

A Hawaii Limited Liability Partnership

PUBLIC DISCLOSURE COPY

Young Women's Christian Association of Oahu
Return of Organization Exempt from Income Tax
December 31, 2021

EXTENDED TO NOVEMBER 15, 2022

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2021

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public inspection

Form 990 (2021)

For the 2021 calendar year, or tax year beginning and ending C Name of organization Check if D Employer identification number YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU Name 99-0073534 Doing business as Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1040 RICHARDS STREET (808)538-7061 7,660,340. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende HONOLULU, HI 96813 H(a) Is this a group return Applica tion F Name and address of principal officer: KATE CHAN for subordinates? 1040 RICHARDS STREET, HONOLULU, 96813 H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or ____ 527 If "No," attach a list. See instructions J Website: WWW.YWCAOAHU.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1903 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities: THE YOUNG WOMEN'S CHRISTIAN Governance ASSOCIATION OF OAHU IS A WOMEN'S MEMBERSHIP MOVEMENT THAT EXISTS TO 2 Check this box I 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) 0 ፬ Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 97 5 6 Total number of volunteers (estimate if necessary) 186 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 4,739,343 3,65<u>4,</u>698. Revenue 868,669 855,140. Program service revenue (Part VIII, line 2g) 65,326. 47,778. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,109,234. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 385,304. 6,041,094 6,684,398. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,433,243 2,775,814. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,905,640. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,606,841 4,040,084 4,681,454. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,001,010 2,002,944. 19 Revenue less expenses. Subtract line 18 from line 12 ... 58 Beginning of Current Year **End of Year** 11,918,900. 13,959,988. 20 Total assets (Part X, line 16) 950,518. 831,720. 21 Total liabilities (Part X, line 26) 13,128,268. 10,968,382. Net assets or fund balances. Subtract line 21 from line 20 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 2022 Signature of officer Sign KATE CHAN, DIRECTOR OF FINANCE Here Type or print name and title Date Print/Type preparer's name Preparer's signatur Chack 11/15/2002 Paid DEANNA C. AWA P00647777 self-employed Firm's name KMH LLP Firm's EIN > 42-1539623 Preparer Firm's address 1003 BISHOP STREET, SULTE 2400 Use Only Phone no. 808-526-2255 HONOLULU, HI 96813 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form 990 (2021) 99-0073534 Page 2 Part III | Statement of Program Service Accomplishments \mathbf{X} Check if Schedule O contains a response or note to any line in this Part III ... Briefly describe the organization's mission: ELIMINATING RACISM, EMPOWERING WOMEN. THE YWCA OF O'AHU EXISTS TO CULTIVATE OPPORTUNITIES FOR WOMEN'S AND GIRLS' GROWTH AND LEADERSHIP TO HELP THEM CREATE FULFILLING LIVES FOR THEMSELVES AND THEIR FAMILIES, AND FACILITATE SOCIAL CHANGE WITH POSITIVE ECONOMIC Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 2,905,400. including grants of \$ 434,675.)) (Expenses \$) (Revenue \$ EDUCATION, SUPPORT AND ADVOCACY-PROVIDES EDUCATION AND TRAINING TO WOMEN FOR ECONOMIC ADVANCEMENT AND LEADERSHIP. 876,589 . including grants of \$ 4b) (Expenses \$ 733,465.) (Revenue \$ FERNHURST - THERE WERE TWO PROGRAMS AT FERNHURST IN 2021 AS FOLLOWS: 1) HOMEBASE TRANSITIONAL HOUSING: PROVIDED 2,952 SUBSIDIZED/DISCOUNTED HOUSING NIGHTS AND 3,992 MEALS FOR 23 WOMEN AND 0 FAMILIES. SUPPORT AND SERVICES PROVIDED TO HELP THEM OBTAIN PERMANENT HOUSING. 76% AGREED THAT ONE BARRIER TO PERMANENT HOUSING WAS REDUCED. FURLOUGH: WORK PROGRAM TO FACILITATE THE SUCCESSFUL TRANSITION FOR SELECTED WOMEN FROM PRISON BACK INTO THE COMMUNITY. THIS PROGRAM, WHICH BECAME PART OF YWCA OAHU IN JULY 2015, PROVIDED 2,955 RESIDENT BED NIGHTS AND 4,582 MEALS TO 14 INDIVIDUAL RESIDENTS. 9 RESIDENTS WORKED THROUGH THE PROGRAM AND WERE RELEASED IN 2021. 384,171. including grants of \$ 53,149.) (Revenue \$ CAMPING - CENTER WHERE INDIVIDUALS OF DIVERSE CULTURES AND RELIGIONS COME TOGETHER IN PEACE; CENTER ALLOWS FOR CULTURAL, EDUCATIONAL AND RECREATIONAL ACTIVITIES. DRESS FOR SUCCESS - PROVIDED 173 WOMEN WITH CAREER APPROPRIATE ATTIRE AND PROVIDED ONE-ON-ONE COUNSELING TO MANY OF THESE SAME WOMEN TO HELP THEM PREPARE FOR JOB INTERVIEWS. A TOTAL OF 1588 VOLUNTEER HOURS WERE CONTRIBUTED FOR ECONOMIC ADVANCEMENT PROGRAMS. Other program services (Describe on Schedule O.)

340,400.

) (Revenue \$

Total program service expenses

123,987 . including grants of \$

4,290,147.

Form 990 (2021) OF OAHU
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u> </u>
0				x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ASPR TOE	10200	
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
192	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	-
120	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	128		\vdash
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			$\overline{}$
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_x_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
132003	3 12-09-21	Form	990	(2021)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete]
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			, .
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			 ↓
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27	desire	12.003000
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	- TASK	asiert.	1/3/100
ű	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		
	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		l	
Par	Note: All Form 990 filers are required to complete Schedule O It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Check if Schoolule O contains a recorded as a subtraction in this School			(T)
	Check if Schedule O contains a response or note to any line in this Part V			X
.	Enterthe number reported in here 0 of Ferry 4000 Ft. 0 W. H. H. H. L. H.	200 800	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 46			
b	The state of the s			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		機體	
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		304	那些網
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		認識	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	Ĺ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		No.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		783	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		想造	
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KATE CHAN - (808)695-2623			
	1040 PICHAPDS STREET HONOLITIE HT 06913			

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

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

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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization	n nor any related	orga	niza	ation	COL	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than (one	Reportable	Reportable	Estimated
	hours per					is boti or/trus		compensation	compensation	amount of
	week (list any	ĕ			Г		Ė	from the	from related organizations	other compensation
	hours for	ndividual trustee or director		ľ		9		organization	(W-2/1099-MISC/	from the
	related	tee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	d trus	Institutional trustee	ŀ	Key employee	Highest compensated employee	ŀ	1099-NEC)	,	and related
	below	vidua	ituti	Officer	ешы	hest c	Former			organizations
	line)	Ē	Inst	통	Key	Emg emg	흍			
(1) NORIKO NAMIKI	40.00						Ì		_	
CHIEF EXECUTIVE OFFICER			_	X		<u> </u>		111,932.	0.	13,215.
(2) TERRI FUNAKOSHI	40.00									
CHIEF OPERATING OFFICER				X	L			98,223.	0.	10,123.
(3) PHILLIP DOERR	40.00						ŀ			
CHIEF FINANCIAL OFFICER			_	Х	L		<u> </u>	82,575.	0.	8,957.
(4) KENDRA OISHI	1.00									
MEMBER			Х					0.	0.	0.
(5) DARLENE BLAKENEY	1.00									
VICE CHAIR			Х					0.	0.	0.
(6) CAYENNE PE'A	1.00				1					
TREASURER		L	X					0.	0.	0.
(7) RACHEL CUNNINGHAM	1.00									
MEMBER]	X				l	0.	0.	0.
(8) KRISTI INKINEN YANAGIHARA	3.00									
BOARD CHAIR		1	X				l	0.	0.	0.
(9) DANA TOKIOKA	3.00		П							
IMMEDIATE PAST CHAIR		1	Х				l	0.	0.	0.
(10) CATIE CULLISON	3.00									
SECRETARY		1	X				l	0.	0.	0.
(11) SUSAN ING	1.00		П		Г		Г			
MEMBER		1	Х				l	0.	0.	0.
(12) HEATHER YANAZAKI MIYASATO	0.00				Г				_	
MEMBER		1	Х				l	0.	0.	0.
(13) COLETTE MASUNAGA	1.00				Г		Г			
MEMBER		1	Х					0.	0.	0.
(14) TRACY TANAKA	0.00				Т					
MEMBER		1	х					0.	0.	0.
(15) MELANIE ISLAM	1.00				Т					
MEMBER		1	х					0.	0.	0.
(16) JENNIFER JONES	1.00				Г	Г	\vdash			
MEMBER	F.1	1	х					0.	0.	0.
(17) STACEY KATAKURA	1.00		Г	<u> </u>					<u></u>	
MEMBER		1	X					0.	0.	0.
100007 10 00 01	<u>-</u>			_	_	_				5000 (0004)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ghe	st (Compensated Employe	es (continued)				
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average	l (do		Posi heck i			one	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unle	ss per id a di	rson	is bot	h an		compensation	1	ar	nount	of
	week (list any	\vdash	T			,,, u u u	,	from	from related			other	A!
	hours for	Individual trustee or director				,		the organization	organization (W-2/1099-MIS			pensa om th	
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	al tru		yee	ad w		1099-NEC)	,		_	d relat	
	below	vidua	Institutional trustee	je	Key employee	nest c	Jer.				orga	anizati	ons
	line)	횰	Inst	Officer	Key	E Hig	퉏						
(18) PATTY KINO	1.00												_
MEMBER (110) GUNDELLE	1 00	<u> </u>	Х	Н	<u> </u>	_	_	0.		0.			0.
(19) SHARILYN TANAKA MEMBER	1.00	l	х							_			•
MEMBER		\vdash	Δ	\vdash	\vdash		_	0.		0.			0.
		1											
		├		\vdash	-		_	· · · · · · · · · · · · · · · · · · ·	 .				
	· · · · · · · · · · · · · · · · · · ·	l			100								
		\vdash	-	Н	\vdash	-							
		l											
		-		\vdash	\vdash	\vdash	_	-					
	<u> </u>	l											
		\vdash		Н		\vdash	_	<u> </u>					
		l											
		_	Т		Н		_						
		1								-			
				П									
		1	:										
1b Subtotal							<u> </u>	292,730.	·	0.	3	2,2	95.
c Total from continuation sheets to Part VI	I, Section A					****	•	0.		0.			0.
d Total (add lines 1b and 1c)								292,730.	_	0.	3	2,2	95.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o r	received more than \$100	,000 of reportab	le			
compensation from the organization													1
											and distribution	Yes	No
3 Did the organization list any former officer,												1	
line 1a? If "Yes," complete Schedule J for s	uch individual										3	. College Avenue Co	Х
4 For any individual listed on line 1a, is the su											emile a		77
and related organizations greater than \$150											4	ESTRUM AND	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							ela	ted organization or indivi	dual for services	•			X
Section B. Independent Contractors	piete Scriedui	9 3 1	Or St	JCH J	bers	son_			***********		5		
Complete this table for your five highest co	mnensated in	dene	ande	nt c	onti	racto		that received more than	\$100,000 of oon	20000	otion	from	
the organization. Report compensation for										iibeiis	alion	IIOIII	
(A)	ano calondar y	oui	oriai	ng v		01 11		(B)	year.			 C)	
Name and business	address							Description of s	ervices	С		nsatio	n
HOUSE OF MANA UP LLC								EDUCATIONAL	BUSINESS				
680 IWILEI RD. ST. 420, 1	HONOLUL	J,	H	5	968	817		WORKSHOPS			15	7,5	00.
VILLA BUSINESS CONSULTING	G , INC							CERTIFICATIO	N AND			· ·	
PMB 344 PO BOX 30800, HOI	NOLULU,	H	Ι 9	968	320	0		BUSINESS TRA	INING		11	1,6	93.
	-												
											_		
9										Total and	ACCESSES	AND DESCRIPTION OF THE PARTY OF	W
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation >			_		2		···					

OF OAHU 99-0073534 Form 990 (2021) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII
(A) (C) Unrelated (D) Revenue excluded from tax under (B) Related or exempt Total revenue

						function revenue	business revenue	from tax under sections 512 - 514
, Gifts, Grants ilar Amounts	1 a	Federated campaigns	1a	30,076.				
og ar			1b					
S, E			1c					
a H			1d					
S, E				,234,737.				
Contributions, Giff and Other Similar		All other contributions, gifts, grants, and						
돌림			1f 2	,389,885.				
ĒŎ	a	··· -	1g \$					
a S	_	Total. Add lines 1a-1f			3,654,698.			
				siness Code	Says wile sold to Earl		A TRANSPORT SPEE	
g	2 a	PROGRAM SERVICE FEES		00099	838,040.	838,040.		W COLOR DO NOT THE REAL PROPERTY.
ا کے	b	MEMBERSHIP DUES	90	00099	17,100.	17,100.	+	
Sel	c	-	1.			,		
Program Service Revenue	d							
Page	e		— - -				-	
<u>F</u>		All other program service revenue						
	q	Total. Add lines 2a-2f			855,140.	建设设施设置	Bastans for which	
	3	Investment income (including dividen		Y			emiraneovali Kanisaektrii.	See SEAR PROBLEMS 20
}		other similar amounts)			29,607.		1	29,607.
	4	Income from investment of tax-exemp					-	
	5	Royalties	•	· · -				
) Personal		PARTY AND RESIDENCE AND PARTY PROPERTY OF THE PARTY PROPERTY OF THE PARTY PROPERTY OF THE PARTY PROPERTY PROPER	HERE BHOWERS DIC	BUNDAL WARE TOWN
	6 a		43,299.	, r 6/66/1d.				
	b	*********	91,298.					
	c		52,001.					
	d		<u> </u>		352,001.	TARRESON TELES OF UNI	DEEO/FINESTED RESIDENCE	352,001.
	-	· ' <u>——</u>	curities	(ii) Other		CANADA STREET	e2000623.07/2005825	332,001.
	, a		20,363.	(ii) Guici				
	b	Less: cost or other basis	20,000.					
<u>e</u>			84,644.					
e l		Gain or (loss) 7c	35,719.					
Other Revenue		· /			35,719.	ADMINISTRAÇÃO (ASTRONOMICA DE ASTRONOMICA (ASTRONOMICA DE ASTRONOMICA (ASTRONOMICA		35,719.
- i		Net gain or (loss)			USAN AND AND AND AND AND AND AND AND AND A	CS WARDING BUILDING		35,715.
훘	Оа	- ,		5				
Ĭ		including \$contributions reported on line 1c). Se	of	5				
					1041			
		Part IV, line 18						
		Less: direct expenses				的名字的是2015年3月20日 10日 10日	FOR SELECTION OF STREET	
		Net income or (loss) from fundraising Gross income from gaming activities.			が記録等の、おれままは10分		MARKET STATEMENT	VANCES IN VARIOUS AND
	9 a							
	h		9a 9b					
		Less: direct expenses Net income or (loss) from gaming acti			ASM ACCOUNTS BEEN TO SERVEY	AND THE SHIP OF THE PARTY.	1000000000000000000000000000000000000	
		Gross sales of inventory, less returns				nuce and decimal to an a	SPACE REPORT FOR MICHAELE	Standard States Alexandrials of
	10 a	and allowances						
	h		10a					
		Less: cost of goods sold Net income or (loss) from sales of inve				WARRIED TO STATE OF THE	WINDS STREET,	
\dashv	-	Not income of floss) from sales of lift		siness Code	ARTON PERSONS A STEEL		KERES INCHES	TO SHEET WAS ASSESSED.
รก	11 a	PAYCHECK PROTECTION PROGRAM	—	00099	1,050,682.	1,050,682.		
Jue P	ıı a	EMPLOYEE RETENTION CREDIT	— ⊢	00099	626,276.	626,276.		-
Miscellaneous Revenue	C	MISCELLANEOUS		00099	80,275.	80,275.		
<u>8</u>	d	All all and	— 		00,213.	- 00,275.	-	
_ 1	-	Total. Add lines 11a-11d		20000000	1,757,233.	PARAMETER STATE		
2	_							

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). X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 325,024. 54,173. 270,851. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,862,529. 1,570,176. 155,829. 136,524. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 24,382. 19,012. 5,370 267,729. 201,868. Other employee benefits 48,126. 17,735. 9 296,150. 224,121. 63,032. 8,997. 10 Payroll taxes Fees for services (nonemployees): Management 16,213. 6,342. 9,871. Legal 83,714. 32,135. 51,579. c Accounting d Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 713,197. 598,607. 96,709. 17,881. Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 712,424. 694,798. 17,129. 497. Occupancy 16 9,900. 5,405. 3,807. 688. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 4.511. 1,003. 3,176, 332. 19 Conferences, conventions, and meetings 920. 20 60. 860. Interest 21 Payments to affiliates Depreciation, depletion, and amortization 630,601 485,116. 108,210. 37,275. 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 262,029. 206,369. SUPPLIES 36,003. 19,657. OTHER EXPENSES 130,087. 31,687. 65,923. 32,477. PRINTING AND PUBLICATIO 117,289. 44,882. 23,979. 48,428. C d TELEPHONE 53,732. 52,776. 956. -828,977. 27,381. -861,509. 5,151. All other expenses 4,681,454. Total functional expenses. Add lines 1 through 24e 4,290,147. 65,665. 325,642. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1					1	
		Savings and temporary cash investments			3,067,660.	2	4,310,915
	3	Pledges and grants receivable, net			289,362.	3	250,927
	4	Accounts receivable, net		72772	131,607.	4	86,073
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
		Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described				6	
		Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			30,991.	9	13,308
- ['	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,622,207.	7.	100	5
		Less: accumulated depreciation		18,301,078.	5,577,919.	10c	5,321,129
1	11	Investments - publicly traded securities			888,078.	11	966,401
- 1		Investments - other securities. See Part IV, line 1			654,974.	12	1,608,839
- '		Investments - program-related. See Part IV, line				13	
- 1	14	Intangible assets			4 070 000	14	
- 1		Other assets. See Part IV, line 11			1,278,309.	15	1,402,396
\neg		Total assets. Add lines 1 through 15 (must equa			11,918,900.	16	13,959,988
- 1		Accounts payable and accrued expenses			135,658.	17	208,632
- 1	18	Grants payable			F2 F10	18	25 045
		Deferred revenue			53,519.	19	37,947
- 1		Tax-exempt bond liabilities				20	
- 1		Escrow or custodial account liability. Complete F		15335550	PROFES THE STREET, GOVERNMENT AND ADDRESS OF THE PARTY.	21	ARCS POSITIONS STREET
²		Loans and other payables to any current or form		1.0			
		trustee, key employee, creator or founder, subst				-20-0	
L		controlled entity or family member of any of thes	•			22	
- 1		Secured mortgages and notes payable to unrela		IQC SCUUS A DECOLATED BEHANDE	675,400.	23	E00 000
- 1		Unsecured notes and loans payable to unrelated		C-0.00-000 0000-110-0010000-100-0000000	0/3,400.	24	500,000
- 11		Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	•	· .	85,941.		85,141
1.	26	of Schedule D Total liabilities. Add lines 17 through 25			950,518.		831,720
+	20	Organizations that follow FASB ASC 958, che			930,310.	26	031,720
		and complete lines 27, 28, 32, and 33.	CK Here				
1.	27	Net assets without donor restrictions		i i	8,144,841.	27	8,931,223
	28	Net assets with donor restrictions			2,823,541.	28	4,197,045
'	20	Organizations that do not follow FASB ASC 9			2,023,341	20	4,151,045
		and complete lines 29 through 33.	30, Cite	ck liefe			
	29	Capital stock or trust principal, or current funds		8		29	INNEL SECTION CONTRACT
	29 30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated in				31	<u> </u>
			JULIU, L	or outor fullus		ויטו	
		Total net assets or fund balances			10,968,382.	32	13,128,268.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU

	1 990 (2021) OF OAHU	99-00	73534	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,68		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,00		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,96		
5	Net unrealized gains (losses) on investments	5	50	7, 7	88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	34		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	100	5,1	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,128	3,2	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		199		溢点
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	100		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		X 35	Total S
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		15.5		
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	200	Mar.	斯基
	consolidated basis, or both:		100		
	X Separate basis Consolidated basis Both consolidated and separate basis		生活		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			1000
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		The second of the second	- A.T. VIII	
	Act and OMB Circular A-133?	-	3a	Х	l
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU

Employer identification number 99-0073534

Pá	art I	Reason for Public	Charity Status.	All organizations must o	omplete t	his nart \ S	See instructions	7 0073331
	organ	ization is not a private found						
1	\vdash	A church, convention of ch				n 170(b)(1)(A)(i).	
2	\vdash	A school described in sect						
3	\sqsubseteq	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	I described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a o	overnmental unit descrit	ped in
		section 170(b)(1)(A)(iv). (C		,		, 3		
6		A federal, state, or local go		nental unit described in	coation 1	70/6\/4\/A\	(A)	
	X							
•		An organization that norma		intial part of its support	irom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C						
8	H	A community trust describe						
9	L	An agricultural research org						
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Con		,				
11		An organization organized	•	ively to test for public sa	afety See	section 50	79(a)(4)	
12	\sqcap	An organization organized	•	•	•			nurnanan of ana ar
		more publicly supported or						
								check the box on
		lines 12a through 12d that					_	
2		☐ Type I. A supporting orga						
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must o						
t	, L							
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio						,
	ı 🗆	Type III non-functionally			•		•	ization(s)
		that is not functionally int					., .	` '
		requirement (see instruct	-	•	•			iveriess
		7	•					
•		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or						
1	Ente	er the number of supported	organizations					
	Pro	vide the following information	about the supporte	ed organization(s).	I (iv) le the eres	nizaban lietad		
	,	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other
_		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					l l			
					1			
					İ			
					 	<u> </u>		
					 		-	
					ļ			
	٠		Control of the State of State	Edian Chiki Kazaniya		12 1 1 2 7 1 C		
Tot	ai		VIDEO CONTRACTOR CONTR	THE RESIDENCE PROPERTY OF THE PERSON OF THE	OF THE OWNER OF THE OWNER,	CHAPTER STREET, STREET	ı	1

99-0073534 Page 2

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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,632,353 1,598,770 1,312,807 4,739,343 3,654,698 12,937,971. 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 1,632,353 1,598,770 1,312,807 4,739,343 3,654,698 12,937,971. 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) 1,178,672. 6 Public support. Subtract line 5 from line 4. 11,759,299. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 1,632,353 1,598,770 1,312,807 4,739,343. 3,654,698 12,937,971. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,148,225 1,228,026 1,304,052 1,046,973 1,272,906 6,000,182. 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 280,047. 355,287. 329,136 6.275 assets (Explain in Part VI.) 970,745. 19,908,898, 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 753.575. 13 First 5 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 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 59.07 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. 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 b 33 1/3% support test - 2020. 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 - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990) 2021 OF OAHU Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support			-			
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and				<u> </u>		
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization'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						
	Amounts included on lines 1, 2, and				 	 	
,,	3 received from disqualified persons						
ŀ	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				-		
	Add lines 7a and 7b	STATE OF THE STATE	PERCENTAGE AND ACCOUNTS OF	n northern fricht der verber			
<u>8</u>	Public support. (Subtract line 7c from line 6.)						
		() 001-				1	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				İ	<u></u>	
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2021 (line 8, column (f), c	livided by line 13,	column (f))	***********	15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage		000000000000000000000000000000000000000		
17	Investment income percentage for 20	1 21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))	(800	17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17	*************	***************************************	18	%
19a	a 33 1/3% support tests - 2021. If the	organization did n				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						>
ŀ	33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990) 2021 Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

25500000	Yes	No
1		
3		
2 3a		
3b		
3c		
4a		723
4b		
4c		
5a		
5b 5c	380909	0890
6		
	THE STATE	
7 8	100	783
9a 9b		
9c	F185	N. Control
10a		

YOUNG WOMEN'S CHRISTIAN ASSOCIATION 99-0073534 Page 5 OF OAHU Schedule A (Form 990) 2021 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers. directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). а The organization satisfied the Activities Test, Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b C The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions), Activities Test. Answer lines 2a and 2b below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a

that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2021 OF OAHU 99-0073534 Page 6

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must							
Sect	ion A - Adjusted Net Income		(A) Prior Year (B) Current (optiona					
1	Net short-term capital gain	1						
_2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or		_					
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Seci	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount	Section 1		Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1 3						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	3	WAS ESTABLISHED					
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting orga	anization (see				

Schedule A (Form 990) 2021

instructions).

99-0073534 Page 7 OF OAHU Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C. line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021 OF OAHU 99-0073534 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

	line 1; Part	IV, Section ines 5, 6	on D, line	es 2 and 3	; Part IV	a, 6, 9a, 9b, 9 ', Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11 2b, 3a,	c; Part IV, Se and 3b: Part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHE	OULE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
FUNDI	RAISING	REVE	NUE							
2017	AMOUNT:	\$	280	,047.			 .		···	
2018	AMOUNT:	\$	355	,287.						
2019	AMOUNT:	\$	329	136.						
2020	AMOUNT:	\$	6,2	75.						
2021	AMOUNT:	\$	0.						0	
						-,		***		-
	7,7 2 300					St.				
200					0					
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2021

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU 99-0073534 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

99-0073534

Employer identification number

OF OAHU

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions \$ 76,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 98,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 122,795.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 369,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF OAHU

Employer identification number

99-0073534

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.											
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
7		\$\$	Person X Payroll									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
8		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)									

Name of organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OF OAHU

Employer identification number

99-0073534

Part II	NONCASH Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
···		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU 99-0073534 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization OF OAHU

99-0073534

Pa	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	· -	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	***************************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial staten	nents that describes the
Poi	organization's accounting for conservation easements.	f Ant I Catalina I Ton	
rai	t III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
a	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 000 Part V		•

	dule D (Form 990) 2021 OF OAHU						<u>99-00</u>	7353	<u>4 Р</u>	age 2												
Pa	rt III Organizations Maintaining C								nued)													
3	Using the organization's acquisition, accessi	ion, and other records	s, check any of the	following that m	ake sigr	nificant	use of its	;														
	collection items (check all that apply):																					
а	Public exhibition	d	Loan or exc	hange program																		
b	Scholarly research	е	Other																			
C	Preservation for future generations																					
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's	s exemp	t purp	ose in Par	t XIII.														
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other s	imilar as	ssets																
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's co	ollection?	,,		📮	Yes		□ No												
Pa	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Ye	s" on Fo	orm 99	D, Part IV,	line 9, or														
	reported an amount on Form 990, Pa																					
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other asset	s not inc	cluded																
	on Form 990, Part X?						\square	Yes		□No												
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:																			
								Amount	t													
С	Beginning balance					1c																
d	Additions during the year					1d																
е	Distributions during the year					1e		10														
f	Ending balance					1f																
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account	liability	?		Yes	工	No												
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Pa	rt XIII 🗓																	
Pai	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	orm 990, Part IV,	line 10.																	
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three	ears back	(e) Four	years	back												
1a	Beginning of year balance	1,172,595.	1,057,740.	958,3	93.	8	82,612.	•	816	,167.												
b	Contributions					1	15,000.															
C	Net investment earnings, gains, and losses	99,601.	132,562.	114,9	34.	-	28,087.	7. 77		,288.												
d	Grants or scholarships																					
е	Other expenditures for facilities																					
	and programs																					
f	Administrative expenses	19,714.	17,707.	15,5	87.		11,232.		10	,843.												
g	End of year balance	1,252,482.	1,172,595.	1,057,7	40.	9	58,293.	3. 882,61														
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	i)) held as:																		
а	Board designated or quasi-endowment		%																			
b	Permanent endowment ► 55.5100	%	_																			
С	Term endowment ▶ 44.4900	%																				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.																				
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered	for the	organi	zation															
	by:							[Yes	No												
	(i) Unrelated organizations	***************************************						3a(i)		X												
	(ii) Related organizations	***************************************						3a(ii)		X												
b	If "Yes" on line 3a(ii), are the related organization	itions listed as require	ed on Schedule R?					3b														
4	Describe in Part XIII the intended uses of the		wment funds.																			
Pai	t VI Land, Buildings, and Equipm																					
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Pa	art X, lin	e 10.																
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accı	ımulate	ed	(d) Bool	c valu	e												
		basis (investm			depre	ciation																
1a	Land			3,424.						24.												
b	Buildings		19,04	6,865. 1	5,37	3,1	56.	3,67	3,7	09.												
	Leasehold improvements																					
d	Equipment	83.50			2,91					22.												
е	Other	222		5,681.	1	3,5				74.												
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				5,32	1,1	29.												

Schedule D (Form 990) 2021

OF OAHU

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of ware market walks
(4) Eineneiel derivetives	(b) book value	(c) Method of Valuation. Cost of end-	Ji-year market value
(O) Cleach hald an its interests			
(3) Other			
(A) RESTRICTED CERTIFICATE OF			
(B) DEPOSITS	1,608,839.	END-OF-YEAR MARKET	VALUE
(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,608,839.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		活動に関係してもの。 (FBT)・2011 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	The state of the s
Part IX Other Assets.		SERVINE SERVINES	Wild Burtist Street
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form 550, Fare X, line 15.	(b) Book value
	RPETUAL TRUST		1,342,491.
(2) DEFERRED LEASE RENT AND C			59,905.
(3)			02,7000
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	>	1,402,396.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	 .		(b) Book value
(1) Federal income taxes (2) DEPOSITS			05 444
			85,141.
(3)			
(4)			
(5)		·	
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		85,141.
2. Liability for uncertain tax positions. In Part XIII, provide			
		5	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

YOUNG WOMEN'S CHRISTIAN ASSOCIATION 99-0073534 Page 4 OF OAHU Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 7,736,637. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 1,062,727. d Other (Describe in Part XIII.) 1,062,727. e Add lines 2a through 2d 2e 6,673,910. Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) 10,488. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 6,684,398. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,576,752. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b c Other losses 2c 895,298. d Other (Describe in Part XIII.) 2d 895,298. e Add lines 2a through 2d 20 4,681,454. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 4,681,454. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE H&J WEINBERG FERNHURST FUND IS TO BE USED FOR REPAIRS AND MAINTENANCE OF THE H&J WEINBERG FERNHURST CENTER, AND SECONDLY, FOR ANY REPAIRS AND MAINTENANCE OF ANY OTHER FACILITIES OWNED BY THE ORGANIZATION. PART X, LINE 2: THE YWCA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND APPLICABLE STATE LAW.

ACCOUNTING STANDARDS RELATING TO UNCERTAINTY IN INCOME TAXES ADDRESS THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON

A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU 99-0073534 Page 5 Schedule D (Form 990) 2021 Part XIII Supplemental Information (continued) GUIDANCE, THE YWCA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR 2021 AND 2020. PENALTIES AND FINES, IF ANY, ARE INCLUDED IN OTHER EXPENSES IN THE STATEMENTS OF FUNCTIONAL EXPENSES. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 116,641. CHANGE IN NET UNREALIZED GAIN (LOSS) ON INVESTMENTS 50,788. DIRECT EXPENSES FOR RENTAL ACTIVITY INCLUDED IN TOTAL REVENUE 891,298. DONATED SERVICES 4,000. TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON INVESTMENTS		10,485.
ROUNDING	н	3.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 10,488.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR RENTAL ACTVITY INCLUDED IN TOTAL

REVENUE	891,298.
DONATED SERVICES	4,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	895,298.

1,062,727.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

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.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Stion YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OMB No. 1545-0047

2021

Open To Public Inspection

Schedule L (Form 990) 2021

	OF OAHU				ASSOCIATI			99	-00	ident 735		on nu	mber
					ion 501(c)(4), and se								
Complete if the					art IV, line 25a or 25l	o, oı	Form 990-EZ, P	art V,	line 40	0b	14.0		
(a) Name of disqualified	d person	Relationship bet person and o			imea (d	:) D	escription of tran	ansaction				(d) Corrected Yes No	
		•	3								Y	es	No
									_		+	- -	
											1	$\neg \vdash$	
								,	-				
2 Enter the amount of tax			-		•	_	-						
section 4958 3 Enter the amount of tax	v if one on line						•••••		\$				
3 Enter the amount of tax	x, ii ariy, on line i	z, above, reimburs	sea by	tne or	ganization	• • • • • •	• • • • • • • • • • • • • • • • • • • •		> \$				
Part II Loans to ar	nd/or From I	nterested Per	sons	<u> </u>									
Complete if the	e organization ar	nswered "Yes" on	Form !	990-EZ	, Part V, line 38a or I	Forn	n 990. Part IV. lir	ne 26:	or if th	ne orga	nizati	on	
		90, Part X, line 5,			, ,	•		.0 20,	o,	.c orgo	· ·	011	
(a) Name of	(b) Relationsh			an to or	(e) Original	(1) Balance due	(g)	ln	(h) App by bo	oroved	(i) W	ritten
interested person	with organization	of loan		ization?	principal amount			default?		fault? commi		ttee? agreemen	
			То	From		_		Yes	No	Yes	No	Yes	No
-			<u> </u>			_		<u> </u>					<u></u>
			├	-		<u> </u>							
			 	-						<u> </u>			
			├-	_		-						—	<u> </u>
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						Г							\vdash
							-						
Total				*********	\$			15.34		4	STORY.	1864	
		enefiting Inte											
		nswered "Yes" on					I						
(a) Name of interested	person	(b) Relationship interested pers	son an		(c) Amount of assistance		(d) Type assistan				Purp assista	ose of ance	·
		the organiza	ation										
													
									-				
		-				_			+				
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						_			\dashv				

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

Schedule L (Form 990) 2021 OF OAH	U	BBOCINITON	99-0073	534 Page 2
Part IV Business Transactions Involv	•			
Complete if the organization answered		8b, or 28c.		I (a) Sharing of
(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
	person and the organization	transaction	transaction	revenues?
ATLAS INSURANCE	A VMCA DIBECTOR'S E	117 224	THE WAY OF	Yes No
MASON ARCHITECTURE & HISTO	A YWCA DIRECTOR'S F		THE YWCA CO	
MADON ARCHITECTURE & HISTO	A IWCA DIRECTOR 15	40,349.	THE YWCA CO	X
				
				
				
				
				
		<u> </u>		
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see	instructions)	-	
SCH L, PART IV, BUSINESS T			ED DEBCONC.	
Dell II, TAKT IV, BOBINESS I	RANDACTIONS INVOLVE	NG INIEKESI	ED PERSONS:	
(A) NAME OF PERSON: ATLAS	INSURANCE			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:	
A YWCA DIRECTOR'S FAMILY M	EMBER IS AN EXECUTI	VE AT ATLAS	INSURANCE.	
(D) DESCRIPTION OF TRANSAC	TION: THE YWCA CONT	RACTED WITH	TATLAS TNSII	RANCE
			. 1112110 11100	шись
TO PROVIDE INSURANCE COVER	AGE FOR THEIR ACTIV	ITIES.		
		-		
(A) NAME OF PERSON: MASON	ARCHITECTURE & HIST	ORIC CONSUL	TING	
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:	
A YWCA DIRECTOR IS A PRINC	IPAL & SUSTAINABILI	TY DIRECTOR	WITH MASON	
(D) DESCRIPTION OF TRANSAC	TION: THE YWCA CONT	RACTED MASO	N FOR YWCA'	S
LANIAKEA RENOVATION PROJEC	T IN 2021.			
		3		
		- 13	77.0	
		-3.00		
			 	
		12 - 50 - 500	0.40	
	•		-000	

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU

Employer identification number 99-0073534

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

CULTIVATE OPPORTUNITIES FOR WOMEN'S AND GIRLS' GROWTH AND LEADERSHIP,

HELPING THEM CREATE FULFILLING LIVES FOR THEMSELVES AND THEIR FAMILIES,

AND FACILITATE SOCIAL CHANGE WITH POSITIVE ECONOMIC IMPACT FOR THEIR

COMMUNITIES. THE YWCA OF OAHU IS WOMEN HELPING WOMEN.

THE ASSOCIATION WILL THRUST ITS COLLECTIVE POWER TOWARD THE EMPOWERMENT

OF WOMEN AND THE ELIMINATION OF RACISM.

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

FOR THEIR COMMUNITIES. FOUNDED IN 1900, THE YWCA OF O'AHU IS THE OLDEST

AND LARGEST WOMEN'S MEMBERSHIP ORGANIZATION IN HAWAI'I WITH MORE THAN

361 MEMBERS. THE ORGANIZATION SUPPORTS WOMEN AND GIRLS THROUGH HOUSING,

ECONOMIC SELF-SUFFICIENCY, PROFESSIONAL DEVELOPMENT AND HEALTH AND

WELLNESS. THE YWCA OF O'AHU IS A PREMIER ORGANIZATION THAT SERVES WOMEN

AND GIRLS IN COLLABORATION WITH OTHER ORGANIZATIONS IN SUPPORT OF OUR

MISSION.

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

HEALTH & WELLNESS - THE YWCA OFFERS HOLISTIC, SENSITIVE AND RESPONSIBLE

APPROACHES TO IMPORTANT ISSUES OF HEALTH AND WELLNESS AT THE LANIAKEA

AND KOKOKAHI LOCATIONS. WE HAVE YEAR-ROUND HEALTH AND WELLNESS AND

AQUATICS PROGRAMS. PARTICIPANTS RANGE IN AGE FROM 3 MONTHS OLD FOR

"MOMMY AND ME" SWIM TO 90+ YEARS OLD FOR TAI CHI AND AQUA THERAPY

CLASSES. FOR 2021 THERE WERE 331 HEALTH & WELLNESS MEMBERS AND 221

AQUATICS ACTIVITY PARTICIPANTS. THERE WERE ADDITIONAL INDIVIDUALS THAT

PARTICIPATED THROUGH THE MULTIPLE CLASSES AVAILABLE AT THE YWCA.

CERTIFICATION.

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

THE BOARD OF DIRECTORS REVIEW, RECOMMEND AND APPROVE COMPENSATION BASED ON THE ANNUAL PERFORMANCE REVIEW OF THE CEO. THE CEO WORKS WITH AN HR PROFESSIONAL TO REVIEW, RECOMMEND AND APPROVE COMPENSATION TO KEY

FORM 990, PART VIII, LINE 11:

IN APRIL 2020, THE YWCA APPLIED FOR AND RECEIVED \$525,400 AS A PPP LOAN

FROM A BANK. THE LOAN MATURES TWO YEARS FROM THE DATE OF FIRST

DISBURSEMENT OF THE LOAN AND BEARS INTEREST AT A RATE OF 1.00% PER

ANNUM. IN MARCH 2021, THE YWCA APPLIED FOR AND RECEIVED A SECOND PPP

LOAN OF \$525,282 FROM A BANK. THE SECOND LOAN MATURES FIVE YEARS FROM

THE DATE OF FIRST DISBURSEMENT OF THE LOAN AND BEARS INTEREST AT A RATE

OF 1.00% PER ANNUM. THE PRINCIPAL AND ACCRUED INTEREST ON THESE LOANS

MAY BE FORGIVEN IF THE YWCA MEETS THE COMPLIANCE REQUIREMENTS OF THE

SBA AND OTHER FEDERAL AGENCIES.

ON MAY 19, 2021 AND SEPTEMBER 27, 2021, THE YWCA WAS NOTIFIED BY THE

SBA THAT BOTH LOANS WERE FORGIVEN IN FULL. THE YWCA RECORDED THE

FORGIVENESS AS PUBLIC SUPPORT AND REVENUES IN THE STATEMENT OF

ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2021.

UNDER THE CARES ACT, THE YWCA WAS ELIGIBLE FOR THE EMPLOYEE RETENTION

CREDIT (ERC), A REFUNDABLE EMPLOYEE RETENTION CREDIT SUBJECT TO CERTAIN

CRITERIA. THE ERC PROVIDES A PER EMPLOYEE CREDIT BASED ON A PERCENTAGE

OF QUALIFIED WAGES AND BENEFITS PAID TO EMPLOYEES. THE YWCA RECOGNIZED

\$626,726 IN ERC DURING THE YEAR ENDED DECEMBER 31, 2021 AS PUBLIC

SUPPORT AND REVENUES ON THE STATEMENT OF ACTIVITIES. THE FULL AMOUNT

OF THE ERC WAS COLLECTED DURING THE YEAR ENDED DECEMBER 31, 2021.

FORM 990, PART X, LINE 24:

ECONOMIC INJURY DISASTER LOAN (EIDL) PROGRAM. THE NOTE ACCRUES INTEREST

AT 2.75%, IS COLLATERALIZED BY A SECURITY INTEREST IN ALL TANGIBLE AND

INTANGIBLE PROPERTY AND IS DUE IN JULY 2052. MONTHLY PRINCIPAL AND

INTEREST PAYMENTS OF \$641 WAS SET TO BEGIN IN JULY 2021. IN AUGUST

2021, THE LOAN WAS AMENDED FROM \$150,000 TO \$500,000. MONTHLY

Schedule O (Form 990) 2021	Page 2
Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU	Employer identification number 99-0073534
PRINCIPAL AND INTEREST WERE ALSO AMENDED TO BEGIN IN JULY	2022 IN THE
AMOUNT OF \$2,210. THE ORGANIZATION HAS RECORDED THE PROCE	EDS AS LOAN
PAYABLE ON THE STATEMENT OF FINANCIAL POSITION.	
	-
	-

Statement for Revenue Procedure 2021-48

Taxpayer's Name

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF O

Taxpayer's Address 1040 RICHARDS STREET

HONOLULU, HI 96813

Taxpayer's SSN/EIN 99-0073534

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year $\frac{2021}{5}$ SECTION 3.01(3)

Year of Loan			Description	Tax-Exempt Income	Was the loan forgiven as of the date of the return is filed?
2020	PPP	LOAN	FORGIVENESS	525,400	<u>. Y</u>
2021	PPP	LOAN	FORGIVENESS	525,282	<u>.</u> <u>ч</u>
					-
					 -
		_			

Form **8868** (Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) YOUNG WOMEN'S CHRISTIAN ASSOCIATION print OF OAHU 99-0073534 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date fo filing your 1040 RICHARDS STREET return. See instructions 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** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 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) Form 8870 06 12 Form 990-T (corporation) KATE CHAN • The books are in the care of ▶ 1040 RICHARDS STREET - HONOLULU, HI 96813 Telephone No. ► (808)695-2623 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
I if it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. За If this application is for Forms 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. 0. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

instructions.