

Form **990**

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)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning , 2008, 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"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>YOUNG MENS CHRISTIAN ASSN OF HONOLULU</u> Doing Business As <u>YMCA OF HONOLULU</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1441 PALI HIGHWAY</u> City or town, state or country, and ZIP + 4 <u>HONOLULU, HI 96813</u>	D Employer identification number <u>99-0073533</u>
	F Name and address of principal officer: <u>LARRY BUSH</u> <u>1441 PALI HIGHWAY HONOLULU, HI 96813</u>	E Telephone number <u>(808) 531-3558</u>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ <u>28,251,235.</u>	
J Website: ▶ <u>WWW.YMCAHONOLULU.ORG</u>	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 If "No," attach a list. (see instructions)	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1869</u>	M State of legal domicile: <u>HI</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>51</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>48</u>
	5 Total number of employees (Part V, line 2a)	5	<u>1,666</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>2,174</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<u>NONE</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>NONE</u>	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>11,574,374.</u>	<u>7,808,199.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>16,744,411.</u>	<u>18,110,318.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>798,797.</u>	<u>302,402.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>29,820,595.</u>	<u>26,772,374.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>48,885.</u>	<u>22,794.</u>
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>15,353,016.</u>	<u>16,795,459.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>355,404.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>11,495,762.</u>	<u>10,417,893.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>26,897,663.</u>	<u>27,236,146.</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<u>2,922,932.</u>	<u>-463,772.</u>
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>50,617,430.</u>	<u>46,022,263.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.	<u>5,564,606.</u>	<u>3,809,642.</u>

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's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP EIN ▶ 13-5565207

P.O. 4150 HONOLULU, HI 96812-9972 Phone no. ▶ 808-540-2800

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

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 \$ 9,047,738. including grants of \$ 15,078.) (Revenue \$ 8,364,543.)
SEE STATEMENT 1

4b (Code:) (Expenses \$ 5,635,002. including grants of \$ 2,827.) (Revenue \$ 5,811,742.)
SEE STATEMENT 1

4c (Code:) (Expenses \$ 4,421,569. including grants of \$) (Revenue \$ 4,904,381.)
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 1,544 INDIVIDUALS IN 2008 . THERE WERE 5,152 PROGRAM PARTICIPANTS IN 2008. A GRAND TOTAL OF 6,696 INDIVIDUALS PARTICIPATED IN THIS PROGRAM IN 2008.

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 2
(Expenses \$ 5,735,769. including grants of \$ 4,889.) (Revenue \$ 5,553,995.)

4e Total program service expenses ► \$ 24,840,078. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 27 regarding organizational requirements, lobbying activities, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, and Form 990 distribution.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and availability of governing documents.

Part VIII Statement of Revenue

99-0073533

				(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	332,942.					
	b Membership dues	1b						
	c Fundraising events	1c	38,283.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	6,360,170.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,076,804.					
	g Noncash contributions included in lines 1a-1f: \$		9,933.					
	h Total. Add lines 1a-1f ▶			7,808,199.				
Program Service Revenue			Business Code					
	2a PROGRAM SERVICES FEES		900099	17,682,611.	17,682,611.			
	b ADMINISTRATIVE- YMCA PROGRAMS		900099	237,575.	237,575.			
	c JOINER'S FEE		900099	190,132.	190,132.			
	d _____							
	e _____							
	f All other program service revenue					NONE		
g Total. Add lines 2a-2f ▶			18,110,318.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 3 . . ▶			276,949.			276,949.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE				
	5 Royalties ▶			NONE				
		(i) Real	(ii) Personal					
	6a Gross Rents		353,443.					
	b Less: rental expenses							
	c Rental income or (loss)		353,443.					
	d Net rental income or (loss) ▶			353,443.			353,443.	
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory		1,408,114.					
	b Less: cost or other basis and sales expenses		1,382,661.					
	c Gain or (loss)		25,453.					
	d Net gain or (loss) ▶			25,453.			25,453.	
	8a Gross income from fundraising events (not including \$ 38,283. of contributions reported on line 1c). See Part IV, line 18.		STMT 4		234,521.			
	b Less: direct expenses				96,200.			
c Net income or (loss) from fundraising events STMT 5 . . ▶				138,321.			138,321.	
9a Gross income from gaming activities. See Part IV, line 19.								
b Less: direct expenses								
c Net income or (loss) from gaming activities ▶				NONE				
10a Gross sales of inventory, less returns and allowances								
b Less: cost of goods sold								
c Net income or (loss) from sales of inventory. ▶				NONE				
Miscellaneous Revenue		Business Code						
11a OTHER		900099		59,691.	59,691.			
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶				59,691.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				26,772,374.	18,170,009.	NONE	794,166.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,794.	22,794.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	765,941.	361,616.	301,793.	102,532.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	13,154,713.	12,306,150.	776,288.	72,275.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	806,646.	725,175.	81,471.	
9 Other employee benefits	774,422.	693,536.	61,336.	19,550.
10 Payroll taxes	1,293,737.	1,197,813.	80,294.	15,630.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	33,018.		33,018.	
c Accounting	78,507.		78,507.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	32,492.		32,492.	
g Other	1,182,241.	1,169,951.	4,023.	8,267.
12 Advertising and promotion	NONE			
13 Office expenses	2,627,643.	2,382,927.	191,670.	53,046.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	3,124,435.	3,124,435.		
17 Travel	591,983.	577,546.	10,249.	4,188.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	235,401.	163,623.	58,460.	13,318.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,734,666.	1,505,799.	228,867.	
23 Insurance	365,595.	291,169.	74,426.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER-----	91,838.	22,311.	5,871.	63,656.
b MEMBERSHIP_DUES-----	161,231.	151,541.	6,748.	2,942.
c BAD_DEBT-----	143,692.	143,692.		
d AWARDS-----	15,151.		15,151.	
e -----				
f All other expenses-----				
25 Total functional expenses. Add lines 1 through 24f	27,236,146.	24,840,078.	2,040,664.	355,404.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. 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	9,880.
	2 Savings and temporary cash investments	3,341,605.	2	2,101,100.
	3 Pledges and grants receivable, net	585,000.	3	415,077.
	4 Accounts receivable, net	1,409,773.	4	1,557,165.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	7,768.	8	38,946.
	9 Prepaid expenses and deferred charges SFMT. 6	275,060.	9	319,418.
	10a Land, buildings, and equipment: cost basis 10a 54,693,475.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 19,042,615.	36,746,746.	10c	35,650,860.
	11 Investments - publicly traded securities SFMT. 7	8,241,598.	11	5,929,817.
	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)	50,617,430.	16	46,022,263.	
Liabilities	17 Accounts payable and accrued expenses	2,386,851.	17	1,798,275.
	18 Grants payable		18	
	19 Deferred revenue SFMT. 8	1,340,336.	19	1,491,164.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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	1,113,011.	23	NONE
	24 Unsecured notes and loans payable		24	
25 Other liabilities. Complete Part X of Schedule D	724,408.	25	520,203.	
26 Total liabilities. Add lines 17 through 25.	5,564,606.	26	3,809,642.	
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	38,439,061.	27	35,791,407.
	28 Temporarily restricted net assets	4,185,812.	28	3,947,445.
	29 Permanently restricted net assets	2,427,951.	29	2,473,769.
	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	45,052,824.	33	42,212,621.	
34 Total liabilities and net assets/fund balances	50,617,430.	34	46,022,263.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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 lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 92.83%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 91.86%; 16a 33 1/3% support test - 2008. 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; 16b 33 1/3% support test - 2007. 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; 17a 10%-facts-and-circumstances test - 2008. 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 "fact-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; 17b 10%-facts-and-circumstances test - 2007. 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; 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.

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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.
19b 33 1/3% support tests - 2007. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
ADMINISTRATIVE FEE			46,033.	104,659.		150,692.
JOINER'S FEE			160,479.	217,418.		377,897.
OTHER	611,116.	126,313.	101,979.	58,478.	59,691.	957,577.
SPECIAL EVENT REVENUE, NET		54,876.	50,788.	113,288.	138,321.	357,273.
TOTALS	611,116.	181,189.	359,279.	493,843.	198,012.	1,843,439.

Schedule of Contributors

2008

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

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

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

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 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	_____ _____ _____	\$ 332,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 1,455,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 2,543,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 361,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 1,307,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 190,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
7	_____	\$ 189,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 233,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input 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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

YOUNG MENS CHRISTIAN ASSN OF HONOLULU

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No. 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV 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 XIV.

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	2,427,951.				
b Contributions	45,818.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,473,769.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 100.0000 %
 - c Term endowment ▶ _____ %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - 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) Depreciation	(d) Book value
1a Land		5,573,927.		5,573,927.
b Buildings		39,536,838.	12,046,414.	27,490,424.
c Leasehold improvements		32,378.	32,378.	
d Equipment		8,791,742.	6,843,008.	1,948,734.
e Other		758,590.	120,815.	637,775.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				35,650,860.

Part XIV Supplemental Information (continued)

PART V ENDOWMENT FUNDS

THE EARNINGS ON THE ENDOWMENT FUNDS 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

ON DECEMBER 30, 2008 THE FASB ISSUED FSP FIN 48-3, EFFECTIVE DATE OF THE FASB INTERPRETATION NO.48 FOR CERTAIN NONPUBLIC ENTERPRISES, WHICH DEFERRED THE EFFECTIVE DATE OF FIN 48. THEREFORE, FIN 48 IS CURRENTLY NOT EFFECTIVE FOR THE ASSOCIATION FOR THE YEAR ENDING DECEMBER 31, 2008. THE ASSOCIATION IS EVALUATING THE IMPACT OF FIN 48 AND CURRENTLY BELIEVES THAT THE ADOPTION OF FIN 48 WILL NOT HAVE A MATERIAL IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		SUPPORT SVCS (event type)	DANCE (event type)	6 (total number)	
Revenue	1 Gross receipts	128,704.	42,137.	101,963.	272,804.
	2 Less: Charitable contributions	NONE	NONE	38,283.	38,283.
	3 Gross revenue (line 1 minus line 2)	128,704.	42,137.	63,680.	234,521.
Direct Expenses	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Non-cash prizes	NONE	NONE	NONE	NONE
	6 Rent/facility costs	NONE	NONE	NONE	NONE
	7 Other direct expenses	17,464.	41,620.	37,116.	96,200.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(96,200.)
9 Net income summary. Combine lines 3 and 8 in column (d)					138,321.

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 Non-cash 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 lines 1 and 7 in column (d)					

	Yes	No
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?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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:

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? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	4	22,794.	NONE	FMV	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

THE YMCA OF HONOLULU PROVIDES SCHOLARSHIPS TO INDIVIDUALS WHO EXPRESS A

DESIRE TO SATISFY EDUCATIONAL REQUIREMENTS AND QUALIFY FOR CAREER

OPPORTUNITIES IN THE YMCA MOVEMENT. THESE SCHOLARSHIPS ARE GIVEN FOR

TUITION AND ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION OR

REIMBURSED UPON SUBMISSION OF A TUITION RECEIPT. THESE SCHOLARSHIPS ARE

GIVEN BASED ON FUNDS AVAILABLE AND UPON REVIEW AND APPROVAL OF REQUESTS

BY THE PRESIDENT AND CEO.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**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 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 line 1a is 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 checked="" 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:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) 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				
LARRY BUSH	(i)	200,667.	20,000.	NONE	26,480.	739.	247,886.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART 1, LINE 1A

SOCIAL CLUB DUES-

PROVIDED TO: LARRY BUSH AND IS NOT INCLUDED IN TAXABLE INCOME AS THESE ARE CONSIDERED REASONABLE BUSINESS EXPENSES.

BUSINESS PURPOSE:

ROTARY CLUB DUES- MEMBERSHIP ALLOWS THE YMCA OF HONOLULU TO BE A PART OF THIS COMMUNITY BASED SERVICE CLUB ORGANIZATION AND COLLABORATE ON ACTIVITIES WHICH ARE IN LINE WITH THE YMCA'S MISSION AND GOALS.

THE PACIFIC CLUB DUES: MEMBERSHIP ALLOWS THE YMCA OF HONOLULU A VENUE TO HOLD BOARD COMMITTEE MEETINGS OR OTHER BUSINESS MEETINGS AS NECESSARY TO RUN THE ORGANIZATION.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

YOUNG MENS CHRISTIAN ASSN OF HONOLULU

99-0073533

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
AUGUST YEE BOARD MEMBER	1.	X					NONE	NONE	NONE	
JOAN H ROHLFING BOARD MEMBER	1.	X					NONE	NONE	NONE	
STEVEN C AI VICE CHAIR	1.	X		X			NONE	NONE	NONE	
RODNEY MATSUMOTO TREASURER	1.	X		X			NONE	NONE	NONE	
BENJAMIN K AKANA BOARD MEMBER	1.	X					NONE	NONE	NONE	
PAULA AKANA BOARD MEMBER	1.	X					NONE	NONE	NONE	
WALLY AMOS BOARD MEMBER	1.	X					NONE	NONE	NONE	
DAVID ASANUMA BOARD MEMBER	1.	X					NONE	NONE	NONE	
WILLIAM E AULL BOARD MEMBER	1.	X					NONE	NONE	NONE	
JEFFERY A BELL BOARD MEMBER	1.	X					NONE	NONE	NONE	
DAVID BESS BOARD MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL BRODERICK SECRETARY	1.	X		X			NONE	NONE	NONE	
DR FRANK E BUTTERWORTH BOARD MEMBER	1.	X					NONE	NONE	NONE	
DR PAUL J CARRY BOARD MEMBER	1.	X					NONE	NONE	NONE	
MEREDITH J CHING BOARD MEMBER	1.	X					NONE	NONE	NONE	
CARL E CHOY BOARD MEMBER	1.	X					NONE	NONE	NONE	
DR MICHAEL J CHUN BOARD MEMBER	1.	X					NONE	NONE	NONE	
HENRY B CLARK JR BOARD MEMBER	1.	X					NONE	NONE	NONE	
BRUCE A COPPA 2ND VICE CHAIR	1.	X		X			NONE	NONE	NONE	
BENNETTE EVANGELISTA BOARD MEMBER	1.	X					NONE	NONE	NONE	
WAYNE HAMANO BOARD MEMBER	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
JEFFREY S HARRIS BOARD MEMBER	1.	X					NONE	NONE	NONE	
CARL P HENNRICH BOARD MEMEBER	1.	X					NONE	NONE	NONE	
TIM JOHNS 3RD VICE CHAIR	1.	X		X			NONE	NONE	NONE	
ANTON KRUCKY BOARD MEMBER	1.	X					NONE	NONE	NONE	
DR DENNIS M KUWABARA BOARD MEMBER	1.	X					NONE	NONE	NONE	
WALTER J LASKEY BOARD MEMBER	1.	X					NONE	NONE	NONE	
MICHAEL P MATSUMOTO BOARD MEMBER	1.	X					NONE	NONE	NONE	
SANFORD MURATA BOARD MEMBER	1.	X					NONE	NONE	NONE	
FRANCIS A ODA BOARD MEMBER	1.	X					NONE	NONE	NONE	
LINDA O'DAY BOARD MEMBER	1.	X					NONE	NONE	NONE	
ALAN M OSHIMA BOARD MEMBER	1.	X					NONE	NONE	NONE	
RUSSELL SAIKI BOARD MEMBER	1.	X					NONE	NONE	NONE	
CONNIE SMALES BOARD MEMBER	1.	X					NONE	NONE	NONE	
JAMES C TOLLEFSON BOARD MEMBER	1.	X					NONE	NONE	NONE	
RICHARD S TOWILL BOARD MEMBER	1.	X					NONE	NONE	NONE	
LANCE WILHELM BOARD MEMBER	1.	X					NONE	NONE	NONE	
REUBEN S F WONG BOARD MEMBER	1.	X					NONE	NONE	NONE	
ELISA YADAO BOARD MEMBER	1.	X					NONE	NONE	NONE	
MARK CABRAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
RONALD T FUJIWARA BOARD MEMBER	1.	X					NONE	NONE	NONE	
FRANCIS HOGAN BOARD MEMBER	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

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).
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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

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.
 To be completed by organizations that 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
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
BENJAMIN AKANA- SVP, 1ST HAWAIIAN BANK	YMCA BOARD OF DIRECTORS	656,010.	BANKING, LEASING, INVESTMENTS		X
TIMOTHY JOHNS- DIR., HAWAIIAN ELECTRIC	VICE CHAIR- BOD	1,333,205.	ELECTRICTY SERVICE		X
ALAN OSHIMA- BOD, HAWAIIAN TELECOM	YMCA BOARD OF DIRECTORS	108,098.	TELEPHONE SERVICES		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

YOUNG MENS CHRISTIAN ASSN OF HONOLULU

Employer identification number

99-0073533

PART VI, SECTION A, LINE 10

THE BOARD OF DIRECTORS APPROVED A RESOLUTION TO ALLOW THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE THE FORM 990. THE EXECUTIVE COMMITTEE ACTS ON BEHALF OF THE BOARD IN REVIEWING AND APPROVING THE RETURN PRIOR TO FILING. THE EXECUTIVE COMMITTEE 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 BOARD MEMBER PRIOR TO FILING.

PART VI, SECTION B, LINE 12

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

PART VI, SECTION B, LINE 15

THE YMCA OF HONOLULU BOARD OF DIRECTOR COMPENSATION COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, IS TO BE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

ACCOUNTABLE FOR SETTING A REASONABLE COMPENSATION PACKAGE FOR ITS KEY
EMPLOYEE (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 ITS KEY EMPLOYEE. THE ASSOCIATION'S WRITTEN
RECORDS INCLUDE THE (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 ON BY THE COMMITTEE. THE
COMMITTEE MEETS WITH THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE TO
APPROVE THE TERMS OF THE ARRANGEMENT. THE MINUTES OF THE MEETING INCLUDE
A LIST OF MEMBERS PRESENT, THE COMMITTEE'S ACTIONS, AND ARE APPROVED AT
THE NEXT EXECUTIVE COMMITTEE MEETING.

THE CEO IS RESPONSIBLE FOR SETTING A REASONABLE COMPENSATION PACKAGE FOR
ITS OTHER OFFICERS. THE CEO DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S
PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO
BE USED IN DETERMINING MERIT INCREASES OF ITS OTHER OFFICERS. THE
ASSOCIATION'S WRITTEN RECORDS INCLUDE THE (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 WHO SURVEYS YMCA ASSOCIATIONS ACROSS THE US AND COMMISSIONS
A
QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALIST TO REVIEW,

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

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ANALYZE AND PROVIDE BENCHMARKING DATA, AND (2) VIA SURVEYS OF LOCAL
BASED, SIMILAR SIZED COMPANIES, BOTH FOR-PROFIT AND NOT-FOR-PROFIT, WITH
SIMILAR JOB RESPONSIBILITIES.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART III - PROGRAM SERVICES

=====

4A PROGRAM SERVICE

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 5,615 PARTICIPANTS IN 2008.

4B PROGRAM SERVICE

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 2008, 24,819 INDIVIDUALS PARTICIPATED IN THE PROGRAM.

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

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
CAMPING	3,729.	2,178,426.	2,114,876.
AQUATICS	460.	1,079,184.	843,474.
LEADERSHIP	470.	442,443.	311,260.
EDUCATION & TRAINING	15.	64,519.	66,535.
INTERNATIONAL		17,791.	8,155.
FAMILY LIFESTYLE	68.	2,862.	1,690.
RESIDENCE	147.	1,950,544.	2,208,005.
	-----	-----	-----
TOTALS	4,889.	5,735,769.	5,553,995.
	=====	=====	=====

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST AND DIVIDENDS	276,949.			276,949.
TOTALS	276,949.			276,949.
	=====	=====	=====	=====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
ALTERNATIVE SPRING BREAK	NONE
DANCE	NONE
GOLF TOURNAMENT	37,250.
CHICKEN SALE	1,033.
FAMILY FUN DAY	NONE
TEENS	NONE
HALLOWINE	NONE
SUPPORT SERVICES	NONE

TOTAL	38,283. =====

FORM 990, PART VIII - FUNDRAISING EVENTS

=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
ALTERNATIVE SPRING BREAK	9,952.	160.	9,792.
DANCE	42,137.	41,620.	517.
GOLF TOURNAMENT	19,479.	17,226.	2,253.
CHICKEN SALE	10,176.	9,199.	977.
FAMILY FUN DAY	5,954.	5,082.	872.
TEENS	3,559.	349.	3,210.
HALLOWINE	14,560.	5,100.	9,460.
SUPPORT SERVICES	128,704.	17,464.	111,240.
TOTALS	234,521.	96,200.	138,321.

 =====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	275,060.	319,418.
	-----	-----
TOTALS	275,060.	319,418.
	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH & CASH EQUIVALENTS	257,128.	200,000.	FMV
COMMON STOCKS	2,938,166.	102,356.	FMV
MUTUAL FUNDS - EQUITY	2,901,546.	3,831,469.	FMV
MUTUAL FUNDS - FIXED INCOME	2,144,758.	1,795,992.	FMV
TOTALS	----- 8,241,598. =====	----- 5,929,817. =====	

FORM 990, PART X - DEFERRED REVENUE

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	1,340,336.	1,491,164.
TOTALS	----- 1,340,336. =====	----- 1,491,164. =====