

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

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 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CHILD AND FAMILY SERVICE. Number and street (or P O box if mail is not delivered to street address): 91-1841 FORT WEAVER ROAD. City or town, state or country, and ZIP + 4: EWA BEACH, HI 96706

D Employer identification number: 99-0073483. E Telephone number: (808) 681-3500. F Accounting method: 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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: http://www.childandfamilyservice.org

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 32,659,448

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Columns include descriptions, sub-rows (a-d), and final totals.

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. (See the instructions.)

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	920,346	920,346	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	929,212	766,302	162,910
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	13,338,760	12,848,496	411,064
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28	1,418,058	1,326,547	83,715
29 Payroll taxes	29	1,407,015	1,315,025	84,309
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	352,595	316,695	33,573
34 Telephone	34	362,711	336,974	25,070
35 Postage and shipping	35	49,699	40,100	3,159
36 Occupancy	36	2,338,099	2,166,012	158,269
37 Equipment rental and maintenance	37	543,821	457,795	75,875
38 Printing and publications	38	169,944	135,914	2,801
39 Travel	39	450,878	422,349	25,817
40 Conferences, conventions, and meetings	40			
41 Interest	41	334		334
42 Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	155,732	138,098	17,634
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	28,237,543	26,334,196	1,637,064

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 \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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.

<p>What is the organization's primary exempt purpose? ► CHILD AND FAMILY SERVICE (THE ORGANIZATION) IS A PRIVATE, NON-PROFIT ORGANIZATION PROVIDING HUMAN SERVICES AND ADVOCACY FOR CHILDREN AND FAMILIES IN NEED IN THE STATE OF HAWAII. THE ORGANIZATION'S PRIMARY PURPOSE IS STRENGTHENING FAMILIES AND HELPING THEM TO RAISE HEALTHY CHILDREN. THE ORGANIZATION PROVIDES INDIVIDUALS, COUPLES, FAMILIES AND GROUPS WITH A SOCIAL SERVICE DELIVERY SYSTEM THAT INTEGRATES PROFESSIONAL COUNSELING, FAMILY LIFE EDUCATION AND ADVOCACY TO PREVENT AND TREAT PSYCHOSOCIAL PROBLEMS RELATED TO MALADAPTIVE BEHAVIOR, COMMUNICATION AND INTERPERSONAL RELATIONSHIPS. IN ADDITION, THE ORGANIZATION ALSO PROVIDES SERVICES FOR CHILDREN AND FAMILIES NEEDING ADOPTION PLANNING, PROTECTION, SHELTER, RESIDENTIAL TREATMENT AND ALTERNATIVE EDUCATION. THE ORGANIZATION RESPONDS TO CHANGING COMMUNITY NEEDS BY DEVELOPING NEW PROGRAMS, DELETING OBSOLETE ONES AND BY ALTERING SERVICES SO THAT THEY APPROPRIATELY MEET IDENTIFIED COMMUNITY NEEDS.</p> <p>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.)</p>	<p style="text-align: center;">Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a EARLY CHILDHOOD SERVICES PROVIDES VOLUNTARY HOME VISITATION SERVICES TO FAMILIES WITH CHILDREN UNDER 5 YEARS IDENTIFIED TO BE AT RISK OF CHILD MALTREATMENT, 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. THERE WERE 5,026 INDIVIDUALS SERVED DURING THE YEAR.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p style="text-align: right;">5,846,516</p>
<p>b CHILDREN'S SERVICES PROVIDES STRENGTH-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, AND ALTERNATIVE HIGH SCHOOL PROGRAMS. THERE WERE 4,252 INDIVIDUALS SERVED DURING THE YEAR.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p style="text-align: right;">5,288,918</p>
<p>c ADULT AND FAMILY SERVICES PROVIDES 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. THERE WERE 4,841 INDIVIDUALS SERVED DURING THE YEAR.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p style="text-align: right;">5,903,692</p>
<p>d BEHAVIORAL HEALTH SERVICES SERVES 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. THERE WERE 1,758 INDIVIDUALS SERVED DURING THE YEAR.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p style="text-align: right;">9,295,070</p>
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ►</p>	<p style="text-align: right;">26,334,196</p>

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)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	6,918,859	46	3,048,005	
	47a Accounts receivable	47a 4,407,632			
	b Less allowance for doubtful accounts	47b 75,000	3,514,003	47c	4,332,632
	48a Pledges receivable	48a 219,042			
	b Less allowance for doubtful accounts	48b		48c	219,042
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	497,306	53	432,991	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,465,788	54a	3,072,979	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b	<input checked="" type="checkbox"/> 1,000,000	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a 2,969,220				
b Less accumulated depreciation (attach schedule)	57b 2,628,946	398,378	57c	<input checked="" type="checkbox"/> 340,274	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	369,702	58	<input checked="" type="checkbox"/> 773,656		
59 Total assets (must equal line 74) Add lines 45 through 58	13,164,036	59	13,219,579		
Liabilities	60 Accounts payable and accrued expenses	1,392,445	60	1,693,167	
	61 Grants payable		61		
	62 Deferred revenue	1,308,867	62	847,217	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)	2,150,383	65	<input checked="" type="checkbox"/> 642,724	
66 Total liabilities Add lines 60 through 65	4,851,695	66	3,183,108		
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	7,102,411	67	8,698,037	
	68 Temporarily restricted	1,109,419	68	1,237,923	
	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 and column (B) must equal line 21)	8,312,341	73	10,036,471	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	13,164,036	74	13,219,579	

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

a	Total revenue, gains, and other support per audited financial statements	a	29,834,712
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	51,174
	Add lines b1 through b4	b	51,174
c	Subtract line b from line a	c	29,783,538
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	173,232
	Add lines d1 and d2	d	51,174
e	Total revenue (Part I, line 12) Add lines c and d	e	29,956,770

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

a	Total expenses and losses per audited financial statements	a	28,288,717
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	51,174
	Add lines b1 through b4	b	51,174
c	Subtract line b from line a	c	28,237,543
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	28,237,543

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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	<u>17</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	No
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 the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions		75c	No
d Does the organization have a written conflict of interest policy?		75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
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		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a 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	Yes	
b If "Yes," enter the name of the organization CFS REAL PROPERTY INC _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a _____			
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

		Yes	No
82a 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	Yes	
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		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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 the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a 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	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b 501(c)(3) and 501(c)(4) orgs. 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		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/>			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="text"/>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		573
91a The books are in care of <input type="text" value="Vivian YASUNAGA"/> Telephone no <input type="text" value="(808) 681-1496"/>			
<input type="text" value="91-1841 FORT WEAVER ROAD"/> Located at <input type="text" value="EWA BEACH, HI"/> ZIP + 4 <input type="text" value="96706"/>			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

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**

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) Exclusion code	(D) Amount	
93 Program service revenue					
a FAMILY COUNSELING					131,342
b EMPLOYEE ASSISTANCE					19
c ADOPTION					135,410
d ELDERLY SERVICE					2,127
e MISCELLANEOUS					83,292
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					12,659,408
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	128,951	
96 Dividends and interest from securities			14	125,949	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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			18	47,191	
101 Net income or (loss) from special events			02	93,912	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MANAGEMENT SERVICES					362,285
b TRAINING					3,509
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				396,003	13,377,392
105 Total (add line 104, columns (B), (D), and (E))					13,773,395

Note: Line 105 plus line 1e, 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 Additional Data Table

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
	%			
	%			
	%			
	%			

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).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	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.		
	*****		2009-02-26
	Signature of officer		Date
	VIVIAN YASUNAGA DIRECTOR OF FINANCE Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	NISHIHAMA & KISHIDA CPAS INC 1001 BISHOP STREET STE 1700 HONOLULU, HI 968133696			Phone no (808) 524-2255

**SCHEDULE A
(Form 990 or
990EZ)**

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.)

2007

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the
Treasury
Internal Revenue
Service

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 91-1841 fort weaver road ewa beach, HI 96706	administrator 40 00	74,508	1,490	0
lucille calderon 91-1841 fort weaver road ewa beach, HI 96706	administrator 40 00	65,280	1,306	0
CAROL L HOUGH 91-1841 fort weaver road ewa beach, HI 96706	ADMINISTRATOR 40 00	69,972	1,399	0
angela d doi 91-1841 fort weaver road ewa beach, HI 96706	administrator 40 00	67,996	1,360	0
SHERI ANN PUALANI DANIELS 91-1841 fort weaver road ewa beach, HI 96706	ADMINISTRATOR 40 00	69,654	649	0
Total number of other employees paid over \$50,000	36			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
NK CPAS INC 1001 BISHOP ST SUITE 1700 honolulu, HI 96813	AUDIT & TAX SERVICES	89,320
JODIE CLINE 140 UWAPO ROAD 34-101 KIHEI, HI 96753	CONSULTANT	63,373
ADP INC PO BOX 78415 PHOENIX, AZ 85062	PAYROLL PROCESSING	54,857
TORKLIDSON KATZ MOORE HETHERINGT 700 BISHOP STREET 15TH FLOOR HONOLULU, HI 96813	LEGAL SERVICES	50,937
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 1 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</p>	1		No
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>		0	
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>		0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	15,277,083	9,737,454	13,279,405	10,011,007	48,304,949
16 Membership fees received					0
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	15,720,468	20,179,775	21,344,997	20,600,273	77,845,513
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	232,291	125,160	77,120	55,109	489,680
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	279,392	260,000	260,000	230,378	1,029,770
23 Total of lines 15 through 22	31,509,234	30,302,389	34,961,522	30,896,767	127,669,912
24 Line 23 minus line 17	15,788,766	10,122,614	13,616,525	10,296,494	49,824,399
25 Enter 1% of line 23	315,092	303,024	349,615	308,968	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	996,488
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 2002 through 2005 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	49,824,399
d Add Amounts from column (e) for lines	18 <u>489,680</u> 19 <u>0</u> 22 <u> </u> 26 b <u> </u>	26d	1,519,450
e Public support (line 26c minus line 26d total)		26e	48,304,949
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	9695 04 %

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total	_____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)**(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?	29	
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?	30	
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)	31	
32 Does the organization maintain the following	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a 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)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**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

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— 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		
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)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

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

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

52a 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

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

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and limitations.

Table with 13 rows for Section 179 property details, including description, cost, and deduction amounts.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Do not include listed property)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2007.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 rows for Alternative Depreciation System details.

Part IV Summary (see instructions)

Table with 3 rows for Summary of depreciation amounts.

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 99-0073483
Name: CHILD AND FAMILY SERVICE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	240,898	217,216	21,009	2,673
b PROFESSIONAL FEES	43b	1,106,230	948,071	150,911	7,248
c CONTRACT EQUIPMENT PURCHASES	43c	6,846	6,846		
d FUNDRAISING AND DEVELOPMENT	43d	27,631	2,529	23,163	1,939
e Utilities	43e	216,537	216,226	311	
f MEMBERSHIP dues	43f	47,767	6,031	41,736	
g training	43g	91,821	84,587	6,071	1,163
h MISCELLANEOUS	43h	205,160	8,565	150,338	46,257
i ADMINISTRATIVE SUPPORT	43i	3,843,876	3,652,882	146,523	44,471
j employee retention	43j	9,881	590	9,291	
k specific assistance to individuals	43k	3,692		3,181	511

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
howard garval 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	pRESIDENT AND CEO 40 00	187,992	1,880	0
leslie mookini 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR OF FACILITIES 40 00	73,344	0	0
karen tan 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	vp of programs 40 00	99,918	1,918	0
nandi ishikawa 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	director of quality assur 40 00	68,973	689	0
diane reece 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	director of properties 40 00	66,300	1,326	0
PATTI J BATES 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	CHIEF OPERATING OFFICER 40 00	128,441	2,569	0
DARYL wayne DECOSTA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR OF INFO TECH 40 00	69,824	0	0
VIVIAN YASUNAGA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR OF FINANCE 40 00	84,074	1,415	0
BARBARA MAY 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR OF HUMAN RESOURCES 40 00	70,833	0	0
BETHANY CROWLEY 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR OF PROGRAM SERVICES 40 00	69,308	408	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STEPHANIE ACKERMAN 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
CAROL AI MAY 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	SECRETARY 0 63	0	0	0
JOHN L ARIZUMI 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
KYLE CHOCK 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
ROBERT FUJIOKA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	1st VICE CHAIR 0 63	0	0	0
PAUL HIGO 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
STANLEY HONG 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
KATHY INO UYE 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
TIM JOHNS 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
DWIGHT M KEALOHA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LORI ANN C LUM 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
STEPHEN MACMILLAN 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
LYNN MCCRORY 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
STEVE METTER 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
JOANIE SHIBUYA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	TREASURER 0 63	0	0	0
SHELLEY THOMPSON 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	2ND VICE CHAIR 0 63	0	0	0
MARK YAMAKAWA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
NEAL M YOKOTA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
HOYT ZIA 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	CHAIR 0 63	0	0	0
ANTON KRUCKY 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GAYLE MARUMOTO 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR GUILD REPRESENTATIVE 0 63	0	0	0
LISA PARRISH 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
TIM SCHOOLS 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
EARL STONER 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0
RANN WATUMULL 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	DIRECTOR 0 63	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
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
103B	PROVIDED TRAINING FOR CFS EMPLOYEES AND OTHER INDIVIDUALS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
2002 COLLINS BANTAM SCHOOL BUS	2003-08	PURCHASED	2008-05	VARIOUS	26,000	44,901		0	24,503	43,404

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** CHILD AND FAMILY SERVICE**EIN:** 99-0073483**Gross Sales Price:** 2,672,695**Basis:** 2,650,007**Sales Expenses:** 0**Total (net):** 22,688

TY 2007 Individual Assistance Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Class of Activity	Amount
CLIENT ASSISTANCE	131,962
DOCUMENT AUTHENTICATION	472
WEEKLY FOOD ALLOWANCE	236,712
HOUSEHOLD SUPPLIES	19,592
INCENTIVE ALLOWANCE	28,549
PROGRAM ACTIVITIES	57,135
CAREGIVER RESPITE SUBSIDY	11,365
FOSTER PARENT STIPEND	285,544
FOSTER ROOM & BOARD PAYMENTS	145,158
foster parent bedholds	3,857

TY 2007 Investments - Securities Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Description	Book Value	Cost/FMV
investment in TRAILSEND VENTURES LLC	1,000,000	F

TY 2007 Land etc. Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LEASEHOLD IMPROVEMENTS	31,255	31,255	0
IEASEHOLD IMPROVEMENTS	53,268	28,731	24,537
IEASEHOLD IMPROVEMENTS	14,648	6,986	7,662
IEASEHOLD IMPROVEMENTS	14,146	357	13,789
FURNITURE AND EQUIPMENT	352,550	349,354	3,196
FURNITURE AND EQUIPMENT	1,383,434	1,144,141	239,293
FURNITURE AND EQUIPMENT	562,852	562,799	53
AUTOMOBILES	100,965	69,765	31,200
CAPITAL LEASE	268,127	268,127	0
TRANSFER FROM TURNING POINT FOR FAMILIES	4,040	1,346	2,694
TRANSFER FROM TURNING POINT FOR FAMILIES	131,425	127,416	4,009
TRANSFER FROM TURNING POINT FOR FAMILIES	30,093	26,546	3,547
TRANSFER FROM TURNING POINT FOR FAMILIES	21,113	11,932	9,181
TRANSFER FROM TURNING POINT FOR FAMILIES	1,304	191	1,113

TY 2007 Other Assets Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Description	Beginning of Year Amount	End of Year Amount
security deposit	164,806	169,546
trust assets	183,016	153,919
charitable gift annuity	13,930	13,255
CONSTRUCTION IN PROGRESS	7,950	436,936

TY 2007 Other Changes in Net Assets Schedule**Name:** CHILD AND FAMILY SERVICE**EIN:** 99-0073483

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-173,232
TRANSFER OF NET ASSETS FROM TURNING POINT FOR FAMILITES	178,135

TY 2007 Other Expenses Included Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Description	Amount
DIRECT FUNDRAISING EXPENSES	51,174

TY 2007 Other Liabilities Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Description	Beginning of Year Amount	End of Year Amount
trust liabilities and post-retirement obligation	150,540	152,200
due to affiliate	1,999,843	490,524

TY 2007 Other Revenues Included Schedule**Name:** CHILD AND FAMILY SERVICE**EIN:** 99-0073483

Description	Amount
DIRECT FUNDRAISING EXPENSES	51,174

**TY 2007 Other Revenues
Not Included Schedule****Name:** CHILD AND FAMILY SERVICE**EIN:** 99-0073483

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	173,232

TY 2007 Special Events Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
GOLF TOURNAMENT	24,693	1,760	22,933	19,877	3,056
COOKBOOK	143	0	143	0	143
OHANA OF THE YEAR	127,870	5,860	122,010	31,297	90,713

TY 2007 Other Income Schedule

Name: CHILD AND FAMILY SERVICE

EIN: 99-0073483

Description	2006	2005	2004	2003	Total
OTHER INCOME	279,392	260,000	260,000	230,378	1,029,770