

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILD AND FAMILY SERVICE		D Employer identification number 99-0073483		
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
		91-1841 FORT WEAVER ROAD			(808) 681-3500	
City or town, state or country, and ZIP + 4 EWA BEACH, HI 96706		F Accounting method		<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **HTTP://WWW.CFS-HAWAII.ORG**

J Organization type (check only one) ▶ 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **32,443,996.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	827,186.		
	b	Indirect public support	1b	844,678.		
	c	Government contributions (grants)	1c	9,719,747.		
	d	Total (add lines 1a through 1c) (cash \$ 11,391,611. noncash \$ 0.)	1d	11,391,611.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	19,923,689.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	76,002.		
	5	Dividends and interest from securities	5	49,158.		
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
Revenue	8a	Gross amount from sales of assets other than inventory (A) Securities			(B) Other	
			8a	487,450.		
	b	Less: cost or other basis and sales expenses	8b	452,212.	10,000.	
	c	Gain or (loss) (attach schedule)	8c	35,238.	-10,000.	
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	25,238.			
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 460. of contributions reported on line 1a)	9a	256,086.		
	b	Less: direct expenses other than fundraising expenses	9b	33,698.		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	222,388.			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	260,000.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	31,948,086.			
Expenses	13	Program services (from line 44, column (B))	13	29,712,636.		
	14	Management and general (from line 44, column (C))	14	1,638,477.		
	15	Fundraising (from line 44, column (D))	15	219,601.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	31,570,714.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	377,372.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,754,983.		
	20	Other changes in net assets or fund balances (attach explanation)	20	-34,086.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	8,098,269.		

RECEIVED
MAY 10 2007
ORDER 460
STMT 1
STMT 2

SEE STATEMENT 3

SEE STATEMENT 4

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	23 1,387,281.	1,387,281.	STATEMENT 7	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc **	25 967,396.	709,561.	257,835.	0.
26 Other salaries and wages	26 14,988,682.	14,745,741.	184,168.	58,773.
27 Pension plan contributions	27			
28 Other employee benefits	28 1,778,824.	1,709,052.	63,284.	6,488.
29 Payroll taxes	29 1,560,166.	1,498,970.	55,505.	5,691.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 403,281.	381,241.	18,034.	4,006.
34 Telephone	34 463,360.	385,943.	76,387.	1,030.
35 Postage and shipping	35 51,928.	45,652.	3,013.	3,263.
36 Occupancy	36 2,317,497.	2,127,813.	165,093.	24,591.
37 Equipment rental and maintenance	37 593,896.	516,199.	62,733.	14,964.
38 Printing and publications	38 147,401.	113,357.	9,188.	24,856.
39 Travel	39 448,872.	429,192.	19,526.	154.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule) <i>SEE STMT 15</i>	42 127,802.	78,280.	49,522.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 5	43g 6,334,328.	5,584,354.	674,189.	75,785.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 31,570,714.	29,712,636.	1,638,477.	219,601.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 6

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 16, 17	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a SEE STATEMENT 18	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29,712,636.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	29,712,636.

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,304,606.	46	1,784,629.
	47 a Accounts receivable	47a 6,632,187.		
	b Less: allowance for doubtful accounts	47b	5,496,441.	47c 6,632,187.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		536,663.	53 374,379.
	54 Investments - securities ^{STMT 8} ^{STMT 9} <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,265,661.	54 1,309,988.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment: basis ^{STMT 15}	57a 2,740,449.			
b Less: accumulated depreciation	57b 2,219,615.	470,380.	57c 520,834.	
58 Other assets (describe \blacktriangleright SEE STATEMENT 10)		372,795.	58 341,081.	
59 Total assets (must equal line 74). Add lines 45 through 58		10,446,546.	59 10,963,098.	
Liabilities	60 Accounts payable and accrued expenses	1,957,760.	60	1,528,368.
	61 Grants payable		61	
	62 Deferred revenue	526,255.	62	1,044,666.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe \blacktriangleright SEE STATEMENT 11)		207,548.	65 291,795.
66 Total liabilities. Add lines 60 through 65)		2,691,563.	66 2,864,829.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	6,575,347.	67	6,983,144.
	68 Temporarily restricted	1,079,125.	68	1,014,614.
	69 Permanently restricted	100,511.	69	100,511.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		7,754,983.	73 8,098,269.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		10,446,546.	74 10,963,098.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for revenue reconciliation. Total revenue is 31,948,086.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for expense reconciliation. Total expenses are 31,570,714.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. One entry is visible for 'SEE STATEMENT 12, 19'.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>22</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	X
d Does the organization have a written conflict of interest policy? *	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ▶ <u>CFS REAL PROPERTY, INC.</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a <u>0.</u>	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information <i>(continued)</i>		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed <u>NONE</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		789
91 a The books are in care of <u>VIVIAN SARAVELAS</u> Telephone no. <u>(808) 681-1496</u> Located at <u>91-1841 FORT WEAVER RD., EWA BEACH, HI</u> ZIP + 4 <u>96706</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FAMILY COUNSELING					143,467.
b EMPLOYEE ASSISTANCE					1,710.
c ADOPTION					121,542.
d ELDERLY SERVICE					2,640.
e MISCELLANEOUS					35,022.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					19,619,308.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	76,002.	
96 Dividends and interest from securities			14	49,158.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory:					
other than inventory			18	25,238.	
101 Net income or (loss) from special events			02	222,388.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MANAGEMENT SERVICES					260,000.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		372,786.	20,183,689.
105 Total (add line 104, columns (B), (D), and (E))					20,556,475.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

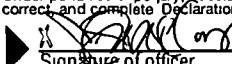
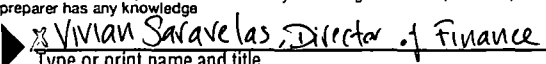
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			


Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here:  Date: 5/2/07  Type or print name and title: Vivian Saravelas, Director of Finance

Paid Preparer's Use Only: Preparer's signature:  Date: MAY 01 2007 Check if self-employed: Preparer's SSN or PTIN:
 Firm's name (or yours if self-employed), address, and ZIP + 4: NISHIHAMA & NISHIDA, CPAS, INC. 1001 BISHOP STREET, STE. 1700 HONOLULU, HAWAII 96813-3696
 EIN: Phone no: 808-524-2255

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization: **CHILD AND FAMILY SERVICE**
Employer identification number: **99 0073483**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HEIDEMARIE KOOP CAPTAIN COOK, HI 96704	ADMINISTRATOR 40.00	65,841.	21,137.	
LUCILLE CALDERON LAWAI, HI 96765	ADMINISTRATOR 40.00	66,676.	10,001.	
MARILYN GAY KERKER KAMUELA, HI 96743	CLINICAL SUPERVISOR 40.00	55,128.	19,836.	
ANGELA D DOI HONOLULU, HI 96825	ADMINISTRATOR 40.00	64,474.	3,868.	
SUZANNE F MCNULTY NEW BERN, NC 28560	ACTING DIR OF PRO. 40.00	62,443.	4,371.	
Total number of other employees paid over \$50,000 ▶	19			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KAHI MOHALA HOSPITAL 91-2301 FORT WEAVER ROAD, EWA BEACH, HI 96706	TREATMENT FOR CLIENTS	351,900.
PATRICIA WRIGHT 1515 NUUANU AVE. #49, HONOLULU, HI 96817	TREATMENT FOR CLIENTS	78,071.
MANAGEMENT SEARCH & CONSULTING 1001 BISHOP ST., SUITE 1540, HONOLULU, HI 96813	MANAGEMENT CONSULTANT	68,743.
NISHIHAMA & KISHIDA, CPA'S INC. 1001 BISHOP ST., SUITE 1700, HONOLULU, HI 96813	AUDIT & TAX SERVICES	63,989.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FLOR'S HOME CLEANING SERVICE 94-501 HIAPAIOLE LOOP, WAIPAHU, HI 96797	JANITORIAL SERVICES	84,309.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>SEE STMT 12</i>	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,279,405.	10,011,007.	13,913,571.	11,346,988.	48,550,971.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	21,344,997.	20,600,273.	13,339,679.	12,299,554.	67,584,503.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	77,120.	55,109.	48,581.	57,705.	238,515.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	260,000.	230,378.	SEE STATEMENT 14 210,000.	280,800.	981,178.
23 Total of lines 15 through 22	34,961,522.	30,896,767.	27,511,831.	23,985,047.	117,355,167.
24 Line 23 minus line 17	13,616,525.	10,296,494.	14,172,152.	11,685,493.	49,770,664.
25 Enter 1% of line 23	349,615.	308,968.	275,118.	239,850.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 995,413.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 49,770,664.
d Add: Amounts from column (e) for lines: 18 238,515. 19 _____ 22 981,178. 26b _____					26d 1,219,693.
e Public support (line 26c minus line 26d total)					26e 48,550,971.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.5494%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____	32d	
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS	487,450.	452,212.	0.	35,238.
TO FORM 990, PART I, LINE 8	487,450.	452,212.	0.	35,238.

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **2**

DESCRIPTION	DATE	DATE	METHOD		
	ACQUIRED	SOLD	ACQUIRED		
VEHICLE			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	15,000.	0.	5,000.	-10,000.
TO FM 990, PART I, LN 8		15,000.	0.	5,000.	-10,000.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **3**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	102,067.	1,920.	100,147.	17,525.	82,622.
COOKBOOK	729.	0.	729.	0.	729.
OHANA OF THE YEAR	25,250.	5,540.	19,710.	16,173.	3,537.
NCL CRUISE	135,500.	0.	135,500.	0.	135,500.
TO FM 990, PART I, LINE 9	263,546.	7,460.	256,086.	33,698.	222,388.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **4**

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-34,086.
TOTAL TO FORM 990, PART I, LINE 20	-34,086.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	190,804.	177,970.	11,940.	894.
PROFESSIONAL FEES	997,231.	794,674.	193,798.	8,759.
CONTRACT EQUIPMENT PURCHASES	11,584.	11,584.		
FUNDRAISING AND DEVELOPMENT	33,710.	4,128.	22,418.	7,164.
UTILITIES	156,773.	156,186.	587.	
MEMBERSHIP DUES	25,111.	3,154.	21,957.	
TRAINING	100,952.	70,394.	30,558.	
MISCELLANEOUS ADMINISTRATIVE SUPPORT	189,111.	22,794.	144,909.	21,408.
EMPLOYEE RETENTION SPECIFIC ASSISTANCE TO INDIVIDUALS	4,599,124.	4,342,831.	218,733.	37,560.
	25,261.	639.	24,622.	
	4,667.		4,667.	
TOTAL TO FM 990, LN 43	6,334,328.	5,584,354.	674,189.	75,785.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GERALDINE MARULLO	123,637.	29,605.		153,242.
A. PROGRAM SERVICES	30,909.	7,401.		38,310.
B. MANAGEMENT AND GENERAL	92,728.	22,204.		114,932.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PATTI BATES	119,761.	4,220.		123,981.
A. PROGRAM SERVICES	77,845.	2,743.		80,588.
B. MANAGEMENT AND GENERAL	41,916.	1,477.		43,393.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DIANA NILES-HANSEN	104,856.	4,194.		109,050.
A. PROGRAM SERVICES	104,856.	4,194.		109,050.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CARLA SUE BOGDAHN	100,860.	3,884.		104,744.
A. PROGRAM SERVICES	100,860.	3,884.		104,744.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HOWARD GARVAL	87,500.			87,500.
A. PROGRAM SERVICES	17,500.			17,500.
B. MANAGEMENT AND GENERAL	70,000.			70,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LESLIE MOOKINI	73,407.			73,407.
A. PROGRAM SERVICES	73,407.			73,407.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
KAREN TAN	71,360.			71,360.
A. PROGRAM SERVICES	71,360.			71,360.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
NANDI ISHIKAWA	69,278.			69,278.
A. PROGRAM SERVICES	69,278.			69,278.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
DARYL WAYNE DECOSTA	68,481.			68,481.
A. PROGRAM SERVICES	68,481.			68,481.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
CRYSTAL SCURR	53,158.			53,158.
A. PROGRAM SERVICES	53,158.			53,158.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
JULIA SANDOVAL	47,228.	1,580.		48,808.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	47,228.	1,580.		48,808.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
DIANE REECE	24,445.	3,341.		27,786.
A. PROGRAM SERVICES	24,445.	3,341.		27,786.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

CHILD AND FAMILY SERVICE

99-0073483

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
VALERIE GOLD	12,753.	255.		13,008.
A. PROGRAM SERVICES	12,753.	255.		13,008.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DANA SPARKS	5,963.			5,963.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	5,963.			5,963.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STACEY MIKELSON	4,709.			4,709.
A. PROGRAM SERVICES	4,709.			4,709.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				731,379.
TOTAL MANAGEMENT AND GENERAL				283,096.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>1,014,475.</u>

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	7
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DESCRIPTION	AMOUNT
CLIENT ASSISTANCE	488,654.
DOCUMENT AUTHENTICATION	944.
WEEKLY FOOD ALLOWANCE	177,741.
HOUSEHOLD SUPPLIES	20,249.
INCENTIVE ALLOWANCE	5,759.
PROGRAM ACTIVITIES	78,598.
CAREGIVER RESPITE SUBSIDY	13,500.
FOSTER PARENT STIPEND	397,267.
FOSTER ROOM & BOARD PAYMENTS	200,294.
FOSTER PARENT BEDHOLDS	4,275.
TOTAL TO FORM 990, PART II, LINE 23	1,387,281.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET	FMV	29,456.			29,456.
CORPORATE BONDS	FMV		24,368.		24,368.
EQUITY SECURITIES	FMV			1,112,258.	1,112,258.
TO FORM 990, LINE 54, COL B		29,456.	24,368.	1,112,258.	1,166,082.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
INVESTMENT IN U.S. TREASURY SECURITIES	FMV	143,906.		143,906.
TOTAL TO FORM 990, LINE 54, COL B		143,906.		143,906.

FORM 990	OTHER ASSETS	STATEMENT 10
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DESCRIPTION	AMOUNT
SECURITY DEPOSIT	160,029.
TRUST ASSETS	168,593.
CHARITABLE GIFT ANNUITY	12,459.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	341,081.

FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	AMOUNT
TRUST LIABILITIES AND POST-RETIREMENT OBLIGATION	191,795.
DUE TO AFFILIATE	100,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	291,795.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 12
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HOWARD GARVAL HONOLULU, HI 96815	PRESIDENT AND CEO 40.00	87,500.	0.	0.
LESLIE MOOKINI HONOLULU, HI 96815	DIRECTOR OF FACILITIES 40.00	73,407.	0.	0.
KAREN TAN EWA BEACH, HI 96706	VP OF PROGRAMS 40.00	71,360.	0.	0.
NANDI ISHIKAWA KANEEOHE, HI 96744	DIRECTOR OF QUALITY ASSUR. 40.00	69,278.	0.	0.
CRYSTAL SCURR EWA BEACH, HI 96706	DIRECTOR OF PROG SERVICES 40.00	53,158.	0.	0.
DIANE REECE KAILUA, HI 96734	DIRECTOR OF PROPERTIES 40.00	24,445.	3,341.	0.
VALERIE GOLD KAILUA, HI 96734	DIRECTOR OF PROG SERVICES 40.00	12,753.	255.	0.
DANA SPARKS KANEEOHE BAY, HI 96863	DIRECTOR OF HUMAN RESOURCE 40.00	5,963.	0.	0.
STACEY MIKELSON KANEEOHE, HI 96744	DIRECTOR OF PROPERTIES 40.00	4,709.	0.	0.
GERALDINE MARULLO HONOLULU, HI 96822	PRESIDENT AND CEO 40.00	123,637.	29,605.	0.
PATTI J. BATES KANEEOHE, HI 96744	CHIEF OPERATING OFFICER 40.00	119,761.	4,220.	0.

DIANA NILES-HANSEN	VP ADMINISTRATION			
	40.00	104,856.	4,194.	0.
KAILUA, HI 96734				
CARLA SUE BOGDAHN	VP OF PROGRAMS			
	40.00	100,860.	3,884.	0.
HONOLULU, HI 96816				
JULIA SANDOVAL	DIR. OF HUMAN RESOURCES			
	20.00	47,228.	1,580.	0.
SAN MATEO, CA 94403				
DARYL WAYNE DECOSTA	DIRECTOR OF INFO. TECH.			
	40.00	68,481.	0.	0.
KANEOHE, HI 96744				
TOTALS INCLUDED ON FORM 990, PART V-A		967,396.	47,079.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDED COUNSELING TO INDIVIDUALS AND FAMILIES WHICH RESULTED IN THEIR IMPROVED FUNCTIONING.
93B	HELPED TARGETED POPULATION COPE MORE EFFECTIVELY WITH STRESSES OF HOME AND WORK.
93C	PROVIDED COUNSELING AND PLACEMENT SERVICES TO PERSONS CONSIDERING ADOPTION SERVICES.
93D	IMPROVED QUALITY OF LIFE FOR OLDER PERSONS THROUGH THERAPEUTIC EXERCISES AND GROUP DISCUSSIONS.
93E	MISCELLANEOUS PROGRAM REVENUES AND REIMBURSEMENT OF PROGRAM EXPENDITURES.
93G	GOV'T FEE FOR SERVICE CONTRACTS
103A	PROVIDED MANAGEMENT SERVICES TO CFSRP, A RELATED ENTITY

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	260,000.	230,378.	210,000.	280,800.
TOTAL TO SCHEDULE A, LINE 22	260,000.	230,378.	210,000.	280,800.

DESCRIPTION	COST					ACCUMULATED DEPRECIATION			
	6/30/2005				6/30/2006	6/30/2005			6/30/2006
	BEGINNING	ADJUSTMENT	ADDITIONS	REDUCTIONS	ENDING	BEGINNING	ADDITIONS	REDUCTIONS	ENDING
FURNITURE AND EQUIPMENT	2,073,611	-	163,047	-	2,236,658	1,676,288	109,245	-	1,785,533
AUTOMOBILES	149,347	-	-	(15,000)	134,347	108,589	12,049	5,000	115,638
LEASEHOLD IMPROVEMENTS	76,109	-	25,208	-	101,317	43,809	6,508	-	50,317
CAPITAL LEASE	268,127	-	-	-	268,127	268,127	-	-	268,127
	<u>2,567,194</u>	<u>-</u>	<u>188,255</u>	<u>(15,000)</u>	<u>2,740,449</u>	<u>2,096,813</u>	<u>127,802</u>	<u>5,000</u>	<u>2,219,615</u>



CHILD AND FAMILY SERVICE

Since 1899

200 North Vineyard Boulevard • Suite 20 • Honolulu, Hawaii 96317
Telephone (808) 521-3377 • Fax 543-5940

... Why We're Here

"To aid in the alleviation of human distress.....to serve in preventing social disorganization resulting from the inability of individuals and families to adjust themselves to their social or economic circumstances or to the broader aspects of the community life.....to care for children requiring the community's interest, such care to be provided either in their own homes or in foster families or institutions.....to protect children from cruelty and abuse.....to assist in reducing juvenile delinquency.....to stimulate greater interest in good standards for the training and guidance of children.....to work directly with other persons or agencies so that people requiring the community's interest may obtain the form of services of most value to them.....to aid in initiating and advancing social legislation.....to undertake or aid the establishment, development and maintenance of surveys, demonstration projects, programs and courses of study designed to further an understanding of social problems.....and to further in all other practicable ways the welfare of people to the end that they may become useful members of society."

(1941 Charter of Incorporation)

Affiliations:

Family Service America

Child Welfare League
of America

Along United Way

United Way of Kauai

Hawaii Island United Way



CHILD AND FAMILY SERVICE
99-0073483

Child and Family Service, a non-profit, non-sectarian member agency of Aloha, Kauai, and Hawaii Island United Way, has provided social services to Hawaii residents since 1899. It is the only agency in Hawaii that is accredited by the Council on Accreditation of Services for Families and Children (COA), and is a member of Family Service America and Child Welfare League of America, both national standard setting organizations.

The agency provides a multi-social service delivery system throughout Oahu, Kauai, Maui and the island of Hawaii, meeting the needs of people from all ethnicities, ages, sex, sexual preferences, religious, socioeconomic circumstances and physical conditions. Services are provided by professional and paraprofessional staff.

Agency programs include prevention and treatment of abuse and neglect within the family unit; respite day care for high risk families; residential group homes for youth; emergency shelters for children and youth; protective shelters for victims of spouse abuse; group services for abusers and victims of domestic violence; alternative education for alienated adolescents; intrafamilial sex abuse treatment; school counseling; adoption services; case management and employment services for refugees and immigrants; service to the elderly; prevention, education and case management for pregnant and parenting teens; and employee assistance programs for business and industry. The comprehensive array of services addresses the needs of people of all ages and from all walks and stages of life.

Recipients are determined to be qualified for service and assistance through case studies, personal situations, requests from other agencies, referrals from state government and personal income.

Child and Family Service
Tax Return Information
Statement of Program Service and Accomplishments
FYE 6/30/06

Individuals Served	Expense
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EARLY CHILDHOOD SERVICES

Voluntary home visitation services to families with children under 5 years identified to be at risk of child-mal-treatment, and outreach and crisis intervention services for families at risk for abuse and neglect in the home. Emphasizes strength-based, family-centered empowering services that promote a partnership with families for the purpose of promoting family well being.

10,529 6,250,187

CHILDREN'S SERVICES

Strengths based, in-home counseling, outreach, parenting education, supervises visitation and support services to families with issues of child abuse/neglect, in-home parenting support, education and resource linkage to families at risk for poor parent/child outcomes, training and support to adoptive parents, alternative high school program.

3,658 4,990,698

ADULT & FAMILY SERVICES

Safe, nurturing shelters where victims of domestic violence can heal, receive counseling and referral services, make decisions, and plan for the future. Anger management classes for men and classes for women to break the cycle of domestic violence. Gerontology services to promote maximum independence and functioning so that clients can continue living in their own homes.

4,981 4,881,280

BEHAVIORAL HEALTH SERVICES

Serving the behavioral health needs of children, adults and families ranging from day programs for special needs children to employee assistance programs for adults. Licensed long-term residential care and therapy for teens ages 12-17, afterschool activities designed to enhance children's ability to relate successfully to others.

2,232 13,590,471

21,400	29,712,636
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**CHILD & FAMILY SERVICE
BOARD OF DIRECTORS
2006**

BOARD MEMBER INFO	POSITION	TERM OF OFFICE	COMMITTEE
<p>Ackerman, Stephanie Senior VP Public Relations & Government Affairs Aloha Airlines Two Waterfront Plaza, Ste. 500 500 Ala Moana Boulevard Honolulu, Hawaii 96813 sackerman@alohaairlines.com Phone: 539-5972 Fax: 836-0303 Assistant's Name: Linda Tapia Phone: 539-5913 Ltapia@alohaairlines.com</p>	<p>Director</p> <p><i>0.63hrs/week</i></p>	<p>2003-2007</p>	<p>-Nominating</p>
<p>Ai May, Carol Vice President City Mill Company, Ltd. 660 Nimitz Highway Honolulu, Hawaii 96817 cai@citymill.com Phone: 529-5806 Fax: 524-0256</p>	<p><i>2nd Vice Chair</i></p> <p><i>0.63hrs/week</i></p>	<p>2002-2006</p>	<p>-Executive -Networking</p>
<p>Arizumi, John L. President Carrier Hawaii 94-522 Kau Street – Waipio Gentry Waipahu, Hawaii 96797 jarizumi@carrierhawaii.com Phone: 677-6339 ext. 225 Fax: 677-6731 Assistant's Name: Kim Calpo Phone: 677-6339 ext. 0 kimcalpo@carrierhawaii.com *Contact Mr. Arizumi directly concerning scheduling and communication.</p>	<p>Director</p> <p><i>0.63hrs/week</i></p>	<p>2002-2006</p>	<p>-Finance & Audit -Intergenerational Learning Center</p>

**CHILD & FAMILY SERVICE
BOARD OF DIRECTORS
2006**

99-0073483

BOARD MEMBER INFO	POSITION	TERM OF OFFICE	COMMITTEE
<p>Camp Friedman, Christine Managing Director Avalon Development & Consulting 841 Bishop Street, Suite 1601 Honolulu, HI 96813 587-7770 x 104 Fax: 587-7769 E-mail: ccamp@avalon-development.com Assistant's Name: Joanna Muraoka Phone: 587-7770 x100 E-mail: jmuraoka@avalon-development.com</p>	<p>Director <i>0.67hrs/week</i></p>	<p>2004-2006</p>	<p>-Networking -Strategic Planning -Nominating -Intergenerational Learning Center</p>
<p>Chock, Kyle Executive Director Pacific Resources Partnership ASB Tower, Suite 1501 1001 Bishop Street Honolulu, HI 96813 Phone: 528-5557 Fax: 528-0421 E-mail: kchock@prp-hawaii.com Assistant's Name: Jill Baptiste E-mail: jbaptiste@prp-hawaii.com</p>	<p>Director <i>0.67hrs/week</i></p>	<p>2006-2008</p>	

**CHILD & FAMILY SERVICE
BOARD OF DIRECTORS
2006**

99-0073483

BOARD MEMBER INFO	POSITION	TERM OF OFFICE	COMMITTEE
<p>Ford, Patrick Managing Partner KPMG LLP Pauahi Tower 1001 Bishop Street, Suite 2100 Honolulu, HI 96813 Phone: 541-9360 Fax: 541-9460 Fax E-mail: pford@kpmg.com Assistant's Name: Sylvia C. Hakkert-Detaille Phone: 541-9240 Fax: 541-9460 E-mail: shakkertdetaille@kpmg.com</p>	<p><i>Treasurer</i></p> <p><i>0.63hrs/week</i></p>	<p>2004-2006</p>	<p>-Executive -Finance & Audit, Chair -Strategic Planning</p>
<p>Fujioka, Robert Executive Vice President First Hawaiian Bank Commercial Banking Group 999 Bishop Street, Suite 2900 Honolulu, Hawaii 96813 rfujioka@fhwn.com 525-6242 529-6088 Fax Assistant's Name: Arlene Santa Monica 525-6243 asanta@fhwn.com</p>	<p>Director</p> <p><i>0.63hrs/week</i></p>	<p>2002-2006</p>	<p>-Finance & Audit -Networking -Nominating</p>
<p>Goshi, Michael Senior Principal Design Partners Incorporated 1580 Makaloa, Suite 1100 Honolulu, HI 96816 Mgoshi@hawaii.rr.com Phone: 949-0044 946-9683 Fax</p>	<p>Director</p> <p><i>0.63hrs/week</i></p>	<p>2004-2006</p>	<p>-Strategic Planning -Intergenerational Learning Center</p>

**CHILD & FAMILY SERVICE
BOARD OF DIRECTORS
2006**

BOARD MEMBER INFO	POSITION	TERM OF OFFICE	COMMITTEE
Kealoha (Ret.), General Dwight M. 668 Auwina Street Kailua, HI 96734 k_annkealoha1@verizon.net Phone: 341-3263 Cell: 927-8687	Director <i>0.67hrs/week</i>	2003-2007	-Strategic Planning
KAUAI HEAD START LIAISON (TBA)	Director <i>0.67hrs/week</i>	2006	Kauai Head Start Liaison
Lee Stone, Lorrie Partner Rohlfing & Stone Attorneys at Law 737 Bishop Street, #1520 Honolulu, HI 96813 Lstone@rohlfingandstone.com Phone: 531-8511 x11 Fax: 525-7507 Vincy Inouye, Assistant Phone: 531-8511 x10 vinouye@rohlfingandstone.com	Director <i>0.67hrs/week</i>	2004-2006	-Strategic Planning
Lum, Lori Ann C. Public Affairs Director Watanabe Ing Kawashima & Komeiji First Hawaiian Center 999 Bishop Street, 23rd Floor Honolulu, HI 96813 llum@wik.com Phone: 544-8343 Fax: 544-8399 Allison Nakama, Assistant Phone: 544-8300 x228 anakama@wik.com	Board Chair <i>0.67hrs/week</i>	1995-2007	-Executive

**CHILD & FAMILY SERVICE
BOARD OF DIRECTORS
2006**

99-0073483

BOARD MEMBER INFO	POSITION	TERM OF OFFICE	COMMITTEE
<p>Nakamoto, Arlene Executive Vice President Customer Delivery American Savings Bank 915 Fort Street, 12th Floor Honolulu, HI 96813 anakamoto@asbhawaii.com Phone: 539-7223 Fax: 539-7299 Assistant's Name: Mari Cardines Phone: 539-7643 mcardines@asbhawaii.com</p>	<p>Director <i>0.67hrs/week</i></p>	<p>1997-2007</p>	<p>-Networking</p>
<p>Ogata, Aimee 94-365 Kamalei Street Mililani, HI 96789 aogata@asbhawaii.com Phone: 527-4357 Fax: 532-7378 Cellular: 294-8357</p>	<p><i>Guild Chair</i> <i>0.67hrs/week</i></p>	<p>2006-2008</p>	<p>- CFS Guild Representative</p>
<p>Shibuya, Joanie CFA - Investment Manager HMSA P.O. Box 161185 Honolulu, HI 96816 joanie_shibuya@hmsa.com Phone: 948-5312 Fax: 948-6879</p>	<p><i>Secretary</i> <i>0.67hrs/week</i></p>	<p>1996-2006</p>	<p>-Executive -Finance & Audit</p>
<p>Thompson, Shelley B. Executive Vice President Trust & Private Banking Administration Bank of Hawaii P.O. Box 2900 Honolulu, Hawaii 96846 shelleythompson@boh.com Phone: 538-4747 Fax: 521-6141 Assistant: Naty Lazo (538-4595) nlazo@boh.com</p>	<p>Director <i>0.67hrs/week</i></p>	<p>2002-2006</p>	<p>-Networking</p>

**CHILD & FAMILY SERVICE
BOARD OF DIRECTORS
2006**

99-0073483

BOARD MEMBER INFO	POSITION	TERM OF OFFICE	COMMITTEE
<p>Yokota, Neal M. President & CEO Stryker Weiner & Yokota Public Relations, Inc. 737 Bishop Street, Suite 2860 Honolulu, Hawaii 96813 nyokota@strykerweiner.com Phone: 523-8802 Fax: 521-6141 Assistant's Name: Kuulei Leslie-Lockwood Phone: 523-8802 ext. 31 kuulei@strykerweiner.com</p>	<p>Director <i>0.63 hrs/week</i></p>	<p>2002-2006</p>	<p>-Networking</p>
<p>Zia, Hoyt Publisher Hawaii Business 1000 Bishop Street, suite 405 Honolulu, Hawaii 98613 Hoytz@pacificbasin.net Phone: 537-9500 x 277</p>	<p>Director <i>0.63 hrs/week</i></p>	<p>2002-2006</p>	<p>-Networking -Nominating</p>
<p>Bates, Patti Acting CEO Child and Family Service 91-1841 Fort Weaver Road Ewa Beach, HI 96706 pbates@cfs-hawaii.org Phone: 681-1434 Fax: 681-1449 Assistant's Name: Stephanie German sgerman@cfs-hawaii.org</p>	<p><i>Ex-Officio</i> <i>0.63 hrs/week</i></p>	<p>1993-present</p>	<p>-Executive Staff Liaison: -Strategic Planning -Finance & Audit -Nominating -Networking -Intergenerational Learning Center</p>

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization CHILD AND FAMILY SERVICE	Employer identification number 99-0073483
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O NISHIHAMA & KISHIDA, CPAS, INC., 1001 BISHOP STREET, ASB TOWER, SUITE 1700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HAWAII 96813-3696	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ ROXANNE MIMURA

Telephone No. ▶ (808) 681-1450 FAX No. ▶ _____

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

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until FEBRUARY 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20____ or
 ▶ tax year beginning JULY 1, 2005, and ending JUNE 30, 2006.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

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

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

Form **8868** (Rev. 12-2004)

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

Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHILD AND FAMILY SERVICE	Employer identification number 99-0073483
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O NISHIHAMA & KISHIDA, CPAS, INC. 1001 BISHOP ST., ASB TWR, #1700	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HAWAII 96813-3696	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **▶ ROXANNE MIMURA**
 Telephone No. **▶ (808) 681-1450** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15**, 20 **07**.
- For calendar year **_____**, or other tax year beginning **JULY 1**, 20 **05**, and ending **JUNE 30**, 20 **06**.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **WE HAVE NOT YET OBTAINED ALL OF THE PERTINENT INFORMATION NECESSARY TO FILE A COMPLETE AND PROPER RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

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

Signature **▶** *[Signature]* Title **▶** **CERTIFIED PUBLIC ACCOUNTANT** Date **▶** **02/15/2007**

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (Include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (Including postal or ZIP code)