

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU Doing Business As		D Employer identification number 99-0073533
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1441 PALI HIGHWAY		E Telephone number (808) 531-3558
	City or town, state or country, and ZIP + 4 HONOLULU, HI 96813		
	F Name and address of principal officer: MICHAEL F. BRODERICK 1441 PALI HIGHWAY HONOLULU, HI 96813		
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			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
J Website: WWW.YMCAHONOLULU.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1869 M State of legal domicile: HI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE YMCA OF HONOLULU IS A FELLOWSHIP DEDICATED TO PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.			
	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	37.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35.	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,488.	
	6	Total number of volunteers (estimate if necessary)	6	6,930.	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	6,831,237.	6,345,996.	
	9	Program service revenue (Part VIII, line 2g)	17,945,905.	18,188,992.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-202,917.	-239,302.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	456,437.	372,001.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,030,662.	24,667,687.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,047.	5,800.
		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)	16,647,678.	16,432,205.
		16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	9,424.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 362,792.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,177,496.	8,990,756.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,832,221.	25,438,185.	
19	Revenue less expenses. Subtract line 18 from line 12	-801,559.	-770,498.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	46,139,523.	46,185,730.	
	21	Total liabilities (Part X, line 26)	3,088,567.	3,016,040.	
22	Net assets or fund balances. Subtract line 21 from line 20	43,050,956.	43,169,690.		

COPY FOR PUBLIC INSPECTION

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
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Rachel Antal	Preparer's signature Rachel Antal	Date 11/14/11	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP	EIN ▶ 13-5565207			
	Firm's address ▶ P.O. BOX 4150 HONOLULU, HI 96812-4150	Phone no. ▶ 808-540-2800			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	YOUNG MENS CHRISTIAN ASSN OF HONOLULU	99-0073533
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1441 PALI HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HONOLULU, HI 96813	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► LYNNELLE HASEGAWA

Telephone No. ► 808 541-5454

FAX No. ► _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 10 or

► tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU	Employer identification number 99-0073533
	Number, street, and room or suite no. If a P.O. box, see instructions. 1441 PALI HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HI 96813	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of LYNNELLE HASEGAWA
Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 11/15, 2011.
- 5 For calendar year 2010, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification

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

Signature Title Date

KPMG
P.O. Box 4150
Honolulu, Hawaii 96812-4150
Emp. Ident. No.: 13-5565207

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE YMCA OF HONOLULU IS A FELLOWSHIP DEDICATED TO PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,061,896. including grants of \$ 5,800.) (Revenue \$ 7,795,006.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 8,682,251. including grants of \$) (Revenue \$ 8,499,772.)
ATTACHMENT 2

4c (Code:) (Expenses \$ 4,281,508. including grants of \$) (Revenue \$ 1,894,214.)
ATTACHMENT 3

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 23,025,655.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable contributions.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower policy, and joint ventures.

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 (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LYNNELLE HASEGAWA 1441 PALI HIGHWAY HONOLULU, HI 96813 808-541-5454

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) JIM YATES CHAIRMAN BOARD OF DIRECTORS	.40	X		X			0.	0.	0.	
(2) AUGUST YEE BOARD MEMBER	.20	X					0.	0.	0.	
(3) STEVEN C AI VICE CHAIR	.40	X		X			0.	0.	0.	
(4) RODNEY MATSUMOTO TREASURER	.40	X		X			0.	0.	0.	
(5) BENJAMIN K AKANA BOARD MEMBER	.20	X					0.	0.	0.	
(6) DAVID ASANUMA BOARD MEMBER	.20	X					0.	0.	0.	
(7) JEFFERY A BELL BOARD MEMBER	.20	X					0.	0.	0.	
(8) DAVID BESS BOARD MEMBER	.20	X					0.	0.	0.	
(9) DR PAUL J CARRY BOARD MEMBER	.20	X					0.	0.	0.	
(10) CARL E CHOY BOARD MEMBER	.20	X					0.	0.	0.	
(11) DR MICHAEL J CHUN BOARD MEMBER	.20	X					0.	0.	0.	
(12) BRUCE A COPPA VICE CHAIR	.40	X		X			0.	0.	0.	
(13) WAYNE HAMANO BOARD MEMBER	.20	X					0.	0.	0.	
(14) JEFFREY S HARRIS BOARD MEMBER	.20	X					0.	0.	0.	
(15) CARL P HENNRICH BOARD MEMEBER	.20	X					0.	0.	0.	
(16) TIM JOHNS VICE CHAIR	.40	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) ANTON KRUCKY BOARD MEMBER	.20	X						0.	0.	0.
(18) WALTER J LASKEY BOARD MEMBER	.20	X						0.	0.	0.
(19) SANFORD MURATA BOARD MEMBER	.20	X						0.	0.	0.
(20) ALAN M OSHIMA BOARD MEMBER	.20	X						0.	0.	0.
(21) RUSSELL SAIKI BOARD MEMBER	.20	X						0.	0.	0.
(22) JAMES C TOLLEFSON BOARD MEMBER	.20	X						0.	0.	0.
(23) RICHARD S TOWILL BOARD MEMBER	.20	X						0.	0.	0.
(24) LANCE WILHELM BOARD MEMBER	.20	X						0.	0.	0.
(25) REUBEN S F WONG BOARD MEMBER	.20	X						0.	0.	0.
(26) RONALD T FUJIWARA BOARD MEMBER	.20	X						0.	0.	0.
(27) FRANCIS HOGAN BOARD MEMBER	.20	X						0.	0.	0.
(28) KATHY ISHIMOTO BOARD MEMBER	.20	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								762,556.	0	103,208.
d Total (add lines 1b and 1c)								762,556.	0	103,208.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	110,258.					
	b	Membership dues	1b						
	c	Fundraising events	1c	30,546.					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	4,747,895.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,457,297.					
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f		6,345,996.					
Program Service Revenue	2a	PROGRAMS THAT DEVELOP HEALTHY LIVING	Business Code	900099	8,499,772.	8,499,772.			
	b	PROGRAMS FOR YOUTH DEVELOPMENT		900099	7,795,006.	7,795,006.			
	c	PROGRAMS THAT EMBODY SOCIAL RESPONSIBILI		900099	1,894,214.	1,894,214.			
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			18,188,992.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5			199,947.		199,947.		
	4	Income from investment of tax-exempt bond proceeds			0.				
	5	Royalties				0.			
	6a	Gross Rents	(i) Real	(ii) Personal					
			280,685.						
			b	Less: rental expenses	12,631.				
			c	Rental income or (loss)	268,054.				
	d	Net rental income or (loss)			268,054.		268,054.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			5,142,697.	35,000.					
			b	Less: cost or other basis and sales expenses	5,329,335.	287,611.			
			c	Gain or (loss)	-186,638.	-252,611.			
	d	Net gain or (loss)			-439,249.		-439,249.		
	8a	Gross income from fundraising events (not including \$ 30,546. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 6	88,329.				
	b	Less: direct expenses	b		70,432.				
c	Net income or (loss) from fundraising events		ATCH. 7.	17,897.			17,897.		
9a	Gross income from gaming activities. See Part IV, line 19	a							
b	Less: direct expenses	b							
c	Net income or (loss) from gaming activities			0.					
10a	Gross sales of inventory, less returns and allowances	a		102,195.					
		b	Less: cost of goods sold	31,294.					
		c	Net income or (loss) from sales of inventory		ATCH. 8.	70,901.		70,901.	
Miscellaneous Revenue				Business Code					
11a	HOUSING FEE		900099	15,149.			15,149.		
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d			15,149.					
12	Total revenue. See instructions			24,667,687.	18,188,992.		132,699.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,500.	2,500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,300.	3,300.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	865,764.	372,278.	385,386.	108,100.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	12,305,240.	11,429,370.	779,437.	96,433.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	843,803.	798,110.	42,616.	3,077.
9 Other employee benefits	1,029,074.	934,838.	89,501.	4,735.
10 Payroll taxes	1,388,324.	1,263,010.	106,541.	18,773.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	37,998.	20,000.	17,998.	
c Accounting	67,000.	25,000.	42,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	9,424.			9,424.
f Investment management fees	31,036.		31,036.	
g Other	476,426.	406,364.	63,644.	6,418.
12 Advertising and promotion	304,914.	258,052.	35,836.	11,026.
13 Office expenses	2,250,829.	1,990,904.	223,878.	36,047.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,738,312.	2,668,121.	70,191.	
17 Travel	396,548.	389,913.	4,961.	1,674.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	152,853.	113,899.	21,164.	17,790.
20 Interest	0.			
21 Payments to affiliates	202,669.	193,522.	7,018.	2,129.
22 Depreciation, depletion, and amortization	1,835,982.	1,735,064.	100,918.	
23 Insurance	278,398.	254,410.	23,988.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MEMBERSHIP DUES	16,501.	15,757.	571.	173.
b BAD DEBT	137,939.	137,939.		
c OTHER	63,351.	13,304.	3,054.	46,993.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	25,438,185.	23,025,655.	2,049,738.	362,792.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,880.	1	9,730.
	2 Savings and temporary cash investments	2,242,585.	2	2,276,895.
	3 Pledges and grants receivable, net	172,213.	3	166,506.
	4 Accounts receivable, net	1,248,563.	4	1,288,317.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	28,340.	8	37,306.
	9 Prepaid expenses and deferred charges	197,994.	9	188,045.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,073,492.		
	b Less: accumulated depreciation	10b 22,266,627.		
		34,783,906.	10c	33,806,865.
	11 Investments - publicly traded securities	7,456,042.	11	8,412,066.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,139,523.	16	46,185,730.	
Liabilities	17 Accounts payable and accrued expenses	1,589,877.	17	1,503,934.
	18 Grants payable		18	
	19 Deferred revenue	1,122,389.	19	1,147,245.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	376,301.	25	364,861.
	26 Total liabilities. Add lines 17 through 25	3,088,567.	26	3,016,040.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	36,552,544.	27	36,385,962.
	28 Temporarily restricted net assets	3,986,649.	28	4,268,422.
	29 Permanently restricted net assets	2,511,763.	29	2,515,306.
	Organizations that do not follow SFAS 117, 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	43,050,956.	33	43,169,690.	
34 Total liabilities and net assets/fund balances	46,139,523.	34	46,185,730.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,667,687.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,438,185.
3	Revenue less expenses. Subtract line 2 from line 1	3	-770,498.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,050,956.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	889,232.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	43,169,690.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU	Employer identification number 99-0073533
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,696,130.	11,587,689.	7,841,699.	6,831,237.	6,345,996.	45,302,751.
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	12,696,130.	11,587,689.	7,841,699.	6,831,237.	6,345,996.	45,302,751.
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),						269,758.
6 Public support. Subtract line 5 from line 4.						45,032,993.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	12,696,130.	11,587,689.	7,841,699.	6,831,237.	6,345,996.	45,302,751.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	324,993.	423,725.	630,392.	594,856.	480,632.	2,454,598.
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 IV.)	238,263.	309,481.	294,212.	207,131.	205,673.	1,254,760.
11 Total support. Add lines 7 through 10						49,012,109.
12 Gross receipts from related activities, etc. (see instructions)					12	86,257,295.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	91.88 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.44 %
16a 33 1/3 % support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19 a **33 1/3 % support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER	101,979.	58,478.	59,691.	13,340.	15,149.	248,637.
SPECIAL EVENT REVENUE	136,284.	251,003.	234,521.	193,791.	190,524.	1,006,123.
TOTALS	<u>238,263.</u>	<u>309,481.</u>	<u>294,212.</u>	<u>207,131.</u>	<u>205,673.</u>	<u>1,254,760.</u>

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU	Employer identification number 99-0073533
--	---

Organization type (check one):

- | Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 an organization 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

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU

Employer identification number
99-0073533

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,332,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 2,141,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 244,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 209,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 607,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 144,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization: YOUNG MENS CHRISTIAN ASSN OF HONOLULU
Employer identification number: 99-0073533

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.

Table with columns (a) Donor advised funds and (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Conservation Easements including questions about purpose, monitoring, and reporting. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2010

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 XIV.

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

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if 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	2,511,763.	2,473,769.	2,427,951.		
b Contributions	3,543.	37,994.	45,818.		
c Net investment earnings, gains, and losses	448,940.	755,524.	-1,221,703.		
d Grants or scholarships	3,300.	4,797.	22,794.		
e Other expenditures for facilities and programs	445,640.	750,727.	-1,244,497.		
f Administrative expenses					
g End of year balance	2,515,306.	2,511,763.	2,473,769.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 0.0000 %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ 0.0000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,573,927.		5,573,927.
b Buildings		39,390,896.	14,092,003.	25,298,893.
c Leasehold improvements		815,861.	202,591.	613,270.
d Equipment		9,725,681.	7,972,033.	1,753,648.
e Other		567,127.		567,127.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				33,806,865.

Part VII Investments - Other Securities. 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OTHER LIABILITIES	364,861.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	364,861.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,667,687.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,438,185.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-770,498.
4	Net unrealized gains (losses) on investments	4	889,232.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	889,232.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	118,734.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	25,547,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	889,232.
b	Donated services and use of facilities	2b	1,809.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	19,455.
e	Add lines 2a through 2d	2e	910,496.
3	Subtract line 2e from line 1	3	24,636,651.
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	31,036.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,036.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,667,687.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,428,413.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,809.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	19,455.
e	Add lines 2a through 2d	2e	21,264.
3	Subtract line 2e from line 1	3	25,407,149.
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	31,036.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	31,036.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,438,185.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART V ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE CORPUS IS TO BE MAINTAINED IN PERPETUITY WITH THE EARNINGS ON THE ENDOWMENT FUNDS, WHICH WILL BE USED TO SUPPORT YMCA OF HONOLULU PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, LEADERSHIP SKILLS, VALUE DEVELOPMENT, INTERNATIONAL UNDERSTANDING, AND COMMUNITY DEVELOPMENT.

FIN 48 FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2

FASB ASC TOPIC 740, INCOME TAXES - OVERALL, REQUIRES THAT THE ASSOCIATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS.

NON-CASH EXPENSES

SCHEDULE D, PART XII, LINE 2D, & PART XIII, LINE 2D

\$19,455 OF REVENUE AND EXPENSES, RELATE TO DISCOUNTS GIVEN BY YMCA OFF OF THEIR PROGRAM FEE RATES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization: **YOUNG MENS CHRISTIAN ASSN OF HONOLULU** Employer identification number: **99-0073533**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	
		DANCE (event type)	GOLF TOURNEY (event type)	7. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	35,035.	44,782.	39,058.	118,875.
	2	Less: Charitable contributions		30,116.	430.	30,546.
	3	Gross income (line 1 minus line 2)	35,035.	14,666.	38,628.	88,329.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	29,929.	19,333.	21,170.	70,432.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(70,432.)
	11	Net income summary. Combine line 3, column (d), and line 10				17,897.

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. Combine line 1, column d, and line 7			▶

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
YOUNG MENS CHRISTIAN ASSN OF HONOLULU

Employer identification number
99-0073533

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LARRY BUSH	(i) 196,119. (ii) 0.	15,000. 0.	0. 0.	25,334. 0.	971. 0.	237,424. 0.	0. 0.
2	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
3	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
4	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
5	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
6	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
7	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
8	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
9	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
10	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
11	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
12	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
13	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
14	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
15	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
16	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----

Part III Supplemental Information

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

ADDITIONAL COMPENSATION ITEMS

FORM 990, SCHEDULE J, PART I, LINE 1A

TRAVEL FOR COMPANIONS - PROVIDED TO LARRY BUSH FOR THE LET'S GET TOGETHER PROGRAM AND WORLD COUNCIL OF YMCA'S AND IS NOT INCLUDED IN TAXABLE INCOME AS THIS IS CONSIDERED A BUSINESS EXPENSE.

SOCIAL CLUB DUES - PROVIDED TO MICHAEL BRODERICK, LARRY BUSH, AND MONICA GRANT AND IS NOT INCLUDED IN TAXABLE INCOME AS THIS IS CONSIDERED A BUSINESS EXPENSE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

YOUNG MENS CHRISTIAN ASSN OF HONOLULU

Employer identification number

99-0073533

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$										

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

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
(1) TIMOTHY JOHNS - DIR., HAWAIIAN ELECTRIC	VICE CHAIR - BOD	1,134,498.	ELECTRICITY SERVICE		X
(2) ALAN OSHIMA - DIR., HAWAIIAN TELECOM	YMCA BOARD OF DIRECTORS	125,668.	TELEPHONE SERVICES		X
(3) ALAN OSHIMA - DIR., HAWAIIAN ELECTRIC	YMCA BOARD OF DIRECTORS	1,134,498.	ELECTRICITY SERVICE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

YOUNG MENS CHRISTIAN ASSN OF HONOLULU

Employer identification number

99-0073533

BOARD REVIEW OF FORM 990

FORM 990, PART VI, SECTION B, LINE 11

THE FINANCE COMMITTEE & BOARD OF DIRECTORS, REVIEWED FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. A COPY OF FORM 990, AS FILED WITH THE INTERNAL REVENUE SERVICE, WILL BE PROVIDED TO EACH AND EVERY FINANCE COMMITTEE MEMBER & BOARD MEMBER PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

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

THE WRITTEN POLICY PROVIDES THAT IF OFFICERS, DIRECTORS, OR KEY EMPLOYEES HAVE INTERESTS WHICH COULD CONFLICT WITH THOSE OF THE YMCA, THEY SHOULD IMMEDIATELY DISCUSS THEM WITH THEIR BRANCH EXECUTIVE OR THE CEO. PARTICIPATION IN ANY ACTIVITY IN VIOLATION OF THIS POLICY MUST NOT BE STARTED OR CONTINUED WITHOUT WRITTEN APPROVAL OF THE RESPONSIBLE EXECUTIVE, OR THE CHAIR OF THE BOARD OF DIRECTORS.

SHOULD ANY BOARD MEMBER HAVE ANY INTEREST WHICH WOULD POSE A CONFLICT AS TO ANY SPECIFIC MATTER TAKEN UP BY THE BOARD, SUCH MEMBER SHOULD ABSTAIN FROM PARTICIPATION AND VOTING ON THE MATTER.

THE ORGANIZATION IS IN THE PROCESS OF DEVELOPING A QUESTIONNAIRE TO BE COMPLETED ON AN ANNUAL BASIS BY OFFICERS, DIRECTORS, AND KEY EMPLOYEES REGARDING ANY POTENTIAL CONFLICTS OF INTEREST THEY MAY HAVE. IN ADDITION, THE ORGANIZATION IS DEVELOPING PROCESSES AND PROCEDURES TO

Name of the organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU	Employer identification number 99-0073533
---	--

REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE
CONFLICT OF INTEREST POLICY.

COMPENSATION DETERMINATION POLICY

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE YMCA OF HONOLULU'S BOARD OF DIRECTOR COMPENSATION COMMITTEE (THE
"COMMITTEE") IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH
HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT,
AND IS ACCOUNTABLE FOR SETTING A REASONABLE COMPENSATION FOR THE CEO. THE
COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND
PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN
DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE
CEO. THE ASSOCIATION'S WRITTEN RECORDS INCLUDE: (1) TERMS OF THE
ARRANGEMENT WITH THE DISQUALIFIED PERSON (INCLUDING THE DATE THE
ARRANGEMENT WAS APPROVED); AND (2) A DESCRIPTION OF ANY COMPARABLE DATA
USED. APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE FOLLOWING: (1)
VIA THE YMCA-USA, THE NATIONAL ORGANIZATION THAT CHARTERS ALL YMCA
ORGANIZATIONS ACROSS THE USA, AND (2) VIA SURVEYS OF LOCAL BASED, SIMILAR
SIZED COMPANIES, BOTH FOR-PROFIT AND NOT-FOR-PROFIT, WITH SIMILAR
RESPONSIBILITIES. COMPARABILITY DATA USED IS DRAWN FROM SIMILARLY
QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY
SITUATED ORGANIZATIONS IN HAWAII AND ON THE MAINLAND. THE COMMITTEE ALSO
OBTAINS A WRITTEN OPINION ON THE APPROPRIATENESS OF THE CEO'S
COMPENSATION FROM THE HUMAN RESOURCES COMMITTEE, AND DEVELOPS A
RECOMMENDATION THAT IS APPROVED BY BOTH THE EXECUTIVE COMMITTEE AND THE
BOARD OF DIRECTORS. THE MINUTES OF THE MEETING INCLUDE A LIST OF MEMBERS

Name of the organization YOUNG MENS CHRISTIAN ASSN OF HONOLULU	Employer identification number 99-0073533
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PRESENT, THE ACTIONS APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS, AND A DESCRIPTION OF THE COMPARABILITY DATA USED. THIS ANALYSIS WAS LAST PERFORMED IN OCTOBER 2010.

THE BOARD OF DIRECTORS HAS APPOINTED THE CEO IN CHARGE OF THE COMMITTEE, WHICH INCLUDES THE HUMAN RESOURCES DIRECTOR, RESPONSIBLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR ITS OTHER SENIOR STAFF WHO ARE ALSO OFFICERS OR KEY EMPLOYEES OF THE YMCA OF HONOLULU. THE COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR ITS EMPLOYEES. THE COMMITTEE'S WRITTEN RECORDS INCLUDE: (1) TERMS OF THE ARRANGEMENT WITH THE DISQUALIFIED PERSON (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED); AND (2) A DESCRIPTION OF ANY COMPARABLE DATA RELIED UPON BY THE CEO & HR DIRECTOR. APPROPRIATE COMPARABILITY DATA IS OBTAINED VIA THE YMCA-USA, THE NATIONAL ORGANIZATION THAT CHARTERS ALL YMCA ORGANIZATIONS ACROSS THE USA. COMPARABILITY DATA USED IS DRAWN FROM SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IN HAWAII AND ON THE MAINLAND.

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART VI, SECTION C, LINE 19
WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES

FORM 990, PART VI, SECTION A, LINE 2

TIM JOHNS AND ALAN OSHIMA HAVE A BUSINESS RELATIONSHIP.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

YOUTH DEVELOPMENT (SPORTS & RECREATION)

OUR YMCA OF HONOLULU IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS OUR AFTER SCHOOL AND SUMMER CHILDCARE PROGRAMS, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH. EXPENSES INCLUDE \$95,000 OF PROGRAM FEE WAIVERS THAT MADE PARTICIPATION POSSIBLE FOR MANY YOUNG PEOPLE IN OUR COMMUNITY. IN 2010, THE YMCA OF HONOLULU TOUCHED THE LIVES OF OVER 16,000 CHILDREN THROUGH ITS YOUTH PROGRAMS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

HEALTHY LIVING (HEALTH ENHANCEMENT)

THE YMCA OF HONOLULU IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, 24,000 PEOPLE IN OUR COMMUNITY ARE

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ATTACHMENT 2 (CONT'D)

RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPRIT, MIND, AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2010, WE PROVIDED \$792,000 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SOCIAL RESPONSIBILITY (OUTREACH)

OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 100 YEARS. OUR DRUG TREATMENT AND INTERVENTION SERVICES WORK TO ELIMINATE SUBSTANCE ABUSE, DEVELOP SELF RESPECT, INCREASE POSITIVE ADJUSTMENT IN SCHOOL, IMPROVE FAMILY AND INTERPERSONAL RELATIONS, AND FIND SUITABLE EMPLOYMENT OPPORTUNITIES FOR TROUBLED YOUTH. OUR GANG AND DRUG PREVENTION PROGRAMS WORK TO DEVELOP INTEREST IN POSITIVE ACTIVITIES AS AN ALTERNATIVE TO GANG INVOLVEMENT AND DRUG USAGE. THE PROGRAM PROVIDES LEADERSHIP DEVELOPMENT, COUNSELING, HOMEWORK ASSISTANCE, SUBSTANCE ABUSE EDUCATION, CAMPING, SPORTS AND RECREATIONS. BOTH OF THESE PROGRAMS ARE EXAMPLES OF HOW THE YMCA

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ATTACHMENT 3 (CONT'D)

OF HONOLULU DELIVERS TRAINING, RESOURCES, AND SUPPORT THAT EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. IN 2010, WE ENGAGED 2,480 INDIVIDUALS IN OUR OUTREACH PROGRAMS IN THE HOPES OF STRENGTHENING OUR COMMUNITY AND PAVING THE WAY FOR FUTURE GENERATIONS TO THRIVE.

ATTACHMENT 4PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29	MICHAEL STREET BOARD MEMBER	.20	X						0.	0.	0.
30	PHYLLIS OLIVER BOARD MEMBER	.20	X						0.	0.	0.
31	DR. CARL ACKERMAN BOARD MEMBER	.20	X						0.	0.	0.
32	FRANK GODEK BOARD MEMBER	.20	X						0.	0.	0.
33	PAULA GUANZON BOARD MEMBER	.20	X						0.	0.	0.
34	JOAN H. ROHLFING BOARD MEMBER	.20	X						0.	0.	0.
35	REID FUKUMOTO BOARD MEMBER	.20	X						0.	0.	0.
36	KARLA REDDING BOARD MEMBER	.20	X						0.	0.	0.
37	PHIL SAMMER BOARD MEMBER	.20	X						0.	0.	0.
38	LARRY BUSH PRESIDENT/CEO	40.00		X					211,119.	0.	26,305.
39	ANTHONY PFALTZGRAFF SENIOR VICE PRESIDENT	40.00		X					108,319.	0.	14,926.
40	MICHAEL DOSS SENIOR VICE PRESIDENT	40.00		X					115,158.	0.	15,644.
41	MICHAEL CHINAKA SENIOR VICE PRESIDENT/CFO	40.00		X					103,808.	0.	14,812.
42	MONICA GRANT VP OF DEV & COMM	40.00		X					94,288.	0.	13,812.
43	JEAN RIEDERER VICE PRESIDENT	40.00		X					103,782.	0.	14,449.
44	MICHAEL BRODERICK PRESIDENT/CEO	40.00		X					26,082.	0.	3,260.

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ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST INCOME	18,879.			18,879.
DIVIDEND INCOME	181,068.			181,068.
TOTALS	<u>199,947.</u>			<u>199,947.</u>

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLF TOURNAMENT	30,116.
CHICKEN SALE	430.
TOTAL	<u>30,546.</u>

ATTACHMENT 7FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS</u> <u>INCOME</u>	<u>DIRECT</u> <u>EXPENSES</u>	<u>NET</u> <u>INCOME</u>
DANCE	35,035.	29,929.	5,106.
GOLF TOURNAMENT	14,666.	19,333.	-4,667.
HALLOWINE	15,631.	8,131.	7,500.
CHICKEN SALE	7,683.	5,563.	2,120.
HIROSHIMA EXCHANGE	2,716.	960.	1,756.
UNIVERSITY LEADERSHIP	1,852.	92.	1,760.
TEENS	1,110.	100.	1,010.
YOUTH (FAMILY FUN, HEALTHY KID)	2,746.	948.	1,798.
TURKEY SWIM	6,890.	5,376.	1,514.

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ATTACHMENT 7 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
TOTALS	<u>88,329.</u>	<u>70,432.</u>	<u>17,897.</u>

ATTACHMENT 8

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	102,195.
INVENTORY AT BEGINNING OF YEAR	28,340.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	40,260.
SUBTOTAL	<u>68,600.</u>
MINUS ENDING INVENTORY	37,306.
COST OF GOODS SOLD	<u>31,294.</u>

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH & CASH EQUIVALENTS	383,229.	442,160.	FMV
COMMON STOCKS	102,356.	102,356.	FMV
MUTUAL FUNDS - EQUITY	5,017,777.	5,463,283.	FMV
MUTUAL FUNDS - FIXED INCOME	1,952,680.	2,404,267.	FMV
TOTALS	<u>7,456,042.</u>	<u>8,412,066.</u>	

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
FACILITY USAGE	280,685.		12,631.	268,054.
TOTALS	<u>280,685.</u>		<u>12,631.</u>	<u>268,054.</u>