

EXTENDED TO NOVEMBER 16, 2015

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

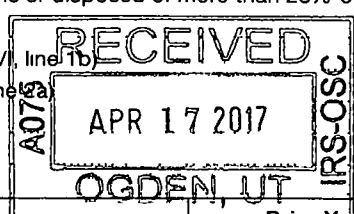
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELPING HANDS HAWAII		D Employer identification number 23-7365077
	Doing business as		E Telephone number (808) 536-7234
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,841,583.
	2100 N. NIMITZ HIGHWAY		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96819		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.HELPINGHANDSHAWAII.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
F Name and address of principal officer JAN HARADA		L Year of formation: 1974	
SAME AS C ABOVE		M State of legal domicile: HI	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. TO LINK AND/OR PROVIDE SOCIAL SERVICE IN RESPONSE TO IDENTIFIED SOCIAL NEEDS AND TO OPERATE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	130
	6	Total number of volunteers (estimate if necessary)	6	52
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,472,724.	Current Year 2,825,498.
	9	Program service revenue (Part VIII, line 2g)	1,126,331.	1,888,301.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	172.	274.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,321.	85,937.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,688,548.	4,800,010.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	510,513.	820,256.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,587,130.	2,646,139.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	936,104.	1,313,107.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	4,033,747.	4,779,502.
19	Revenue less expenses - Subtract line 18 from line 12	-345,199.	20,508.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,345,517.	End of Year 6,866,071.
	21	Total liabilities (Part X, line 26)	2,887,763.	3,387,809.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,457,754.	3,478,262.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	JAN HARADA, CEO	4/12/17

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RODNEY AKAMINE	RODNEY AKAMINE	04/03/17		P00308422
	Firm's name	Firm's EIN	Phone no. (808) 941-0500		
	AKAMINE, OYADOMARI & KOSAKI, CPA'S, INC.	99-0272757			
	Firm's address				
	1440 KAPIOLANI BLVD, SUITE 900 HONOLULU, HI 96814-3612				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

941 23

SCANNED MAY 1 2 2017

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO LINK AND/OR PROVIDE SOCIAL SERVICE IN RESPONSE TO IDENTIFIED SOCIAL NEEDS AND TO OPERATE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, RELIGIOUS OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF IRC 501(C)(3).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,235,425. including grants of \$ 782,572.) (Revenue \$) EMERGENCY ASSISTANCE - PROVIDES LIMITED FINANCIAL ASSISTANCE TO CLIENTS WHO ARE EXPERIENCING ONE-TIME, SHORT-TERM OR LONG-TERM EMERGENCIES OR HARDSHIPS. ASSISTANCE INCLUDES BUS VOUCHERS, RENT OR UTILITY PAYMENTS. CLIENTS ARE REFERRED BY PARTNER AGENCIES INCLUDING, GOVERNMENT, SOCIAL SERVICES COMMUNITY ORGANIZATIONS AND OTHER NON-PROFIT ORGANIZATIONS AND CHURCHES

4b (Code) (Expenses \$ 2,170,247. including grants of \$ 771.) (Revenue \$ 1,332,441.) BEHAVIORAL HEALTH PROGRAM - PROVIDES ASSERTIVE CARE, INTENSIVE CARE, MONEY MANAGEMENT, AND OTHER SUPPORT FOR INDIVIDUALS RECOVERING FROM MENTAL ILLNESS.

4c (Code) (Expenses \$ 628,957. including grants of \$) (Revenue \$ 555,516.) BILINGUAL ACCESS LINE - PROVIDES ON-CALL INTERPRETER SERVICES IN HEALTH, SOCIAL SERVICES, EDUCATION AND LEGAL SITUATIONS. SUCH SERVICES ARE PROVIDED 24 HOURS PER DAY, 7 DAYS A WEEK. APPROXIMATELY 16,620 PERSONS SERVED.

4d Other program services (Describe in Schedule O) (Expenses \$ 564,208. including grants of \$ 36,913.) (Revenue \$ 389.)

4e Total program service expenses 4,598,837.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **HI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. **HELPING HANDS HAWAII - (808) 585-0767**
2100 N. NIMITZ HWY, HONOLULU, HI 96819

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NELSON CHUN DIRECTOR	1.00	X					0.	0.	0.	
(2) ROBERT A. ALM DIRECTOR	1.00	X					0.	0.	0.	
(3) GARY SLOVIN SECRETARY	1.00	X		X			0.	0.	0.	
(4) JENNIFER DIESMAN DIRECTOR	1.00	X					0.	0.	0.	
(5) FAYE KURREN VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(6) RICHARD L. HUMPHREYS, JR. DIRECTOR	1.00	X					0.	0.	0.	
(7) ALBERT J. PATTISON CHAIRMAN	1.00	X		X			0.	0.	0.	
(8) REID GUSHIKEN TREASURER	1.00	X		X			0.	0.	0.	
(9) AMY HENNESSEY DIRECTOR	1.00	X					0.	0.	0.	
(10) MARGARET PETTYJOHN DIRECTOR	1.00	X					0.	0.	0.	
(11) KIMBERLEY YOSHIMOTO DIRECTOR	1.00	X					0.	0.	0.	
(12) LAUREN FURUYA CFO	40.00			X			73,040.	0.	4,210.	
(13) JAN HARADA CEO	40.00			X			98,412.	0.	5,841.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	80,450.				
	d	Related organizations					
	e	Government grants (contributions)	1,145,049.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,599,999.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,825,498.			
	Program Service Revenue	2 a	BEHAVIORAL HEALTH PROG	Business Code 624100	1,332,429.	1,332,429.	
b		INTERPRETER/CONTRACTS	561499	555,505.	555,505.		
c		COMMUNITY CLEARINGHOU	624100	367.	367.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,888,301.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		274.		274.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	117,265.			
			(ii) Personal	0.			
				117,265.			
			d	Net rental income or (loss)		117,265.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			d	Net gain or (loss)			
	8 a	Gross income from fundraising events (not including \$ 80,450. of contributions reported on line 1c) See Part IV, line 18	a	10,200.			
			b	Less: direct expenses	41,573.		
			c	Net income or (loss) from fundraising events		-31,373.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b			Less: direct expenses				
c			Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	OTHER-NOMINAL ANCILLAR	900099	45.	45.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		45.				
12	Total revenue. See instructions.		4,800,010.	1,888,346.	0.	86,166.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	820,256.	820,256.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	181,503.	162,272.	19,231.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,041,190.	2,011,315.	29,875.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	256,428.	252,145.	4,283.	
10	Payroll taxes	167,018.	163,146.	3,872.	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	285,776.	282,018.	3,758.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	377,627.	374,441.	3,186.	
12	Advertising and promotion				
13	Office expenses	243,745.	217,282.	26,463.	
14	Information technology	3,547.	3,521.	26.	
15	Royalties				
16	Occupancy	84,781.	81,770.	3,011.	
17	Travel	75,981.	71,953.	4,028.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,304.	1,202.	2,102.	
20	Interest	16,297.	15,282.	1,015.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	84,037.	67,978.	16,059.	
23	Insurance	44,199.	41,772.	2,427.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BAD DEBT	51,000.		51,000.	
b	UNEMPLOYMENT BENEFITS	22,371.	22,252.	119.	
c	OTHER EXPENSE	14,247.	4,495.	9,752.	
d	PRINTING AND PUBLICATIO	6,195.	5,737.	458.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,779,502.	4,598,837.	180,665.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,583.	1	-13,159.
	2	Savings and temporary cash investments	35,517.	2	105,087.
	3	Pledges and grants receivable, net	798,720.	3	1,199,874.
	4	Accounts receivable, net	40,446.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	56,994.	9	53,343.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,915,265.		
	10b	Less: accumulated depreciation	10b 1,453,495.	10c	3,461,770.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	27,505.	14	24,504.
	15	Other assets. See Part IV, line 11	1,937,125.	15	2,034,652.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,345,517.	16	6,866,071.	
Liabilities	17	Accounts payable and accrued expenses	530,557.	17	619,645.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	214,000.	24	377,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,143,206.	25	2,391,164.
	26	Total liabilities. Add lines 17 through 25	2,887,763.	26	3,387,809.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,715,453.	27	2,710,499.
	28	Temporarily restricted net assets	742,301.	28	767,763.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,457,754.	33	3,478,262.
	34	Total liabilities and net assets/fund balances	6,345,517.	34	6,866,071.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,800,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,779,502.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,457,754.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,478,262.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2859742.	2440726.	2627613.	2472724.	2825498.	13226303.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2859742.	2440726.	2627613.	2472724.	2825498.	13226303.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						13226303.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2859742.	2440726.	2627613.	2472724.	2825498.	13226303.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,855.	117,375.	119,131.	118,849.	117,539.	592,749.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	16,386.	47,347.	27,856.	15,786.	10,245.	117,620.
11 Total support. Add lines 7 through 10						13936672.
12 Gross receipts from related activities, etc (see instructions)					12	5,424,403.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	94.90 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	94.67 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

.(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*
 - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI).		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2014

Part V Type.III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014.			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014
Open to Public Inspection

Name of the organization **HELPING HANDS HAWAII** Employer identification number **23-7365077**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	742,301.	919,577.	855,278.	702,944.	661,266.
b Contributions	1,805,479.	982,518.	953,858.	1,046,952.	1,484,017.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	1,780,017.	1,159,794.	889,559.	894,618.	1,442,339.
f Administrative expenses					
g End of year balance	767,763.	742,301.	919,577.	855,278.	702,944.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,034,831.		2,034,831.
b Buildings		2,204,158.	881,718.	1,322,440.
c Leasehold improvements				
d Equipment		676,276.	571,777.	104,499.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				3,461,770.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RESTRICTED CASH DONATIONS - FOR PROGRAMS	332,904.
(2) RESTRICTED CASH - REP PAYEE	1,644,504.
(3) DEPOSITS	16,010.
(4) CASH - BOARD DESIGNATED IN BOH	41,234.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,034,652.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES AND OTHER	402,535.
(3) GIFT ANNUITY OBLIGATION	48,717.
(4) CONTRACT ADVANCE PAYMENTS	259,252.
(5) SECURITY DEPOSITS	9,664.
(6) TRUST FUNDS - CASH REP PAYEE	1,644,504.
(7) PENSION PAYABLE	5,802.
(8) OBLIGATION (CAPITAL LEASE)	20,690.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,391,164.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	4,816,121.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d	41,573.	
	e Add lines 2a through 2d		2e	41,573.
3	Subtract line 2e from line 1		3	4,774,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII)	4b	25,462.	
	c Add lines 4a and 4b		4c	25,462.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,800,010.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,821,075.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	41,573.	
	e Add lines 2a through 2d		2e	41,573.
3	Subtract line 2e from line 1		3	4,779,502.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,779,502.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 41,573.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 25,462.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 41,573.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col (c))
		FUNDRAISING DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	90,650.		90,650.
	2	Less. Contributions	80,450.		80,450.
	3	Gross income (line 1 minus line 2)	10,200.		10,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	25,899.		25,899.
	8	Entertainment			
	9	Other direct expenses	15,674.		15,674.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			41,573.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-31,373.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain. _____

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

b If "Yes," explain. _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT, ELECTRIC, GAS, WATER	313	782,572.	0.		
SCHOOL SUPPLIES	7204	0.	36,913.	BOOK	FOLDERS, CRAYONS, PENCILS, RULERS, CALCULATORS, ETC.

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

FOR EMERGENCY FINANCIAL ASSISTANCE, A CLIENT SEEKING ASSISTANCE CAN REQUEST FOR ASSISTANCE ONE OF TWO WAYS: 1) CALL THE HELPING HANDS HAWAII INTAKE LINE TO BE PRESCREENED OVER THE PHONE TO DETERMINE INITIAL ELIGIBILITY OR 2) GO THROUGH ONE OF OUR PARTNER AGENCIES TO SUBMIT A REFERRAL APPLICATION. THE PARTNER AGENCIES ARE RESPONSIBLE FOR CONDUCTING AN INTAKE AND ASSESSMENT FOR EACH CLIENT, AND VERIFYING THE CLIENT'S EMERGENCY SITUATION. CLIENTS MUST SUBMIT PROOF OF THEIR INCOME AND EXPENSES, AS WELL AS VERIFICATION OF PAST DUE EXPENSES (I.E. RENT OR PAST DUE UTILITY OR FUNERAL

Part IV Supplemental Information

COST). EACH REQUEST FOR ASSISTANCE GOES THROUGH THREE STAGES OF REVIEW: 1) INITIAL REVIEW AND RECOMMENDATION OF APPROVAL BY THE PROGRAM ASSISTANT, ELIGIBILITY WORKER, OR CASE MANAGER; 2) SECONDARY REVIEW AND APPROVAL BY THE PROGRAM MANAGER; AND 3) FINAL REVIEW BY THE PRESIDENT/CEO BEFORE A CHECK IS ISSUED. ALL PAYMENTS ARE ISSUED DIRECTLY TO A THIRD-PARTY VENDOR, SUCH AS THE LANDLORD, UTILITY COMPANY OR FUNERAL HOME, TO ENSURE THAT THE PAYMENT WILL BE USED FOR THE SPECIFIED PURPOSE.

FOR SCHOOL SUPPLIES, THE READY TO LEARN PROGRAM ALSO RECEIVES REFERRALS FROM SOCIAL SERVICE PARTNER AGENCIES. THE PARTNER AGENCIES CONDUCT INTAKES WITH EACH HOUSEHOLD APPLYING FOR ASSISTANCE AND VERIFIES THE CLIENT'S INCOME AND MONTHLY EXPENSES, AS WELL AS THE NAMES AND AGES OF SCHOOL-AGED CHILDREN IN THE HOUSEHOLD. SCHOOL SUPPLIES ARE PROVIDED ONLY TO SCHOOL-AGED CHILDREN IN ELIGIBLE HOUSEHOLDS. SCHOOL SUPPLIES ARE PURCHASED IN BULK, AND EACH ELIGIBLE CHILD IS PROVIDED WITH A PRE-MADE "KIT" OF BASIC SCHOOL SUPPLIES. THE SCHOOL SUPPLY "KIT" IS BASED ON ITEMS ON THE SCHOOL SUPPLY LIST PROVIDED ANNUALLY FOR PUBLIC SCHOOLS.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICK L. HUMPHREYS, JR	BOARD MEMBER, VICE-	106,961.	MONARCH INS		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RICK L. HUMPHREYS, JR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER, VICE-PRESIDENT OF MONARCH INSURANCE

(C) AMOUNT OF TRANSACTION \$ 106,961.

(D) DESCRIPTION OF TRANSACTION: MONARCH INSURANCE IS THE AGENCY'S INSURANCE BROKER WITH PREMIUMS BEING PAID TO THE INSURANCE CARRIERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HELPING HANDS HAWAII

Employer identification number

23-7365077

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

EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, RELIGIOUS OR

EDUCATIONAL PURPOSES WITHIN THE MEANING OF IRC 501(C)(3).

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

COMMUNITY CLEARINGHOUSE - SERVES AS A CLEARINGHOUSE FOR THE RECEIPT AND

DISTRIBUTION OF MATERIAL GOODS (CLOTHING HOUSE- HOLD ITEMS, FURNITURE,

MAJOR APPLIANCES, SCHOOL SUPPLIES, AND FOOD) TO AGENCIES THAT HAVE

CLIENTS IN NEED. APPROXIMATELY 14,447 PERSONS SERVED.

EXPENSES \$ 493,064. INCLUDING GRANTS OF \$ 0. REVENUE \$ 378.

READY TO LEARN - A STATEWIDE INITIATIVE THAT PROVIDES NEEDY STUDENTS

FROM KINDERGARTEN THROUGH HIGH SCHOOL WITH NEW PENCILS, PENS, NOTEBOOKS

AND OTHER CLASSROOM SUPPLIES WITH AN INTENDED OUTCOME OF SCHOOL

READINESS.

EXPENSES \$ 71,144. INCLUDING GRANTS OF \$ 36,913. REVENUE \$ 11.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTOR'S BUDGET &

FINANCE COMMITTEE. ONCE APPROVAL IS RECEIVED, THE RETURN IS READY FOR

SUBMISSION. ONCE THE RETURN IS FILED, THE COPY IS SENT TO THE FULL BOARD

FOR THEIR FILES/INFORMATION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CEO OF HELPING HANDS HAWAII HAS COMPLETE AUTHORITY OVER ALL POLICIES.

HUMAN RESOURCES ENFORCES THE CONFLICT OF INTEREST POLICY THROUGH STAFF AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

HELPING HANDS HAWAII

Employer identification number

23-7365077

MANAGER EDUCATION (EMPLOYEE HANDBOOK) AT ORIENTATION. TIERED-APPROVAL PROCESSES WOVEN THROUGHOUT SYSTEMS OPERATIONS AID IN COMPLIANCE (E.G. CENTRALIZED RECRUITMENT PROCEDURES AND DOCUMENTATION.)

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO OF HELPING HANDS HAWAII IS SELECTED BY THE BOARD OF DIRECTORS AND THAT BODY OF GOVERNANCE DETERMINES FAIR COMPENSATION. THE CEO HAS COMPLETE AUTHORITY OVER ALL POLICIES. HUMAN RESOURCES ENFORCES THE AGENCY'S WAGE ADMINISTRATION POLICY, WHICH INVOLVES A FORMAL REVIEW OF JOB DESCRIPTIONS AGAINST MARKET COMPARABILITY AND A TIERED-APPROVAL PROCESS OF ALL SALARIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE AGENCY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE FOR INSPECTION AT THE AGENCY'S ADMINISTRATIVE OFFICE.

AMENDED FORM 990, PART I, LINE 13

LINE 13 - GRANTS AND SIMILAR AMOUNTS PAID (PART IX, COLUMN (A), LINES 1-3) INCREASED TO \$820,256 DUE TO THE RE-ALLOCATION OF \$48,911 IN EMERGENCY ASSISTANCE TO INDIVIDUALS ORIGINALLY REPORTED WITH LINE 17 - OTHER EXPENSES.

AMENDED FORM 990, PART I, LINE 17

LINE 17 - OTHER EXPENSES (PART IX, COLUMN (A), LINES 11A-11D, 11F-24E) SHOULD BE DECREASED TO \$1,313,107 DUE TO \$48,911 RE-ALLOCATION OF OTHER EXPENSES TO LINE 13 - GRANTS AND SIMILAR AMOUNTS PAID.

AMENDED FORM 990, PART I, LINE 20

Name of the organization

HELPING HANDS HAWAII

Employer identification number

23-7365077

LINE 20 - TOTAL ASSETS (PART X, LINE 16) INCREASED BY \$170,447 TO \$6,866,071 DUE TO AN INCREASE IN "PLEDGES AND GRANTS RECEIVABLE, NET" OF \$207,273 AND A DECREASE IN "PREPAID EXPENSES AND DEFERRED CHARGES" OF (\$36,826).

AMENDED FORM 990, PART I, LINE 21

LINE 21 - TOTAL LIABILITIES (PART X, LINE 26) INCREASED BY \$170,447 TO \$3,387,809 DUE TO A DECREASE IN "ACCOUNTS PAYABLE AND ACCRUED EXPENSES" OF (\$36,824) AND AN INCREASE IN "OTHER LIABILITIES" OF \$207,271.

AMENDED FORM 990, PART III, LINE 4A

LINE 4A - "INCLUDING GRANTS OF" INCREASED TO \$782,572 DUE TO RE-ALLOCATION OF \$48,911 OF EMERGENCY ASSISTANCE TO INDIVIDUAL ORIGINALLY REPORTED IN OTHER EXPENSES.

AMENDED FORM 990, PART VII, SECTION B. INDEPENDENT CONTRACTORS, LINE 1 A-C
 LINE 1(A)-(C) - PER CLIENT, IN 2014, CATHOLIC CHARITIES HAWAII LOCATED AT 1822 KEEAUMOKU STREET, HONOLULU HI 96822 RECEIVED COMPENSATION OF \$190,976 IN RELATION TO SERVICES PERFORMED FOR THE PATHWAYS AND OHA-PUNAWAI PROGRAMS.

AMENDED FORM 990, PART VII, SECTION B. INDEPENDENT CONTRACTORS, LINE 2

LINE 2 - TOTAL NUMBER OF INDEPENDENT CONTRACTORS (INCLUDING BUT NOT LIMITED TO THOSE LISTED ABOVE) WHO RECEIVED MORE THAN \$100,000 OF COMPENSATION FROM THE ORGANIZATION SHOULD BE ONE.

AMENDED FORM 990, PART IX, LINE 2 AND 11C

LINE 2 AND 11C - PER AUDITED FINANCIAL STATEMENTS AND SUPPORT BY

Name of the organization

HELPING HANDS HAWAII

Employer identification number

23-7365077

CLIENT, EXPENSES OF \$48,911 SHOULD BE RE-ALLOCATED FROM LINE 11C -
ACCOUNTING TO LINE 2 - GRANTS AND OTHER ASSISTANCE TO DOMESTIC
INDIVIDUALS.

ORIGINALLY

LINE 2	REPORTED	ADJUSTMENT	AMENDED
COLUMN (A) TOTAL EXPENSES	771,345	48,911	820,256
COLUMN (B) PROGRAM SERVICE EXP	771,345	48,911	820,256

LINE 11C

COLUMN (A) TOTAL EXPENSES	334,687	(48,911)	285,776
COLUMN (B) PROGRAM SERVICE EXP	330,929	(48,911)	282,018

AMENDED FORM 990, PART X, LINES 3, 9, 16, 17, 25, 26, 27, 28, 34

LINES 3, 9, 16, 17, 25, 26, 27, 28, 34 - PER AUDITED FINANCIAL

STATEMENTS, VARIOUS ADJUSTMENTS DUE TO INCREASE IN CONTRACTS RECEIVABLE

OF \$207,273, DECREASE IN PREPAID INSURANCE OF \$36,826, DECREASE IN

INSURANCE PAYABLE OF \$36,824, AND INCREASE IN DEFERRED REVENUE OF

\$207,271.

ORIGINALLY

LINE 3 PLEDGES & GRANTS RECEIVABLE, NET	REPORTED	ADJUSTMENT	AMENDED
COLUMN (B)	992,601	207,273	1,199,874

LINE 9 - PREPAID EXPENSES

COLUMN (B)	90,169	(36,826)	53,343
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LINE 16 - TOTAL ASSETS

COLUMN (B)	6,695,624	170,447	6,866,071
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Name of the organization

HELPING HANDS HAWAII

Employer identification number

23-7365077

LINE 17 - A/P & ACCRUED EXP

COLUMN (B)	656,469	(36,824)	619,645
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LINE 25 - OTHER LIABILITIES

COLUMN (B)	2,183,893	207,271	2,391,164
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LINE 26 - TOTAL LIABILITIES

COLUMN (B)	3,217,362	170,447	3,387,809
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LINE 27 - UNRESTRICTED NET ASSETS

COLUMN (B)	2,661,588	48,911	2,710,499
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LINE 28 - TEMPORARILY RESTRICTED

NET ASSETS

COLUMN (B)	816,674	(48,911)	767,763
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LINE 34 - TOTAL LIABILITIES

AND NET ASSETS/FUND BALANCES

COLUMN (B)	6,695,624	170,447	6,866,071
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AMENDED FORM 990, SCHEDULE D, PART V ENDOWMENT FUNDS, LINE 1B, 1E, AND 1G

LINE 1B CONTRIBUTIONS - PER AUDITED FINANCIAL STATEMENTS SHOULD BE

\$1,805,479.

LINE 1E OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS - PER AUDITED

FINANCIAL STATEMENTS, NET ASSETS RELEASED FROM RESTRICTIONS SHOULD BE

\$1,780,017.

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LINE 1G END OF YEAR BALANCE - AS A RESULT OF THE CHANGES ON LINES 1B AND 1E, THE END OF YEAR BALANCE DECREASED TO \$767,763.

AMENDED FORM 990, SCHEDULE D, PART X OTHER LIABILITIES, LINE 1(2)(B) & TOTAL LINE 1(2)(B) ACCRUED LIABILITIES AND OTHER INCREASED BY \$207,271 TO \$402,535 DUE TO DEFERRAL OF CASH ADVANCE FOR GRANT.

AS A RESULT OF THE ADJUSTMENT, TOTAL OTHER LIABILITIES INCREASED TO \$2,391,164.

AMENDED FORM 990, SCHEDULE I, PART III GRANTS & OTHER ASSISTANCE TO DOMESTIC COLUMN (C) AMOUNT OF CASH GRANT FOR RENT, ELECTRIC, GAS, WATER INCREASED BY \$48,911 TO \$782,572 DUE TO RE-ALLOCATION FROM OTHER EXPENSES.