



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



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
PARENTS AND CHILDREN TOGETHER

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

1485 LINAPUNI STREET NO 105

City or town, state or country, and ZIP + 4
HONOLULU, HI 96819

F Name and address of principal officer
RUTHANN QUITIQUIT
1485 LINAPUNI STREET NO 105
HONOLULU, HI 96819

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 ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PACTHAWAII.ORG

K Form 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 THEM TO IDENTIFY AND ADDRESS THEIR OWN STRENGTHS, NEEDS AND CONCERNS AND SUCCESSFULLY REALIZE THEIR POTENTIAL		
	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)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	510
	6	Total number of volunteers (estimate if necessary)	6	1,200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	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	Current Year
	9	Program service revenue (Part VIII, line 2g)	19,982,672	19,090,232
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	374,558	491,041
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,862	25,708
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,000	124,344
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,460,092	19,731,325
	14	Benefits paid to or for members (Part IX, column (A), line 4)	998,319	814,450
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,413,168	14,525,576
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶72,702	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,920,678	4,483,077
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,332,165	19,823,103
	19	Revenue less expenses Subtract line 18 from line 12	127,927	-91,778
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	9,647,002	9,840,933
	21	Total liabilities (Part X, line 26)	1,209,828	1,249,763
	22	Net assets or fund balances Subtract line 21 from line 20	8,437,174	8,591,170

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 PRESIDENT & CEO

Type or print name and title

2013-04-30

Date

Paid Preparer's Use Only

Preparer's signature

BLAKE S ISOBE

Firm's name (or yours if self-employed), address, and ZIP + 4

N&K CPAS INC

1001 BISHOP ST STE 1700

HONOLULU, HI 968133696

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P01671038

EIN ▶ 99-0169131

Phone no ▶ (808) 524-2255

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

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 organization's program service accomplishments for each of its three largest program services, as measured 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.

(Code	(Expenses \$	9,660,705	including grants of \$	(Revenue \$	491,041)
4a	PREVENTION PROGRAMS EARLY CHILDHOOD 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, CHILDREN AND CHILDREN WITH SPECIAL NEEDS ON OAHU, 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 ON OAHU, IN THE KALIHI AREA, HEAD START SERVES CHILDREN AGES THREE THROUGH FIVE AND THEIR PARENTS TO PROVIDE A HEAD START FOR SCHOOL SUCCESS HEAD START OFFERS EARLY EDUCATION CLASSES, PARENT INVOLVEMENT AND HEALTH AND SOCIAL SERVICES IN OCTOBER 2010, PACT WAS AWARDED THE FEDERAL HAWAII COUNTY HEAD START CONTRACT WHICH PROVIDES CENTER-BASED SERVICES IN CLASSROOMS THROUGHOUT THE HAWAII ISLAND INDIVIDUALS SERVED DURING THE YEAR 1,139CHILD ABUSE PREVENTION AND TREATMENT ENHANCED HANA LIKE IS DESIGNED TO PROVIDE SERVICES TO FAMILIES ACTIVE WITH CHILD WELFARE SERVICES, FORMERLY KNOWN AS CHILD PROTECTIVE SERVICES (CPS) THE GOAL IS TO STRENGTHEN AND ENHANCE THE PARENTING SKILLS OF FAMILIES "AT-RISK" MULTI-DISCIPLINARY TEAMS IN WEST HONOLULU, WINDWARD OAHU AND THE DIAMOND HEAD AREA WORK CLOSELY WITH EXPECTANT PARENTS AND PARENTS OF INFANTS AND TODDLERS TO PROMOTE OPTIMAL CHILD DEVELOPMENT IN A SAFE HOME ENVIRONMENT WITH SPECIAL FOCUS ON PARENTING EDUCATION, EMOTIONAL SUPPORT AND LINKS TO RESOURCES INDIVIDUALS SERVED DURING THE YEAR 364ULUPONO-FAMILY STRENGTHENING PROGRAM IS A PARTNER INITIATIVE WITH THE DEPARTMENT OF HUMAN SERVICES, CHILD WELFARE SERVICES ULUPONO IS DESIGNED TO PREVENT CHILD ABUSE AND NEGLECT BY INCREASING PARENTS' ABILITY TO PROVIDE EFFECTIVE AND SAFE PARENTING ALL REFERRALS FOR ULUPONO COME FROM CHILD WELFARE SERVICES OR VOLUNTARY CASE MANAGEMENT PROGRAMS HOME VISITORS WORK CLOSELY WITH PARENTS OF CHILDREN BIRTH TO THREE YEARS TO ADDRESS RISK FACTORS, PROMOTE OPTIMAL CHILD DEVELOPMENT, PROVIDE PARENTING EDUCATION, EMOTIONAL SUPPORT AND LINKAGE WITH COMMUNITY RESOURCES SERVICES ARE DELIVERED ON OAHU AND MAUI INDIVIDUALS SERVED DURING THE YEAR 4,394 MIKIALA EARLY SCREENING PROGRAM IS A COLLABORATIVE EFFORT WITH ALOHA UNITED WAY AND OTHER PRIVATE FOUNDATIONS TO PROVIDE EARLY DEVELOPMENTAL SCREENINGS TO 3 AND 4 YEAR OLDS LIVING WITHIN THE FARRINGTON COMPLEX AND ADJACENT AREAS SCREENINGS INCLUDE HEARING, SPEECH AND PHYSICAL, SOCIAL AND EMOTIONAL DEVELOPMENT ALSO INCLUDED IS A PROACTIVE MARKETING CAMPAIGN DESIGNED TO INCREASE PARENT/COMMUNITY AWARENESS OF THE CRITICAL LINK BETWEEN EARLY HEALTH SCREENING AND SCHOOL SUCCESS INDIVIDUALS SERVED DURING THE YEAR 486HOOHUI VISITATION CENTERS IN WAIAPAHU 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 SUCCESSFUL FAMILY RE-UNIFICATION THROUGH SUPPORTIVE PARENTING STRATEGIES AND SUPERVISED VISITATION INDIVIDUALS SERVED DURING THE YEAR 207 LANAI INTEGRATED SUPPORT SERVICES IS A COMPREHENSIVE PROGRAM FOR CHILD ABUSE AND NEGLECT PREVENTION AND INTERVENTION 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 18				

4b	(Code	(Expenses \$	2,266,777	including grants of \$	(Revenue \$	)
	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/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 IN KALIHI, CASE COORDINATION SERVICES ARE AVAILABLE FOR YOUTH AND FAMILIES COPING WITH POOR SCHOOL PERFORMANCE, TRUANCY AND OTHER DIFFICULTIES THROUGH THE LAWAKUA EDUCATIONAL FOUNDATION, TEENS ARE ALSO PROVIDED THE OPPORTUNITY OF SCHOLARSHIPS FOR A VARIETY OF EDUCATIONAL OPPORTUNITIES, E G , PRIVATE SCHOOLS, TUTORING, PIANO LESSONS, ETC INDIVIDUALS SERVED DURING THE YEAR 550 KUHIO PARK TERRACE AND KANEOHE COMMUNITY FAMILY CENTERS SEEK TO STRENGTHEN COMMUNITIES BY PROVIDING INFORMATION AND REFERRAL, ACCESS TO A TOY/BOOK LENDING LIBRARY, COMMUNITY DRUG AWARENESS PROGRAMS, VOLUNTEER PROGRAMS, COUNSELING, ENGLISH LANGUAGE SKILLS, COMPUTER SKILLS TRAINING THROUGH THE TECHNOLOGY CENTER 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 THE 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 INDIVIDUALS SERVED DURING THE YEAR 1,033 ECONOMIC DEVELOPMENT CENTER IS DESIGNED TO STRENGTHEN AN INDIVIDUAL'S ABILITY TO SECURE AND KEEP EMPLOYMENT 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 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 65 FIRST TO WORK PROVIDES EMPLOYMENT DEVELOPMENT AND SUPPORT SERVICES FOR TWO PARENTS TANF AND TANOF RECIPIENTS WHO LIVE IN DESIGNATED AREAS OF THE OAHU, KAUAI AND HAWAII ISLANDS SERVICES ARE DESIGNED TO HELP FAMILIES MEET THE GOAL OF ECONOMIC SELF RELIANCE THROUGH EMPLOYABILITY TRAINING, EMPLOYMENT SEARCH AND PLACEMENT AND MICRO-ENTERPRISE BUSINESS START-UP INDIVIDUALS SERVED DURING THE YEAR 538					

4c	(Code	) (Expenses \$	2,774,734	including grants of \$	) (Revenue \$	)
	CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS INTENSIVE SUPPORT SERVICES PROGRAM ASSISTS FAMILIES WHOSE ADOLESCENTS HAVE SERIOUS EMOTIONAL, SOCIAL AND BEHAVIORAL CHALLENGES 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 HELPS THE FAMILY 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 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 237					

(Code	(Expenses \$	2,743,371	including grants of \$	(Revenue \$	)
FAMILY PEACE AND PRESERVATION PROGRAMS	FAMILY PEACE CENTERS ON OAHU AND IN MAUI COUNTY 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 ARE PROVIDED ON OAHU, MAUI AND LANAI	ON OAHU THERE ARE SUPPORT GROUPS FOR OFFENDERS AND VICTIM/SURVIVORS, SUPPORT FOR CHILDREN WHO HAVE WITNESSED DOMESTIC VIOLENCE	ON MAUI, ADDITIONAL SERVICES ARE PROVIDED
1) TRO SERVICES,	2) SPECIALIZED GROUP SERVICES TO TEEN OFFENDERS, AND 3) GROUP INTERVENTION FOR OFFENDERS WITH CO-OCCURRING SUBSTANCE ABUSE ISSUES	INDIVIDUALS SERVED DURING THE YEAR	1,194	FAMILY VISITATION CENTERS PROVIDE A SAFE AND NEUTRAL SETTING FOR CHILDREN TO VISIT WITH THEIR NON-CUSTODIAL PARENTS, OR EXCHANGES FROM ONE PARENT TO THE OTHER	FAMILIES EXPERIENCING SEPARATION, DIVORCE, OR FAMILY VIOLENCE ARE SERVED ON OAHU AND KAUAI
INDIVIDUALS SERVED DURING THE YEAR	323	OHA DOMESTIC VIOLENCE SHELTER ON OAHU 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 CO-OCCURRING SUBSTANCE ABUSE ISSUES
LEHUA TRANSITION HOUSE ON OAHU IS DESIGNED TO PROVIDE UP TO ONE YEAR OF TEMPORARY/TRANSITIONAL SHELTER FOR VICTIM/SURVIVORS WHO HAVE SUCCESSFULLY GRADUATED FROM A DOMESTIC VIOLENCE SHELTER, HAVE NO CHILDREN, ARE EMPLOYED OR ARE IN JOB-TRAINING OR ENROLLED IN SCHOOL	SERVICES INCLUDE EMOTIONAL SUPPORT, BUDGET AND EMPLOYMENT PLANNING AND ASSISTANCE WITH SECURING PERMANENT AFFORDABLE HOUSING	INDIVIDUALS SERVED DURING THE YEAR	187		

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,743,371 including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 17,445,587
-----------	---------------------------------------	----------------------

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 	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 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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
c	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	Yes
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	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 line 25</i>	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	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>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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>	36		No
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>	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	

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	58			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	510			
b	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 (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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 or securities account)?	4a				No
b	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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
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?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	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.					
a	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					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	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 year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17
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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made 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.	WAYNE TOME 1485 LINAPUNI STREET SUITE 105 HONOLULU, HI 96819 (808) 848-7207

Part VII

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

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

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID SHIBATA CHAIR	2 50	X		X				0	0	0
(2) DANA-ANN TAKUSHI VICE-CHAIR	2 50	X		X				0	0	0
(3) OLIN KEALOHA LAGON SECRETARY	2 50	X		X				0	0	0
(4) LOWELL KALAPA TREASURER	2 50	X		X				0	0	0
(5) LUI FALEAFINE JR DIRECTOR	2 00	X						0	0	0
(6) JEFF CORLISS DIRECTOR	2 00	X						0	0	0
(7) CAPPY FASI DIRECTOR	2 00	X						0	0	0
(8) ANNE LOPEZ DIRECTOR	2 00	X						0	0	0
(9) FRANK HAINES DIRECTOR	2 00	X						0	0	0
(10) BART SANTIAGO DIRECTOR	2 00	X						0	0	0
(11) RICHANNE T LAM DIRECTOR	2 00	X						0	0	0
(12) VAL SYLVESTER DIRECTOR	2 00	X						0	0	0
(13) SEAN NAKAMURA DIRECTOR	2 00	X						0	0	0
(14) JOAN OKUBO DIRECTOR	2 00	X						0	0	0
(15) SASHA KENT SETTLE DIRECTOR	2 00	X						0	0	0
(16) TERESA VAST DIRECTOR	2 00	X						0	0	0
(17) JOHN WHALEN DIRECTOR	2 00	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	350,530	0	17,942

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
EHANA 92-928 PALAILAI STREET 76 KAPOLEI, HI 96707	MIS CONSULTING	181,340
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	41,342			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	18,622,408			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	426,482			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		19,090,232			
Program Service Revenue	2a	SERVICE FEES	Business Code 900099	490,541	490,541		
	b	OTHER REVENUE	900099	500	500		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		491,041			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		29,860		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	702,852			
b		Less cost or other basis and sales expenses		707,004			
c		Gain or (loss)		-4,152			
d		Net gain or (loss)		-4,152			-4,152
8a		Gross income from fundraising events (not including \$ 41,342 of contributions reported on line 1c) See Part IV, line 18					
		a	147,350				
b		Less direct expenses	b	23,006			
c		Net income or (loss) from fundraising events . .		124,344			124,344
9a		Gross income from gaming activities See Part IV, line 19					
		a					
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		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					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		19,731,325	491,041	0	150,052	

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	814,450	814,450		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	481,160	209,037	272,123	
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	11,199,062	9,896,296	1,266,622	36,144
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	300,091	264,080	34,811	1,200
9	Other employee benefits	2,545,263	2,261,101	276,074	8,088
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	504,264	433,521	67,324	3,419
12	Advertising and promotion				
13	Office expenses	315,917	256,170	57,663	2,084
14	Information technology				
15	Royalties				
16	Occupancy	1,457,862	1,289,941	157,921	10,000
17	Travel	494,078	473,312	20,668	98
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,829	9,060	1,755	14
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	339,652	310,787	28,865	
23	Insurance	117,419	115,146	2,244	29
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	457,249	391,092	63,395	2,762
b	REPAIRS AND MAINTENANCE	451,721	429,166	22,555	
c	SMALL EQUIP PURCHASE/L	123,827	117,911	3,756	2,160
d	EMPLOYEE DEV, RECRUITME	122,483	101,903	20,560	20
e					
f	All other expenses	87,776	72,614	8,478	6,684
25	Total functional expenses. Add lines 1 through 24f	19,823,103	17,445,587	2,304,814	72,702
26	Joint costs. Check here ☐ if following 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			246,161	1	75,557
	2	Savings and temporary cash investments			2,797,246	2	4,596,766
	3	Pledges and grants receivable, net			3,157,490	3	2,037,733
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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			152,284	9	157,893
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	6,931,926			
	b	Less: accumulated depreciation	10b	4,117,845	2,816,774	10c	2,814,081
	11	Investments—publicly traded securities			472,719	11	154,575
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,328	15	4,328
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,647,002	16	9,840,933
Liabilities	17	Accounts payable and accrued expenses			486,522	17	819,611
	18	Grants payable				18	
	19	Deferred revenue			344,049	19	44,586
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial 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			228,325	23	225,190
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			150,932	25	160,376
	26	Total liabilities. Add lines 17 through 25			1,209,828	26	1,249,763
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			7,097,124	27	7,414,566
	28	Temporarily restricted net assets			1,340,050	28	1,176,604
	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			8,437,174	33	8,591,170
	34	Total liabilities and net assets/fund balances			9,647,002	34	9,840,933

Part XI Reconciliation of Net Assets

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	19,731,325
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,823,103
3	Revenue less expenses Subtract line 2 from line 1	3	-91,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,437,174
5	Other changes in net assets or fund balances (explain in Schedule O)	5	245,774
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	8,591,170

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization PARENTS AND CHILDREN TOGETHER	Employer identification number 99-0119678
---	--

Part I 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)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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).**

4

☐

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

5

☐

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)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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)

f

☐

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

g

☐

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	20,260,721	19,059,502	16,256,374	19,982,672	19,090,232	94,649,501
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,260,721	19,059,502	16,256,374	19,982,672	19,090,232	94,649,501
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						94,649,501

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	20,260,721	19,059,502	16,256,374	19,982,672	19,090,232	94,649,501
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,033	25,960	28,939	35,966	29,860	223,758
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						94,873,259

12 Gross receipts from related activities, etc (See instructions)

122,386,887

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.760%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.670%

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open 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 for any other purpose conferring 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 importantly land area

☐ Protection of natural habitat

☐ Preservation of a 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

Escrow and Custodial Arrangements. Complete if the 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

	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 the 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		928,238		928,238
b Buildings		929,135	309,735	619,400
c Leasehold improvements		2,260,882	1,367,583	893,299
d Equipment		2,108,433	1,754,763	353,670
e Other		705,238	685,764	19,474
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,814,081

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	19,731,325
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,823,103
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-91,778
4	Net unrealized gains (losses) on investments	4	-1,987
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	247,761
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	245,774
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	153,996

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	22,337,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,987
b	Donated services and use of facilities	2b	2,608,469
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,606,482
3	Subtract line 2e from line 1	3	19,731,325
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	19,731,325

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	22,431,572
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,608,469
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,608,469
3	Subtract line 2e from line 1	3	19,823,103
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	19,823,103

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE D, PART X, LINE 2 PARENTS AND CHILDREN TOGETHER IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PARENTS AND CHILDREN TOGETHER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION AFTER AN AUDIT BASED ON THE TECHNICAL MERITS OF THE POSITION PARENTS AND CHILDREN TOGETHER HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS IN FILED RETURNS THAT REQUIRE DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS PARENTS AND CHILDREN TOGETHER IS NOT SUBJECT TO INCOME TAXES IN THE U S FEDERAL JURISDICTION AND THE STATE TAX REGULATIONS WITHIN EACH JURISDICTION ARE SUBJECT TO INTERPRETATION OF THE RELATED TAX LAWS AND REGULATIONS AND REQUIRE SIGNIFICANT JUDGMENT TO APPLY WITH FEW EXCEPTIONS, PARENTS AND CHILDREN TOGETHER IS NO LONGER SUBJECT TO U S FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR THE FISCAL YEARS ENDED JUNE 30, 2008 AND PRIOR

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

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

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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 and address 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 ▶						

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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
		<u>KEIKI DAY</u> (event type)	<u>CASINO ROYALE</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	119,607	66,608	2,477
	2	Less Charitable contributions	34,855	6,487	
	3	Gross income (line 1 minus line 2)	84,752	60,121	2,477
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,247	8,463	296
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					124,344

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

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

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

b

An outside facility

13a

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?

Yes

No

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?

Yes

No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PARENTS AND CHILDREN TOGETHER

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
99-0119678

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
(1) FOOD (LUNCHES AND SNACKS) FOR THE CHILDREN IN THE HEADSTART PRESCHOOL PROGRAM	1139		673,898		FOOD
(2) PROVISION OF COST OF LAWAKUA TEEN SCHOLARSHIPS, RENT SUBSIDIES, FIELD TRIPS AND INCENTIVE AWARDS	10510		140,551		COST OF LAWAKUA TEEN SCHOLARSHIPS, RENT SUBSIDIES, FIELD TRIPS AND INCENTIVE AWARDS

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S FINANCIAL OFFICE HAS BEEN MANAGING PUBLIC AND PRIVATE GRANTS FOR OVER 44 YEARS THE AGENCY MANAGES OVER 150 GOVERNMENT AND PRIVATE GRANTS ON MICRO INFORMATION PRODUCTS (MIP) FUND ACCOUNTING SYSTEM, WHERE ALL GOVERNMENT GRANTS ARE ACCOUNTED FOR SEPARATELY THE ACCOUNTING SYSTEM IS SET UP TO PROVIDE METHODS TO IDENTIFY, ASSEMBLE, ANALYZE, CLASSIFY AND REPORT TRANSACTIONS AND TO MAINTAIN ACCOUNTABILITY FOR THE RELATED ASSETS AND LIABILITIES THE SYSTEM INCLUDES POLICIES AND PROCEDURES DESIGNED TO PROVIDE THE FOLLOWING A REASONABLE BASIS FOR THE DEVELOPMENT OF CONSISTENCY IN ACCOUNTING AND FINANCIAL REPORTING PROCEDURES, PROVIDE A BASIS FOR ADEQUATE INTERNAL CONTROLS, PROVIDE GUIDANCE AND DIRECTION WITH RESPECT TO COMPLIANCE WITH FUNDING SOURCE FINANCIAL REPORTING REQUIREMENTS MONTHLY, THE ORGANIZATION'S PROGRAM SERVICES' STATEMENT OF REVENUES AND EXPENDITURES ARE PREPARED AND DISTRIBUTED TO THE EXECUTIVE MANAGEMENT TEAM AND TO THE RESPECTIVE PROGRAM DIRECTORS AND REGIONAL DIRECTORS FOR THEIR REVIEW AND APPROVAL QUARTERLY, THE STATEMENTS OF REVENUE AND EXPENDITURES ARE REPORTED TO THE BOARD'S INTERNAL COMMITTEE, WHO REPORTS THE FINANCIAL RESULTS TO THE FULL BOARD OF DIRECTORS FOR THE HEAD START PROGRAM (HS), THE HS RESPECTIVE STATEMENT OF REVENUES AND EXPENDITURES, INCLUDING THE RELATED ARRA GRANTS, ARE REPORTED TO THE POLICY COUNCIL THE ORGANIZATION IS AUDITED ANNUALLY BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT THE AUDIT INCLUDES EXAMINING AND TESTING EVIDENCE TO SUPPORT THE AMOUNTS AND DISCLOSURES IN THE FINANCIAL STATEMENTS AND ASSESSING THE ACCOUNTING PRINCIPLES USED AND SIGNIFICANT ESTIMATES MADE BY MANAGEMENT, AS WELL AS EVALUATING THE OVERALL FINANCIAL STATEMENT PRESENTATION IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS, THE AUDIT ALSO INCLUDES A REVIEW OF INTERNAL CONTROLS OVER FINANCIAL REPORTING AND A TEST OF OUR COMPLIANCE WITH PROVISIONS OF LAWS, REGULATIONS, CONTRACT AND GRANTS FISCAL YEAR 2012 MARKS THE TWELFTH CONSECUTIVE YEAR THAT THE ORGANIZATION HAS RECEIVED AN UNQUALIFIED OR CLEAN AUDIT OPINION WITH NO MANAGEMENT LETTER THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE BOARD'S AUDIT COMMITTEE, WHO REPORTS THE FINANCIAL RESULTS TO THE FULL BOARD OF DIRECTORS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization PARENTS AND CHILDREN TOGETHER	Employer identification number 99-0119678
---	--

Part I

Questions Regarding Compensation

		Yes	No
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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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 with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	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 only must complete lines 5-9.		
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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PARENTS AND CHILDREN TOGETHER

Employer identification number
99-0119678

Identifier	Return Reference	Explanation
		FORM 990, PART V, LINE 7G THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY
		FORM 990, PART V, LINE 7H THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, AND OTHER VEHICLES
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS REVIEWED BY THE TREASURER AND CHAIR OF THE BOARD'S AUDIT COMMITTEE AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS A SEPARATE STAFF POLICY APPLIES TO ITS OFFICERS PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS ARE ESTABLISHED BY THE BOARD AND POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OR THE BOARD'S EXECUTIVE COMMITTEE MEMBERS WITH POTENTIAL CONFLICTS ARE REFRAINED FROM DISCUSSING OR INFLUENCING OTHER BOARD MEMBERS IF CONFLICTS ARE NOT RESOLVED THROUGH DISCUSSION, BOARD MEMBER WITH CONFLICT OF INTEREST MUST RESIGN FROM THE BOARD
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR RUTHANN QUITQUIT, PRESIDENT, KIMBERLY GOULD, CHIEF OPERATING OFFICER, HA'AHEO MANSFIELD, SENIOR VICE PRESIDENT OF PROGRAMS, AND DAVID GOYA, VICE PRESIDENT OF OPERATIONS 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 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,987 PRIOR PERIOD ADJUSTMENTS 247,761 TOTAL TO FORM 990, PART XI, LINE 5 245,774
	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
	FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS	THE PRIOR PERIOD ADJUSTMENT WAS MADE FOR THE ADDITION OF CERTAIN PLAY GROUND EQUIPMENT WHICH WAS DONATED DURING THE FISCAL YEAR ENDED JUNE 30, 2011, BUT NOT PREVIOUSLY REPORTED ON PARENTS AND CHILDREN TOGETHER'S FINANCIAL STATEMENTS

Additional Data

Software ID:
Software Version:
EIN: 99-0119678
Name: PARENTS AND CHILDREN TOGETHER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	2,743,371	including grants of \$ (Revenue \$)
FAMILY PEACE AND PRESERVATION PROGRAMS FAMILY PEACE CENTERS ON OAHU AND IN MAUI COUNTY 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 ARE PROVIDED ON OAHU, MAUI AND LANAI ON OAHU THERE ARE SUPPORT GROUPS FOR OFFENDERS AND VICTIM/SURVIVORS, SUPPORT FOR CHILDREN WHO HAVE WITNESSED DOMESTIC VIOLENCE ON MAUI, ADDITIONAL SERVICES ARE PROVIDED 1)TRO SERVICES, 2) SPECIALIZED GROUP SERVICES TO TEEN OFFENDERS, AND 3) GROUP INTERVENTION FOR OFFENDERS WITH CO-OCCURRING SUBSTANCE ABUSE ISSUES INDIVIDUALS SERVED DURING THE YEAR 1,194FAMILY VISITATION CENTERS PROVIDE A SAFE AND NEUTRAL SETTING FOR CHILDREN TO VISIT WITH THEIR NON-CUSTODIAL PARENTS, OR EXCHANGES FROM ONE PARENT TO THE OTHER FAMILIES EXPERIENCING SEPARATION, DIVORCE, OR FAMILY VIOLENCE ARE SERVED ON OAHU AND KAUAI INDIVIDUALS SERVED DURING THE YEAR 323OHIA DOMESTIC VIOLENCE SHELTER ON OAHU 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 CO-OCCURRING SUBSTANCE ABUSE ISSUES LEHUA TRANSITION HOUSE ON OAHU IS DESIGNED TO PROVIDE UP TO ONE YEAR OF TEMPORARY/TRANSITIONAL SHELTER FOR VICTIM/SURVIVORS WHO HAVE SUCCESSFULLY GRADUATED FROM A DOMESTIC VIOLENCE SHELTER, HAVE NO CHILDREN, ARE EMPLOYED OR ARE IN JOB-TRAINING OR ENROLLED IN SCHOOL SERVICES INCLUDE EMOTIONAL SUPPORT, BUDGET AND EMPLOYMENT PLANNING AND ASSISTANCE WITH SECURING PERMANENT AFFORDABLE HOUSING INDIVIDUALS SERVED DURING THE YEAR 187			