*** PUBLIC INSPECTION COPY ***

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending

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: YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU

Number and street (or P.O. box if mail is not delivered to street address): 1441 PALI HIGHWAY | Room/suite:

City or town, state or country, and ZIP + 4: HONOLULU, HI 96813

D Employer identification number: 99-0073533

E Telephone number: (808) 531-3558

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions.)

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

I Group Exemption Number ▶

G Website: ▶ HTTP://WWW.YMCAHONOLULU.ORG

J **Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 50,265,663.

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

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Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b	2,707,679.			
	c	Indirect public support (not included on line 1a)	1c	386,709.			
	d	Government contributions (grants) (not included on line 1a)	1d	9,579,779.			
	e	Total (add lines 1a through 1d) (cash $ 12,674,167. noncash $)				1e	12,674,167.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	15,112,410.
	3	Membership dues and assessments				3	21,963.
	4	Interest on savings and temporary cash investments				4	18,708.
	5	Dividends and interest from securities				5	97,115.
	6 a	Gross rents	6a	209,170.			
	b	Less: rental expenses	6b				
	c	Net rental income or (loss). Subtract line 6b from line 6a				6c	209,170.
	7	Other investment income (describe ▶)				7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 21,272,288.	8a	(B) Other: 414,797.		
	b	Less: cost or other basis and sales expenses	21,243,566.	8b	504,459.		
	c	Gain or (loss) (attach schedule)	28,722.	8c	-89,662.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	-60,940.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐					
	a	Gross revenue (not including $ of contributions reported on line 1b) STMT. 3	9a	136,284.			
	b	Less: direct expenses other than fundraising expenses	9b	85,496.			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c	50,788.
	10 a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	
	11	Other revenue (from Part VII, line 103)				11	308,761.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	28,432,142.
Expenses	13	Program services (from line 44, column (B))				13	22,275,716.
	14	Management and general (from line 44, column (C))				14	1,921,998.
	15	Fundraising (from line 44, column (D))				15	396,764.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses.** Add lines 16 and 44, column (A)				17	24,594,478.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18	3,837,664.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	38,660,565.
	20	Other changes in net assets or fund balances (attach explanation) STMT. 4 . . STMT. 5				20	-212,967.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	42,285,262.

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 ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 52,541. noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	52,541.	52,541.	STMT 6	
23 Specific assistance to individuals (attach schedule)	23				
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	648,844.	265,235.	300,710.	82,899.
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	10,828,122.	10,171,278.	621,536.	35,308.
27 Pension plan contributions not included on lines 25a, b, and c	27	827,551.	750,034.	68,752.	8,765.
28 Employee benefits not included on lines 25a - 27	28	650,592.	589,652.	54,050.	6,890.
29 Payroll taxes	29	1,180,935.	1,127,800.	41,803.	11,332.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	1,491,917.	1,415,769.	33,574.	42,574.
34 Telephone	34	188,088.	167,300.	19,791.	997.
35 Postage and shipping	35	74,136.	52,630.	6,573.	14,933.
36 Occupancy	36	2,371,765.	2,344,259.	27,438.	68.
37 Equipment rental and maintenance	37	580,165.	424,836.	154,873.	456.
38 Printing and publications	38	322,207.	305,291.		16,916.
39 Travel	39	862,196.	845,279.	8,534.	8,383.
40 Conferences, conventions, and meetings	40	191,320.	149,589.	28,565.	13,166.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	1,233,944.	1,043,426.	190,518.	
43 Other expenses not covered above (itemize):					
a PROFESSIONAL FEES	43a	2,338,982.	2,032,419.	184,473.	122,090.
b INSURANCE	43b	355,626.	245,395.	110,231.	
c MEMBERSHIP DUES	43c	132,978.	124,751.	6,544.	1,683.
d AWARDS	43d	84,042.	42,147.	41,895.	
e BAD DEBT	43e	79,378.	79,378.		
f OTHER	43f	45,423.	15,119.		30,304.
g LOSS RETIRED ASSETS	43g	53,726.	31,588.	22,138.	
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	24,594,478.	22,275,716.	1,921,998.	396,764.

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.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 8 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 9 (Grants and allocations $ 2,052.) If this amount includes foreign grants, check here ▶ ☐	8,385,863.
b SEE STATEMENT 9 (Grants and allocations $ 21.) If this amount includes foreign grants, check here ▶ ☐	5,034,510.
c SEE STATEMENT 10 (Grants and allocations $ 4,089.) If this amount includes foreign grants, check here ▶ ☐	3,605,230.
d SEE STATEMENT 10 (Grants and allocations $ 2,583.) If this amount includes foreign grants, check here ▶ ☐	1,923,843.
e Other program services (attach schedule) SEE STATEMENT 11 (Grants and allocations $ 43,796.) If this amount includes foreign grants, check here ▶ ☒	3,326,270.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	22,275,716.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			11,155.	45	12,380.
46 Savings and temporary cash investments			1,454,743.	46	949,508.
47a Accounts receivable	47a	2,993,387.			
b Less: allowance for doubtful accounts	47b	53,000.	2,365,412.	47c	2,940,387.
48a Pledges receivable	48a	826,046.			
b Less: allowance for doubtful accounts	48b	244,704.	1,639,110.	48c	581,342.
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(f)(1)) and persons described in 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			2,277.	52	3,470.
53 Prepaid expenses and deferred charges			281,401.	53	173,484.
54a Investments - publicly-traded securities STMT 12 ▶ ☐ Cost ☒ FMV			10,111,091.	54a	7,905,563.
b Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
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	50,775,294.			
b Less: accumulated depreciation (attach schedule)	57b	15,351,732.	27,223,287.	57c	35,423,562.
58 Other assets, including program-related investments (describe ▶)				58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			43,088,476.	59	47,989,696.
Liabilities					
60 Accounts payable and accrued expenses			1,783,070.	60	2,618,966.
61 Grants payable				61	
62 Deferred revenue			1,353,392.	62	1,059,028.
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) STMT 13			202,716.	64b	1,157,980.
65 Other liabilities (describe ▶ STMT 15)			1,088,733.	65	868,460.
66 **Total liabilities.** Add lines 60 through 65			4,427,911.	66	5,704,434.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			34,476,554.	67	37,651,173.
68 Temporarily restricted			1,915,417.	68	2,280,202.
69 Permanently restricted			2,268,594.	69	2,353,887.
Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			38,660,565.	73	42,285,262.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			43,088,476.	74	47,989,696.

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	28,166,449.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	678,905.		
2	Donated services and use of facilities	b2	9,128.		
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 16	b4	-953,726.		
	Add lines **b1** through **b4**			b	-265,693.
c	Subtract line **b** from line **a**			c	28,432,142.
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):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	28,432,142.

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

a	Total expenses and losses per audited financial statements			a	24,541,752.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	1,000.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	1,000.
c	Subtract line **b** from line **a**			c	24,540,752.
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): SEE STATEMENT 17	d2	53,726.		
	Add lines **d1** and **d2**			d	53,726.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	24,594,478.

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 STATEMENT 18		648,844.	77,861.	NONE

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

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 60			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		X
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

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 & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

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

		Yes	No
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		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If "Yes," attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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	N/A	
b If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt or ☐ nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE			
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 9,128.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 b	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		X
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		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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		X

90 a List the states with which a copy of this return is filed ▶ N/A

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 866

91 a The books are in care of ▶ LYNNELLE HASEGAWA Telephone no ▶ 808-541-5454

Located at ▶ 1441 PALI HIGHWAY HONOLULU, HI ZIP + 4 ▶ 96813

			Yes	No
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		X
	If "Yes," enter the name of the foreign country ▶			
	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? If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a PROGRAM FEES					15,112,410.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					21,963.
95 Interest on savings and temporary cash investments			14	18,708.	
96 Dividends and interest from securities			14	97,115.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property			16	209,170.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-60,940.	
101 Net income or (loss) from special events			01	50,788.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b ADMINISTRATIVE					46,033.
c JOINER'S FEE					160,749.
d OTHER					101,979.
e					
104 Subtotal (add columns (B), (D), and (E))				314,841.	15,443,134.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 15,757,975.

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).
	STMT 29

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.		X

	(A) Name, 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.		X

	(A) Name, 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 interest, rents, royalties, and annuities described in question 107 above?		X

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

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 11/14/07	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP, P.O. BOX 4150, HONOLULU, HI 96812-9972		EIN ▶ 13-5565207	Phone no. ▶ 808-531-7286

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU

Employer identification number: 99-0073533

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 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
SEE STATEMENT 30				
Total number of other employees paid over $50,000 . . ▶	13			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 31		
Total number of others receiving over $50,000 for professional services . . . . ▶ NONE		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? STMT. 32	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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.) STMT. 33	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number or donor advised funds owned at the end of the tax year ▶		NONE	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		NONE	
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 rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶		NONE	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		NONE	

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 [X] 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 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 (EIN)	(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? Yes	No	(e) Amount of support
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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,926,899.	8,944,619.	9,314,823.	8,817,724.	37,004,065.
16 Membership fees received	29,062.	33,522.	36,858.	36,520.	135,962.
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	13,109,292.	13,008,951.	11,676,710.	11,600,452.	49,395,405.
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	424,887.	510,263.	467,825.	318,290.	1,721,265.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	126,313.	611,116.	561,051.	408,055.	1,706,535.
23 Total of lines 15 through 22	23,616,453.	23,108,471.	22,057,267.	21,181,041.	89,963,232.
24 Line 23 minus line 17	10,507,161.	10,099,520.	10,380,557.	9,580,589.	40,567,827.
25 Enter 1% of line 23	236,165.	231,085.	220,573.	211,810.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 811,357.

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 NONE

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 40,567,827.

d Add: Amounts from column (e) for lines: 18 1,721,265. 19 ______ 22 1,706,535. 26b NONE ▶ 26d 3,427,800.

e Public support (line 26c minus line 26d total) ▶ 26e 37,140,027.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 91.5504 %

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:

NOT APPLICABLE

(2005) ______ (2004) ______ (2003) ______ (2002) ______

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:

(2005) ______ (2004) ______ (2003) ______ (2002) ______

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 9 of the instructions.) NOT APPLICABLE
(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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(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 NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 13 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:	Yes	No	Amount
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**.)			

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 13 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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:

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

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
N/A		

JSA
6E1250 2.000

KD1260 1034 V06-8.3 553974

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)	OMB No 1545-0047 **2006**

Name of organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU	99-0073533

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ
- [X] 501(c)(3) (enter number) organization
- [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- [ ] 527 political organization

Form 990-PF
- [ ] 501(c)(3) exempt private foundation
- [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
- [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)*

General Rule -

- [ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- [X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- [ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- [ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ▶ $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU

Employer identification number 99-0073533

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		386,709.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		1,250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		1,420,649.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		1,301,073.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		284,887.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		430,124.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU

Employer identification number: 99-0073533

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		1,299,577.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		2,241,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		655,263.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		270,324.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		477,351.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		298,385.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2006

Name of estate or trust: YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU

Employer identification number: 99-0073533

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1						

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6						
	SEE STATEMENT 1			21,272,288.	21,243,566.	28,722.

7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below ▶	12	28,722.

Part III Summary of Parts I and II

Caution: *Read the instructions **before** completing this part.*

			(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			28,722.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			28,722.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.*

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:		
a	The loss on line 15, column (3) **or**		
b	$3,000	16	( )

If the loss on line 15, column (3), is more than $3,000, **or** *if Form 1041, page 1, line 22, is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 39 of the instructions to determine your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)

Note: *If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.*

17	Enter taxable income from Form 1041, line 22			17			
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18					
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19					
20	Add lines 18 and 19	20					
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21					
22	Subtract line 21 from line 20. If zero or less, enter -0-			22			
23	Subtract line 22 from line 17. If zero or less, enter -0-			23			
24	Enter the **smaller** of the amount on line 17 or $2,050			24			
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 through 27; go to line 28 and check the "No" box. ☐ **No.** Enter the amount from line 23			25			
26	Subtract line 25 from line 24			26			
27	Multiply line 26 by 5% (.05)					27	
28	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 28 through 31; go to line 32. ☐ **No.** Enter the **smaller** of line 17 or line 22			28			
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)			29			
30	Subtract line 29 from line 28			30			
31	Multiply line 30 by 15% (.15)					31	
32	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions					32	
33	Add lines 27, 31, and 32					33	
34	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions					34	
35	**Tax on all taxable income.** Enter the **smaller** of line 33 or line 34 here and on line 1a of Schedule G, Form 1041					35	

YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU 99-0073533

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
BANK OF HAWAII-PUBLICLY TRADED			17,593,855.	17,582,969.	10,886.
BANK OF HAWAII-PUBLICLY TRADED			3,678,433.	3,660,597.	17,836.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			21,272,288.	21,243,566.	28,722.
Totals			21,272,288.	21,243,566.	28,722.

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2006

Attachment Sequence No 27

Name(s) shown on return: YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU

Identifying number: 99-0073533

1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							

3	Gain, if any, from Form 4684, line 42	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 1						-95,562.

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	5,900.
14	Net gain or (loss) from Form 4684, lines 34 and 41a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-89,662.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A CHEVY VAN		08/01/2006
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing.*)	20	5,900.			
21 Cost or other basis plus expense of sale	21	23,816.			
22 Depreciation (or depletion) allowed or allowable	22	23,816.			
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24	5,900.			
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a	23,816.			
b Enter the **smaller** of line 24 or 25a	25b	5,900.			
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	5,900.
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	5,900.
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU 99-0073533

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
CONDO (D. TUA)	10/04/2005	10/01/2006	408,897.	NONE	504,459.	-95,562.
Totals						-95,562.

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RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU	99-0073533

DESCRIPTION OF PROPERTY

FACILITY USAGE

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		209,170.	
OTHER INCOME			
TOTAL GROSS INCOME			209,170.
OTHER EXPENSES:			
DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			
TOTAL RENT OR ROYALTY INCOME (LOSS)			209,170.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			209,170.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

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RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
FACILITY USAGE	209,170.			209,170.
TOTALS	209,170.			209,170.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CENTRAL DANCE	30,129.	21,196.	8,933.
FAMILY FUN DAY	26,867.	25,320.	1,547.
HIROSHIMA EXCHANGE	9,965.	2,496.	7,469.
SUPPORT SERVICES	69,323.	36,484.	32,839.
TOTALS	136,284.	85,496.	50,788.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	678,905.
DONATED SERVICES	8,128.
TOTAL	687,033.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
CONDITION IMPOSED ON PLEDGE		900,000.
	TOTAL	900,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
NATIONAL COMMITTEE OF YMCA OF CHINA/CHENGDU 123 XI ZHANG NAN LU 200021 SHANGHAI CHINA	INTERNATIONAL YMCA AFFILIATE N/A	TO SUPPORT THE WORK OF MEANINGFUL PROJECTS IN DEVELOPING COUNTRIES.	10,000.
CHENGDU YMCA 123 XI ZHANG NAN LU 200021 SHANGHAI CHINA	INTERNATIONAL YMCA AFFILIATE N/A	TO SUPPORT THE WORK OF MEANINGFUL PROJECTS IN DEVELOPING COUNTRIES	2,000.
TASHA SANTANA 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	12,589.
ANDREA NAKASHIMA 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	2,417.
KEOLA TANIGUCHI 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	2,361.
MIKE DOSS 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	13,000.
ERIC BAUTISTA 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	5,135.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KELLETT HUSSEY 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	2,490.
EDEN ZAMARIN 1441 PALI HWY HONOLULU, HI 96813	N/A NONE	EDUCATIONAL SCHOLARSHIP	2,549.
		TOTAL CONTRIBUTIONS PAID	52,541.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE YMCA OF HONOLULU IS A MEMBERSHIP ASSOCIATION OF PERSONS OF ALL AGES, ABILITIES, INCOMES, ANCESTRIES, AND RELIGIONS. THE YMCA IS DEDICATED TO PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, LEADERSHIP SKILLS, VALUE DEVELOPMENT, INTERNATIONAL UNDERSTANDING, AND COMMUNITY DEVELOPMENT. THE YMCA BUILDS STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

SPORTS & RECREATION - THESE PROGRAMS PROMOTE AN APPRECIATION OF A CHILD'S OWN WORTH AND RESPECT FOR OTHERS. IT PROVIDES YOUTH AN OPPORTUNITY TO ENGAGE IN CONSTRUCTIVE AND SATISFYING USE OF LEISURE TIME; TO PROMOTE PERSONAL AND SOCIAL DEVELOPMENT AND TO ENHANCE THE ACQUISITION OF SKILL IN SPORTS AND GAMES. WHATEVER THE SPORT, THE FOCUS IS ON FULL AND EQUAL PARTICIPATION OF ALL; EVERY CHILD PLAYS IN EVERY GAME. LEAGUES ARE ORGANIZED ON THE BASIS OF SKILL CLINICS. WIN OR LOSE, YMCA YOUTH SPORTS PROGRAMS EMPHASIZE INDIVIDUAL DEVELOPMENT OF SKILLS, HEALTH AND FITNESS, SAFETY, COOPERATION, SELF-ESTEEM AND SPORTSMANSHIP. THE MAJOR COMPONENTS OF THESE ACTIVITIES ARE INCORPORATED IN OUR SUMMER AND CHILDCARE PROGRAMS THAT ACCOUNTED FOR 5,908 PARTICIPANTS IN 2006.

PROGRAM SERVICE ACCOMPLISHMENT B

OUTREACH SERVICES - THE OBJECTIVES OF THIS PROGRAM ARE TO REDUCE AND ELIMINATE SUBSTANCE ABUSE, INCREASE POSITIVE ADJUSTMENT AND SUCCESS IN SCHOOL, IMPROVE FAMILY AND INTERPERSONAL RELATIONS, AND ASSIST YOUTH TO FIND SUITABLE EMPLOYMENT. DRUG TREATMENT AND INTERVENTION SERVICES WERE PROVIDED TO 2,158 INDIVIDUALS IN 2006 THAT ABUSE DRUGS AND SUBSTANCES AND ARE RISK FOR GETTING INVOLVED WITH UNWHOLESOME GANG ACTIVITIES. IT INCLUDES SCREENING, REFERRAL AND LINKAGE ACTIVITIES, FAMILY AND NEW FAMILY COLLATERAL CONTRACTS AND INDIVIDUAL AND GROUP SKILL BUILDING ACTIVITIES THAT WILL ASSIST YOUTH TO DEVELOP A SENSE OF SELF-WORTH AND SELF RESPECT AS WELL AS OPPORTUNITIES TO DEVELOP ALTERNATIVE INTEREST TO GANG ACTIVITIES AND ANTISOCIAL ACTIVITIES.

A GANG AND DRUG PREVENTION PROJECT, WHICH TARGETS 5-18 YEARS OLD YOUNGSTERS, IS PROVIDED IN THREE COMMUNITIES. ACTIVITIES INCLUDE LEADERSHIP DEVELOPMENT, COUNSELING, HOMEWORK ASSISTANCE, SUBSTANCE ABUSE EDUCATION, CAMPING, SPORTS AND RECREATIONS. THERE WERE 2,427 PROGRAM PARTICIPANTS IN 2006.

IN ADDITION, THE YMCA HAS DESIGNED A PROGRAM CURRENTLY BEING CONDUCTED AT TWO PUBLIC ELEMENTARY SCHOOLS. IT IS A PROCESS-DELIVERY SYSTEM WHICH CONNECTS AND BUILDS RESOURCE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

TEAMS THAT MAY COME FROM THE SCHOOL, COMMUNITY GROUPS, BUSINESS ORGANIZATIONS, VOLUNTEER GROUPS, PRIVATE AND STATE AGENCIES TO SERVE THE CHILD AND THE FAMILY. THE PROGRAM PROVIDES CASE MANAGEMENT FAMILY COUNSELING, RECREATION AND A VARIETY OF SERVICES DEPENDING ON THE NEEDS. A TOTAL OF 104 INDIVIDUALS PARTICIPATED IN 2006.

A GRAND TOTAL OF 4,689 INDIVIDUALS PARTICIPATED IN THIS PROGRAM IN 2006.

PROGRAM SERVICE ACCOMPLISHMENT C

HEALTH ENHANCEMENT - WELL-BEING MEANS A HEALTHY SPIRIT, MIND, AND BODY. YMCA HEALTH ENHANCEMENT PROGRAMS ARE DESIGNED TO STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTH INCLUDING NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION. PROGRAM ACTIVITIES INCLUDE CARDIOVASCULAR FITNESS CLASSES AND TRAINING, EXERCISE CLASSES FOR THE DE-CONDITIONED, MUSCULAR STRENGTH, ENDURANCE AND DEVELOPMENT TRAINING, NUTRITIONAL AND WEIGHT MANAGEMENT, EXERCISE CLASSES FOR PREGNANT WOMEN, ACTIVE OLDER ADULTS, FITNESS TESTING AND PARTICIPATING IN ACTIVITIES SUCH AS HANDBALL, RACQUETBALL, VOLLEYBALL AND BASKETBALL. IN 2006, 17,766 INDIVIDUALS PARTICIPATED IN THE PROGRAM.

PROGRAM SERVICE ACCOMPLISHMENT D

RESIDENCE - THE YMCA OFFERS MODEST HOUSING AND SHELTER FOR MALES AND FEMALES AT THREE OF THE NINE BRANCH FACILITIES. THE PURPOSE IS TO PROVIDE A WHOLESOME ENVIRONMENT DESIGNED TO FOSTER GOOD CITIZENSHIP AND SOCIAL CHARACTER. OPPORTUNITIES ARE PROVIDED FOR RESIDENTS TO PARTICIPATE IN PROGRAM ACTIVITIES AND TO USE THE PHYSICAL FITNESS FACILITIES. CRISES AND SHORT-TERM COUNSELING AND INFORMATION AND REFERRAL SERVICES ARE PROVIDED. A TOTAL OF 861 INDIVIDUALS WERE ACCOMMODATED IN 2006.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CAMPING	4,271.	1,885,128.
AQUATICS	1,354.	768,851.
LEADERSHIP	1,659.	424,966.
EDUCATION & TRAINING	290.	175,636.
INTERNATIONAL	5,967.	28,862.
FAMILY LIFESTYLE		11,239.
ALL OTHERS	30,255.	31,588.
TOTALS	43,796.	3,326,270.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
CASH & CASH EQUIVALENTS	2,203,281.	1,009,876.	FMV
COMMON STOCKS	5,139,701.	3,798,356.	FMV
MUTUAL FUNDS - EQUITY	2,492,347.	3,097,331.	FMV
OTHER	275,762.	NONE	FMV
TOTALS	10,111,091.	7,905,563.	

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: BANK OF HAWAII
ORIGINAL AMOUNT: 280,000.
INTEREST RATE: 4.690000
MATURITY DATE: 07/25/2010
REPAYMENT TERMS: MONTHLY PRINCIPAL PAYMENTS OF $3,333 PLUS INTEREST
SECURITY PROVIDED: AN INTEREST IN VARIOUS ASSOCIATION'S ASSETS

BEGINNING BALANCE DUE	183,333.
ENDING BALANCE DUE	143,333.

LENDER: BANK OF HAWAII
ORIGINAL AMOUNT: 27,933.
INTEREST RATE: 4.900000
DATE OF NOTE: 10/26/2004
MATURITY DATE: 10/26/2009
REPAYMENT TERMS: MONTHLY PRINCIPAL/INTEREST OF $466
SECURITY PROVIDED: SECURED BY A VEHICLE

BEGINNING BALANCE DUE	19,383.
ENDING BALANCE DUE	14,647.

LENDER: BANK OF HAWAII
ORIGINAL AMOUNT: 5,000,000.
INTEREST RATE: 8.104380
DATE OF NOTE: 07/27/2006
MATURITY DATE: 07/27/2011
SECURITY PROVIDED: THE LOC IS COLLATERIZED BY ALL BUSINESS ASSETS.
PURPOSE OF LOAN: LEEWARD YMCA CONSTRUCTION PROJECT

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	500,000.

LENDER: BANK OF HAWAII
ORIGINAL AMOUNT: 200,000.
INTEREST RATE: 7.750000
DATE OF NOTE: 09/01/2006
MATURITY DATE: 09/01/2007
SECURITY PROVIDED: COLLATERALIZED BY YMCA'S DEVELOPMENT FUND ACCTS

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	500,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	202,716.
	==============
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,157,980.
	==============

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
OTHER LIABILITIES		503,342.	485,631.
CAPITAL LEASE OBLIGATION		585,391.	382,829.
	TOTALS	1,088,733.	868,460.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
LOSS ON ABANDONMENT OF ASSETS	-53,726.
CONDITION IMPOSED ON PLEDGE	-900,000.
TOTAL	-953,726.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
LOSS ON ABANDONMENT OF ASSETS	53,726.
TOTAL	53,726.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LARRY BUSH 1441 PALI HIGHWAY HONOLULU, HI 96813	PRESIDENT/CEO 40.00	186,000.	22,320.	NONE
GLENN H TSUGAWA 1441 PALI HIGHWAY HONOLULU, HI 96813	SENIOR VICE PRESIDENT/CFO 40.00	114,710.	13,765.	NONE
ANTHONY PFALTZGRAFF 1441 PALI HIGHWAY HONOLULU, HI 96813	GROUP VICE PRESIDENT 40.00	88,765.	10,652.	NONE
NELSON HIGA 1441 PALI HIGHWAY HONOLULU, HI 96813	GROUP VICE PRESIDENT 40.00	88,578.	10,629.	NONE
MIKE DOSS 1441 PALI HIGHWAY HONOLULU, HI 96813	GROUP VICE PRESIDENT 40.00	87,892.	10,547.	NONE
MONICA GRANT 1441 PALI HIGHWAY HONOLULU, HI 96813	VP - DEVELOPMENT/COMMUNICATION 40.00	82,899.	9,948.	NONE
JIM YATES	CHAIRMAN-BOARD OF DIRECTORS 0.40	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1441 PALI HIGHWAY HONOLULU, HI 96813				
AUGUST YEE 1441 PALI HIGHWAY HONOLULU, HI 96813	1ST VICE CHAIR 0.40	NONE	NONE	NONE
JOAN H ROHLFING 1441 PALI HIGHWAY HONOLULU, HI 96813	2ND VICE CHAIR 0.40	NONE	NONE	NONE
STEVEN C AI 1441 PALI HIGHWAY HONOLULU, HI 96813	SECRETARY 0.40	NONE	NONE	NONE
RODNEY MATSUMOTO 1441 PALI HIGHWAY HONOLULU, HI 96813	ASST. SECRETARY & TREASURER 0.40	NONE	NONE	NONE
BENJAMIN K AKANA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
PAULA AKANA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WALLY AMOS 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
DAVID ASANUMA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
WILLIAM E AULL 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
JEFFERY A BELL 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
DAVID BESS 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
JOSEPH F BLANCO 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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WILLIAM A BONNET 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
MICHAEL BRODERICK 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
DR FRANK E BUTTERWORTH 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
DR PAUL J CARRY 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
MEREDITH J CHING 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
CARL E CHOY 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
DR MICHAEL J CHUN	BOARD MEMBER 0.40	NONE	NONE	NONE

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1441 PALI HIGHWAY HONOLULU, HI 96813				
HENRY B CLARK JR 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
PUTMAN D CLARK 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
BRUCE A COPPA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
MARIVIC G DAR 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
BENNETTE EVANGELISTA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
WAYNE HAMANO 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JEFFREY S HARRIS 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
CARL P HENNRICH 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
TIM JOHNS 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
ANTON KRUCKY 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
DR DENNIS M KUWABARA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
WALTER J LASKEY 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TOBY M MARTYN 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
MICHAEL P MATSUMOTO 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
SANFORD MURATA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
FRANCIS A ODA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
LINDA O'DAY 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
ALAN M OSHIMA 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.40	NONE	NONE	NONE
LARRY RODRIGUEZ	BOARD MEMBER 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1441 PALI HIGHWAY HONOLULU, HI 96813				
RUSSELL SAIKI 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
CONNIE SMALES 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
ROY TOKUJO 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
JAMES C TOLLEFSON 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
JULI TORIGOE 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
RICHARD S TOWILL 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LYNN WATANABE 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
JAIDEV WATUMULL 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
LANCE WILHELM 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
REUBEN S.F. WONG 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
ELISA YADAO 1441 PALI HIGHWAY HONOLULU, HI 96813	BOARD MEMBER 0.20	NONE	NONE	NONE
MARK CABRAL 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-WINDWARD 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RONALD T FUJIWARA 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-KALIHI 0.20	NONE	NONE	NONE
FRANCIS HOGAN 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-NUUANU 0.20	NONE	NONE	NONE
KATHY ISHIMOTO 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-W-0/MILILANI 0.20	NONE	NONE	NONE
MIKE KAWAHARADA 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-ATHERTON 0.20	NONE	NONE	NONE
DWIGHT MIN 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-CAMP 0.20	NONE	NONE	NONE
NEIL TAKEKAWA 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-CENTRAL 0.20	NONE	NONE	NONE
ROBERT TONG	DIRECTOR-LEEWARD 0.20	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1441 PALI HIGHWAY HONOLULU, HI 96813				
ERIC M.K. WONG 1441 PALI HIGHWAY HONOLULU, HI 96813	DIRECTOR-KAIMUKI/WAIALAE 0.20	NONE	NONE	NONE
RICK LAU 1441 PALI HIGHWAY HONOLULU, HI 96813	DIR-DIST. GOVERNOR OF Y'S MEN 0.20	NONE	NONE	NONE
	GRAND TOTALS	648,844.	77,861.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	PROGRAM SERVICE FEES ARE USED FOR THE DELIVERY OF EXISTING YMCA PROGRAMS. ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO SPORTS & RECREATION, OUTREACH, HEALTH ENHANCEMENT, RESIDENCE, CAMPING, AQUATICS, LEADERSHIP, EDUCATION & TRAINING, INTERNATIONAL, AND FAMILY LIFESTYLE. SEE FORM 990 PART III FOR ADDITIONAL INFORMATION ABOUT THESE PROGRAMS.
94	MEMBERSHIP DUES ARE COLLECTED FROM INDIVIDUALS WHO CHOOSE TO PARTICIPATE IN THE YMCA PROGRAM OFFERINGS AND/OR UTILIZE THE AVAILABLE FACILITIES AND RESOURCES AND ARE USED FOR THE DELIVERY OF EXISTING YMCA PROGRAMS.
103B	ADMINISTRATIVE FEES ARE COLLECTED AS REIMBURSEMENTS FOR COSTS AND ARE USED FOR DELIVERY OF EXISTING YMCA PROGRAMS.
103C	JOINER'S FEES ARE COLLECTED UPON ENROLLMENT INTO MEMBER PROGRAMS AND ARE USED TO MAINTAIN HEALTH ENHANCEMENT EQUIPMENT WITHIN YMCA FACILITIES.
103D	OTHER INCOME REPRESENTS INCOME RELATED TO THE USE OF YMCA FACILITIES AND RESOURCES AND ARE USED FOR THE DELIVERY OF EXISTING YMCA PROGRAMS.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
LYNNELLE HASEGAWA 165 PINANA STREET KAILUA, HI 96734	CONTROLLER 40.00	90,070.	10,808.	NONE
MANUEL AYALA 91-215 KEONEKAPU PLACE EWA BEACH, HI 96706	BRANCH EXECUTIVE 40.00	87,953.	10,554.	NONE
MAILE KANEMARU 94-277 HOKULEWA LOOP MILILANI TOWN, HI 96789	BRANCH EXECUTIVE 40.00	85,562.	10,267.	NONE
CHARLOTTE MALOTT 1015 AOLOA PLACE #224 KAILUA, HI 96734	BRANCH EXECUTIVE 40.00	77,765.	9,332.	NONE
SHIN DOMEN 1686 KINO STREET HONOLULU, HI 96819	BRANCH EXECUTIVE 40.00	65,913.	7,910.	NONE
	TOTAL COMPENSATION	407,263.	48,871.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

KPMG LLP 1001 BISHOP STREET, PAUAHI TOWER 2100 HONOLULU, HI 96813	AUDIT & TAX SERVICES	67,812.
TOTAL COMPENSATION		67,812.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V FOR OFFICER'S COMPENSATION.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

YMCA OF HONOLULU MEMBERSHIP AND PROGRAMS ARE OPEN TO ALL REGARDLESS OF ABILTIY TO PAY. THE YMCA OF HONOLULU PROVIDES PROGRAM SCHOLARSHIPS FOR MEMBERS WHO NEED FINANCIAL ASSISTANCE TO PARTICIPATE IN YMCA PROGRAMS. PROGRAM SCHOLARSHIPS ARE BASED ON FUNDS AVAILABLE AND UPON REVIEW AND APPROVAL OF FINANCIAL ASSISTANCE FORMS BY MANAGEMENT. THE YMCA OF HONOLULU ALSO PROVIDES GRANTS TO INTERNATIONAL ENTITIES TO SUPPORT THE WORK OF YMCAS IN DEVELOPING COUNTRIES AND SCHOLARSHIPS TO INDIVIDUALS WHO EXPRESS A DESIRE TO SATISFY EDUCATIONAL REQUIREMENTS TO QUALIFY FOR CAREER OPPORTUNITIES IN THE YMCA MOVEMENT. THESE GRANTS AND SCHOLARSHIPS ARE GIVEN BASED ON FUNDS AVAILABLE AND UPON REVIEW AND APPROVAL OF REQUESTS BY THE PRESIDENT AND CEO.