS ITH DEPARTMENT OF EDUC DY FOR SCHOOL, 5 COND IN TO THE NATIONAL HEAD OUSTATE'S SUCCESSFUL RA CE OF JUNIOR KINDERGAF ING GBA DEVELOPS MESSAI JES YOUNG CHILDREN GBA LITY EARLY CHILDHOOD EE LOGS, AND COMMUNITY EI COMMUNITY VOICES ARE ENTATIONS BY SERGIO BEN JATES CALLED ONE VOICE F CHILDHOOD SYSTEM 4 ST	UALITY OF RS TO MAKE S AROUND TS 1 VAII'S ECE S 3 WORKED CATION ON OUCTED START OFFICE CCE TO THE GES AND A UTILIZES DUCATION AND NGAGEMENT HEARD BY IDIXEN FROM FOR HAWAIT'S FARTED TO
4c	(Cod	e ) (Expense:	s \$	including grants of \$	) (Revenu	e \$	)
4d		er program services (Describe	e ın Schedule O ) ıncludıng grants o	of \$	) (Revenue \$	1	
		l program service expenses▶⁴		•	/ (Nevenue p	,	

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	<b>SCHEUUICS</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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? If "Yes," complete Schedule D, Part $IV \bigcirc I$	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νo
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? If "Yes," complete Schedule R, Part I	33		Νo
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		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [					
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable							
	1a 12							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
	gaming (gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>							
	Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
_								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo				
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b						
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	4a		N a				
L	account)?	та		No				
D	If "Yes," enter the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
	See maductions for ming requirements for Form ביסר בע ד, 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		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
·	The rest to line 54 of 55, and the organization menoring occurred in the rest of the rest	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo				
	organization solicit any contributions that were not tax deductible?							
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or grewer not tax deductible?							
7								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and							
	services provided to the payor?							
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo				
d	d If "Yes," indicate the number of Forms 8282 filed during the year							
•	The state of the final state of the state of							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_						
	contract?	7e		No				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a							
	Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess							
	business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12   10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club							
	facilities							
11								
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
	against amounts due of received nom them /							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the							
12	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?							
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a						
h	Enter the amount of reserves the organization is required to maintain by the states							
-	in which the organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand 13c							
1/1~		1/10		No				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

_Se	ection A. Governing Body and Management								
			Yes	No					
1-	Enter the number of voting members of the governing body at the end of the tay								
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent								
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		No					
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		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6	Does the organization have members or stockholders?	6		Νο					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No.					
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	7.5		110					
	year by the following								
a	The governing body?	8a	Yes						
Ь	Each committee with authority to act on behalf of the governing body?	8b		No					
9	Is there any officer, director, 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	9		Νo					
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)								
	verial society		Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		No					
	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?	10b							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
		11a		No					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this is done	12c	Yes						
13	Does the organization have a written whistleblower policy?	13	Yes						
14	Does the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b		No					
	If "Yes" to line 15a or 15b, 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?	16a		No					
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?	16b							
Se	ection 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 Form 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 V Upon request								

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 LLOYD KANESHIGE

33 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813

(808) 531-5502

## 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 Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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 all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours							( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
			from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
(1) JEAN JOHNSON PRES /DIRECTOR		х		Х				0	0	0
(2) KANOE NAONE VICE PRES /DIRECTOR		Х		Х				0	0	0
(3) LYNN CABATO SECRETARY/DIRECTOR		Х		Х				0	0	0
(4) GREGG YAMANAKA TREASURER/DIRECTOR		х		Х				0	0	0
(5) DANA DAVIDSON DIRECTOR		х						0	0	0
(6) DEBBI AMARAL DIRECTOR		Х						0	0	0
(7) TERRY LOCK DIRECTOR		Х						0	0	0
(8) TODD NITTA DIRECTOR		х						0	0	0
(9) LOUISE IWAISHI MD DIRECTOR		Х						0	0	0
(10) KERIANN OSADA DIRECTOR		х						0	0	0
(11) LIZ STONE DIRECTOR		х						0	0	0
(12) NAOI YUEN DIRECTOR		х						0	0	0
(13) ROMA JOHNSON DIRECTOR		х						0	0	0
(14) SUSAN SMITH DIRECTOR		х						0	0	0
(15) DEAN OKIMOTO DIRECTOR		х						0	0	0
(16) ELISABETH CHUN VP/DIRECTOR	55 00			Х				84,451	0	0

\$100,000 in compensation from the organization **F**0

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

	(A) Name and Title	(B) A verage hours	Position (check all Reportable Reportable that apply) compensation comper				<b>(E)</b> Reportable compensation from related		(F) Estima amount o	ited fother			
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	c	compens from t organizat relat organiza	the on and ed
(17)	LLOYD KANESHIGE	,			×		┾		72 206				
ĊFÓ		50 00			<u> </u>				72,306		0		(
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											+		
											$\perp$		
											+		
1b	Sub-Total					<u> </u>		<u> </u>			+		
c	Total from continuation sheets						· ·						
d	Total (add lines 1b and 1c) .							<b>F</b>	156,757	(	,		0
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received more tha	n			
												Yes	No
3	Did the organization list any for						mploy	ee, c	or highest compens	ated employee			
	on line 1a? <i>If</i> "Yes," complete Sc						•	•		• • •	3		Νo
4	For any individual listed on line organization and related organiz												
	ındıvıdual			•	•			•			4		No
5	Did any person listed on line 1a									r individual for			
	services rendered to the organiz	zation? <i>If "Yes,"</i> (	complet	e Scn	eaui	e J fo	or suci	n per:	son	•	5		Νo
S	ection B. Independent Con	tractors											
1	Complete this table for your five	hıghest comper		ndep	ende	ent c	ontra	ctors	that received more	than			
	\$100,000 of compensation from	n the organizatio (A)	n							(B)		(C	)
	Na	me and business ad	dress						Descr	iption of services	_	Comper	
											$\dashv$		
											$\dashv$		
											$\dashv$		
2	Total number of independent con	ractors (ıncludır	ng but n	ot lın	nited	l to 1	those	liste	d above) who receiv	ed more than	$\top$		

Form 9								Page <b>9</b>
		Statement of Revenue		<b>(A)</b> 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	b c d e f g	Federated campaigns	433,246 1,212,299	1,645,545				
Program Service Revenue	2a b c d e	All other program service revenue	ss Code					
<u></u>	3 4 5 6a b	Gross Rents Less rental expenses Rental income	rsonal	3,667			3,667	
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	) ther					
Other Revenue	b c	Ret gain or (loss)						
	с	Less direct expenses						
	c 11a b	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory •  Miscellaneous Revenue Busines	ss Code					
		All other revenue  Total. Add lines 11a-11d  Total revenue. See Instructions	<b>•</b>	1,649,212	0	0	3,667	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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 no	ot include amounts reported on lines 6b, b, 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		5.7.	σ	20,721,022						
2	Grants and other assistance to individuals in the U S See Part IV, line 22	3,405	3,405								
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	168,697	107,641	61,056							
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	420,680	407,436	13,244							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits	40,252	35,229	5,023							
10	Payroll taxes	46,177	39,606	6,571							
а	Fees for services (non-employees) Management										
b	Legal										
C	Accounting	21,989	13,477	8,512							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other	273,421	273,421								
12	Advertising and promotion										
13	Office expenses	43,188	41,473	1,715							
14	Information technology	8,168	8,168								
15	Royalties										
16	Occupancy	51,406	41,009	10,397							
17	Travel	66,808	66,475	333							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	53,589	51,813	1,776							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	5,431		5,431							
23 24	Insurance	10,285	12,487	-2,202							
а	PRINTING AND PUBLICATIO	12,490	12,165	325							
b	SUPPLIES - PROGRAM ACTI	8,078	7,542	536							
c	TRAINING	3,905	3,905								
d	PUBLIC RELATIONS	1,073	1,073								
e		2,0.0	2,0.0								
f	All other expenses	18,636	4,386	14,250							
25	Total functional expenses. Add lines 1 through 24f	1,257,678	1,130,711	126,967	0						
26	Joint costs. Check here ► ☐ If following	1,237,070	1,130,711	120,507							
	SOP 98-2 (ASC 958-720) Complete this line only if the										
	organization reported in column (B) joint costs from a										
	combined educational campaign and fundraising solicitation	L									

Pa	rt X	Balance Sheet						
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash—non-interest-bearing			5,700	1	7,837	
	2	Savings and temporary cash investments			1,333,544	2	1,528,190	
	3	Pledges and grants receivable, net						
	4	Accounts receivable, net						
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employ	ees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ , and contributing em sponsoring organizations of section $501(c)(9)$ voluntary employe organizations (see instructions)	d					
ssets		Schedule L				6	_	
8	7	Notes and loans receivable, net				7		
₹	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			10,688	9	10,381	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	75,352				
	ь	Less accumulated depreciation	10b	57,646	11,662	10c	17,706	
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11			100,000	12	100,000	
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11				15		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			1,732,030	16	2,136,615	
	17	Accounts payable and accrued expenses .			74,403	17	87,454	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
es.	21	Escrow or custodial account liability Complete Part IV of Schedule	D			21		
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23	_	
	24	Unsecured notes and loans payable to unrelated third parties .				24	_	
	25	Other liabilities Complete Part X of Schedule D				25	_	
	26	Total liabilities. Add lines 17 through 25			74,403	26	87,454	
<u>~</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	ete lines 27					
ġ		through 29, and lines 33 and 34.						
Fund Balances	27	Unrestricted net assets			359,726	27	193,014	
ထိ	28	Temporarily restricted net assets			1,197,901	28	1,756,147	
Ξ	29	Permanently restricted net assets		100,000	29	100,000		
₽		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	complete					
ŏ		lines 30 through 34.				_		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		•		31		
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32		
¥	33	Total net assets or fund balances			1,657,627	33	2,049,161	
	34	Total liabilities and net assets/fund balances			1,732,030	34	2,136,615	

Ра	Check if Schedule O contains a response to any question in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1 6	549,21
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,257		
3	Revenue less expenses Subtract line 2 from line 1	3			391,53
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6	557,62
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,0	049,16
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Issued	20	165	
u	on a separate basis, consolidated basis, or both	issueu			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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OMB No 1545-0047

2040

Open to Public Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Total

# Public Charity Status and Public Support

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

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

Employer identification number

GOOD BEGINNINGS ALLIANCE Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support	
		inst ruct ions))	Yes	No	Yes	No	Yes	No		

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

## 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II the	organization i	alis to quality u	iluei tile tests li	sted below, pie	ase coi	Tiplete F	ait III.)
	ection A. Public Support	1	ı					
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	557,695	1,676,657	2,001,780	1,367,292	1	,645,545	7,248,969
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							
4	the organization without charge <b>Total.</b> Add lines 1 through 3	557,695	1,676,657	2,001,780	1,367,292	1	.,645,545	7,248,969
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)							1,802,803
6	<b>Public Support.</b> Subtract line 5 from line 4							5,446,166
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 20	010	<b>(f)</b> Total
7	A mounts from line 4	557,695	1,676,657	2,001,780	1,367,292	1	,645,545	7,248,969
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	34,787	40,782	12,973	3,470		3,667	95,679
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part							
11	IV ) Total support (Add lines 7							7,344,648
12	through 10)  Gross receipts from related activiti	es etc (See insti	ructions )			12		
13	First Five Years If the Form 990 is check this box and stop here		•	thırd, fourth, or fil	fth tax year as a			ation,
S	ection C. Computation of Pub	olic Support P	ercentage					
14	Public Support Percentage for 2010	0 (line 6 column (	f) divided by line	11 column (f))		14		74 150 %
15	Public Support Percentage for 2009					15		70 250 %
	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the	alıfıes as a publıcl organızatıon dıd	y supported orgai not check the box	nızatıon k on line 13 or 16a				<b>▶</b>  ✓ check this_
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> -is 10% or more, and if the organization part IV how the organization meeorganization	<b>–2010.</b> If the orga tion meets the "fa	anization did not c acts and circumst	heck a box on line ances" test, chec	k this box and <b>st</b>	op here.	Explain	ed ▶┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the	facts and circuit	mstances" test, c	heck this box and	d <b>stop he</b>	ere.	<b>▶</b> ┌
18	Private Foundation If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 **(e)** 2010 (f) Total ın) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital 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 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

19a 33 1/3% support tests—2010. 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 ►E organization

33 1/3% support tests-2009. 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

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

Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2009 Schedule A, Part III, line 17

17

18

**17** 

18

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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**SCHEDULE D** (Form 990)

Department of the Treasury

DLN: 93493135049512

OMB No 1545-0047

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ► See separate instructions.

Open to Public

Interna	l Revenue Service	► Attach to F	orm 990. ► See separate instructions.		Inspection
	me of the organi			Employer identificat	ion number
GO	OD BEGINNINGS ALL	IANCE		94-3257650	
Pa		izations Maintaining Donor A zation answered "Yes" to Form 99	dvised Funds or Other Similar Fo		Complete if the
	<del>g</del>		(a) Donor advised funds	(b) Funds and ot	her accounts
1	Total number a	t end of year			
2	Aggregate cont	tributions to (during year)			
3	Aggregate gran	nts from (during year)			
4	Aggregate valu	ue at end of year			
5			isors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes
6	used only for c		donor advisors in writing that grant funds nefit of the donor or donor advisor, or for ai		┌ Yes
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV	, lıne 7.
2	Preservati Protection Preservati Complete lines	conservation easements held by the o ion of land for public use (e g , recreat i of natural habitat ion of open space s 2a-2d if the organization held a qual he last day of the tax year	ion or pleasure)	historically importantl certified historic struct of a conservation	-
		,,,		Held at the I	End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements	5	2b	
С	Number of cons	servation easements on a certified his	storic structure included in (a)	2c	
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d	
3		servation easements modified, transfear	erred, released, extinguished, or terminate	ed by the organization d	urıng
4	,	<del></del>			
5	Does the organ	tes where property subject to conserv nization have a written policy regardin f the conservation easements it holds	g the periodic monitoring, inspection, hand	dling of violations, and	┌ Yes ┌ No
6	Staff and volun	iteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents during the year 🛌	
7	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$ _	
8		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	┌ Yes
9	balance sheet, the organizatio		onservation easements in its revenue and the footnote to the organization's financial ments		
Par			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Similar A	ssets.
1a	art, historical t	treasures, or other similar assets held	5 116, not to report in its revenue stateme I for public exhibition, education or researd nancial statements that describes these it	ch in furtherance of pub	
b	historical treas		5 116, to report in its revenue statement a public exhibition, education, or research in s		
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1	•	<b>►</b> \$	
	(ii) Assets incl	luded in Form 990, Part X		<b>►</b> \$	
2		tion received or held works of art, hist ints required to be reported under SFA	corical treasures, or other similar assets fo S 116 relating to these items		

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Collections of Art	, HIS	tor	cai ii	reasur	es, or Oth	<u>ier</u>	<u>Similar Asse</u>	ts (co	ntinued)
3	Using the organization's accession and other records, check any items (check all that apply)	y of th	ne fo	lowing	that are	a significant	t us	e of its collection	1	
а	Public exhibition	d	Γ	Loan	or exch	ange prograr	ns			
b	Scholarly research	<b>e</b> Cother								
С	Preservation for future generations									
4	Provide a description of the organization's collections and expla Part XIV	ın hov	w the	y furth	er the or	ganızatıon's	exe	mpt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						ımıl		Yes	┌ No
Par	<b>Escrow and Custodial Arrangements.</b> Comple Part IV, line 9, or reported an amount on Form 99					answered	"Ye	s" to Form 990	),	
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part $X^{\circ}$	diary	for	ontribi	utions or	rother asset	s no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the	follow	ving t	able			_	Amou	nt	
c	Beginning balance					10	_	Alliou		
d	Additions during the year					10	+			
e	- · ·					16	+			
f	Distributions during the year					11	-			
2-	Ending balance					_ 11	'		V	
2a L	Did the organization include an amount on Form 990, Part X, line	217	•					I	Yes	No
	If "Yes," explain the arrangement in Part XIV <b>rt V Endowment Funds.</b> Complete if the organization	1 200	: 14/0 =	ad "Va	c" to E	orm 000 D	ort	TV line 10		
FG	(a)Current Year		)Prior						Four Ye	ears Back
1a	Beginning of year balance		<u> </u>					(5)		
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 a	is								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
С	Term endowment ►									
За	Are there endowment funds not in the possession of the organiza	ation	that	are hel	d and ad	lmınıstered f	or th	ne		
	organization by							25(1)	Yes	No
	(i) unrelated organizations						•	3a(i) 3a(ii)		
ь	(ii) related organizations							3b		<u> </u>
4	Describe in Part XIV the intended uses of the organization's end				-	-			I	<u> </u>
Par	t VI Investments—Land, Buildings, and Equipme	nt. S	See I	orm 9	90, Pa	rt X, line 10	0.			
	Description of investment			(a) Cost asıs (ınve	or other estment)	(b)Cost or other		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
1a	Land									
b	Buildings	•					$\perp$			
С	Leasehold improvements						$\perp$			
	Equipment	•				64,9	-	47,254		17,706
	Other		$\perp$			10,3		10,392		0
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, colun</i>	nn (B,	), line	= 10(c).,	) <u> </u>	<u> </u>		<b>.</b>		17,706

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)200K Turuc	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value

-01	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,649,212
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,257,678
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	391,534
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	391,534
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,090,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-558,246
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,649,212
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	1,649,212
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	1	1,257,678
2	statements		
2	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line 2e from line 1	3	1,257,678
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,237,070
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	<del></del>	1,257,678
	t XIV Supplemental Information		1,237,370
	- ab branian amarmanan		

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER		INCREASE IN TEMPORARILY RESTRICTED NET ASSETS -
ADJUSTMENTS		558,246

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135049512

OMB No 1545-0047

2010

Open to Public
Inspection

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization GOOD BEGINNINGS ALLIANCE **Employer identification number** 

94-3257650

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		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

Identifier	Return Reference	Explanation
	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

ldenti	fier Return Reference	Explanation
		THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON INDUSTRY SPECIFIC SURVEYS AND INFORMATION FROM INFORMED COMMUNITY LEADERS AND OTHER SOURCES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST