

Form **990**

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 HITCHCOCK WAY 101 City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93105	D Employer identification number 95-1643379
		E Telephone number (805) 569-1103	G Gross receipts \$ 16,270,896.
		F Name and address of principal officer: SAL CISNEROS SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		J Website: ▶ WWW.CIYMCA.ORG	
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1887 M State of legal domicile: CA

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23
	5	Total number of employees (Part V, line 2a)	1130
	6	Total number of volunteers (estimate if necessary)	1236
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,934,655.
	9	Program service revenue (Part VIII, line 2g)	12,290,393.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,726.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-577,948.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,679,826.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,464,596.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,776.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 640,532.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,651,848.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,177,220.
	19	Revenue less expenses. Subtract line 18 from line 12	-497,394.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,159,566.
	21	Total liabilities (Part X, line 26)	2,781,144.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,378,422.

Part II Signature Block			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
Sign Here	Signature of officer SAL CISNEROS, PRESIDENT/CEO Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature ▶ MCGOWAN GUNTERMANN 509 E. MONTECITO ST., 2ND FLOOR SANTA BARBARA, CA 93103-3293	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (805) 962-9175

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

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2008)

95-1643379 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes", describe these new services on Schedule O.

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

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 7,553,194. including grants of \$) (Revenue \$ 7,783,335.)

YMCA HEALTH & WELLNESS, AND AQUATICS - YMCA HEALTH & WELLNESS PROGRAMS
STRESS THE VALUE OF PREVENTIVE CARE THROUGH GOOD EXERCISE HABITS,
PROPER NUTRITION, WEIGHT MANAGEMENT, STRESS MANAGEMENT, AVOIDANCE OF
SUBSTANCE ABUSE, POSITIVE PERSONAL RELATIONSHIPS AND VALUE FOR DAILY
LIVING. WE OFFER PROGRAMS THAT ARE IDEAL FOR PEOPLE OF ALL WELLNESS
LEVELS AT ALL STAGES OF THEIR LIFE.

THE CHANNEL ISLANDS OPERATES FACILITIES AT THE CAMARILLO FAMILY
YMCA, VENTURA FAMILY YMCA, MONTECITO FAMILY YMCA, SANTA BARBARA FAMILY
YMCA, LOMPOC FAMILY YMCA AND THE STUART C. GILDRED FAMILY YMCA IN SANTA
YNEZ. FIVE OF THESE FACILITIES INCLUDE LAP POOLS, AND ALL INCLUDE
EXERCISE EQUIPMENT AND MULTI-USE SPACES FOR WELLNESS CLASSES TO DEVELOP
AND MAINTAIN HEALTHY LIFESTYLES. IN THE LAST YEAR THE CHANNEL ISLANDS

4b (Code:) (Expenses \$ 4,032,988. including grants of \$) (Revenue \$ 3,243,512.)

YMCA CHILD CARE - EACH DAY AN AVERAGE OF 988 CHILDREN ARE CARED FOR IN
A SAFE, NURTURING, CHARACTER-BASED ENVIRONMENT AT THE YMCA. THE CENTRAL
FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND
DEVELOPMENT, NOT ONLY IN CHILDREN, BUT ALSO IN THEIR PARENTS AND
FAMILIES. PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM
DECISIONS. CHILD CARE ACTIVITIES INCORPORATE THE YMCA CORE VALUES OF
CARING, CITIZENSHIP, FAIRNESS, RESPECT, RESPONSIBILITY AND
TRUSTWORTHINESS. THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND
ETHICAL BEHAVIOR, SELF-ESTEEM, SELF-CONFIDENCE, GROUP MEMBERSHIP AND
GROUP LEADERSHIP SKILLS.

ONE OF THE LARGEST PROVIDERS OF AFFORDABLE CHILD CARE IN SANTA BARBARA
AND VENTURA COUNTIES, THE CHANNEL ISLANDS YMCA OFFERS HIGH-QUALITY

4c (Code:) (Expenses \$ 1,194,355. including grants of \$) (Revenue \$ 1,156,911.)

YMCA COMMUNITY DEVELOPMENT - FOR 123 YEARS, THE CHANNEL ISLANDS YMCA
HAS PROVIDED PROGRAMS THAT REACH OUT TO THE COMMUNITY. SOME OF THESE
PROGRAMS INCLUDE THE Y-ADVENTURE GUIDES PROGRAM (RENAMED FROM Y-INDIAN
GUIDES), YMCA YOUTH AND GOVERNMENT, NOAH'S ANCHORAGE YOUTH SHELTER,
STREET OUTREACH SERVICES AND THE ISLA VISTA TEEN CENTER.

THIS LAST YEAR OVER 400 FAMILIES PARTICIPATED IN PROGRAMS LIKE
Y-GUIDES, Y-MAIDENS, TRAIL BLAZERS, AND ADVENTURE GUIDES. 5,086 TEENS
PARTICIPATED IN PROGRAMS SUCH AS: HEALTH & WELLNESS, AFTER-SCHOOL
ACTIVITIES, YOUTH AND GOVERNMENT AND YMCA TEEN LEADERSHIP. 3,071 KIDS
PARTICIPATED IN VARIETY OF YOUTH SPORTS PROGRAMS INCLUDING GYMNASTICS,
SOCCER, T-BALL AND BASKETBALL.

YMCA COMMUNITY DEVELOPMENT PROGRAMS PROVIDE ESSENTIAL LIFE SKILLS,

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 307,088. including grants of \$) (Revenue \$ 98,429.)

4e Total program service expenses ► \$ 13,087,625. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2008)

95-1643379 Page 3

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2008)

95-1643379 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2008)

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2008)

95-1643379 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 48		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
	2a 1130		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Form 990 (2008)

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CINDY HALSTEAD CFO - (805)569-1103 55 HITCHCOCK WAY NO 101, SANTA BARBARA, CA 93105

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES CIONTEA BOARD MEMBER	2.00	X					0.	0.	0.	
ROBERT COLES BOARD MEMBER	2.00	X					0.	0.	0.	
JIM DIXON BOARD MEMBER	1.00	X					0.	0.	0.	
MARK FINGERLIN BOARD MEMBER	2.00	X					0.	0.	0.	
TONY HARBOUR BOARD MEMBER	2.00	X					0.	0.	0.	
DALE HASLEM BOARD MEMBER	2.00	X					0.	0.	0.	
TOM HETER BOARD MEMBER	2.00	X					0.	0.	0.	
GEORGE LEIS BOARD MEMBER	1.00	X					0.	0.	0.	
JON MARTIN BOARD MEMBER	1.00	X					0.	0.	0.	
AARON PETERSON BOARD MEMBER	1.00	X					0.	0.	0.	
EDWARD C. ROLLINS, II BOARD MEMBER	1.00	X					0.	0.	0.	
JEFF SPEICH BOARD MEMBER	2.00	X					0.	0.	0.	
JOSEPH SULLIVAN BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN VAN DONGE BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL WATKINS BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
GEORGE ARMSTRONG BOARD MEMBER	2.00	X					0.	0.	0.	

**CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Form 990 (2008)

95-1643379 Page **8**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DARREN CAESAR BOARD CHAIR	3.00			X				0.	0.	0.
SAL CISNEROS PRESIDENT/CEO	40.00			X		X		181,846.	0.	25,974.
BRIAN GOUGH CHAIR ELECT	3.00			X				0.	0.	0.
WILLIAM PHILLIPS TREASURER	2.00			X				0.	0.	0.
MERRILL HOFFMAN SECRETARY	2.00			X				0.	0.	0.
JAMES ARMSTRONG PAST BOARD CHAIR	2.00			X				0.	0.	0.
CINDY HALSTEAD CFO	40.00			X		X		94,507.	0.	15,493.
TIMOTHY HARDY DISTRICT VICE PRESIDENT	40.00					X		136,401.	0.	20,520.
DANIEL POWELL REGIONAL EXECUTIVE DIREC	40.00					X		108,382.	0.	17,158.
JOAN PRICE EXECUTIVE DIRECTOR	40.00					X		104,890.	0.	13,709.
1b Total								626,026.	0.	92,854.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **0**

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2008)

95-1643379 Page 9

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	473,861.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	977,428.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2103169.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		3,554,458.				
	Program Service Revenue	2 a	HEALTH&WELLNESS AND AQ	Business Code 713940	7,783,335.	7,783,335.		
b		CHILD CARE	713940	3,243,512.	3,243,512.			
c		COMMUNITY	713940	1,156,911.	1,156,911.			
d		CAMP INCOME	713940	98,429.	98,429.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		12282187.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		40,476.			40,476.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			2,109.	2,109.	
	8 a	Gross income from fundraising events (not including \$ 473,861. of contributions reported on line 1c). See Part IV, line 18	a		267,397.			
		b	Less: direct expenses	b	334,980.			
		c	Net income or (loss) from fundraising events			-67,583.	-67,583.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a		3,957.			
		b	Less: direct expenses	b	1,250.			
		c	Net income or (loss) from gaming activities			2,707.	2,707.	
10 a	Gross sales of inventory, less returns and allowances	a		21,777.				
	b	Less: cost of goods sold	b	11,569.				
	c	Net income or (loss) from sales of inventory			10,208.	10,208.		
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS	713940		25,644.	25,644.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			25,644.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			15850206.	12255272.	0.	40,476.	

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	317,820.		317,820.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,419,656.	6,638,619.	518,168.	262,869.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,157,955.	961,226.	150,951.	45,778.
10 Payroll taxes	811,109.	700,566.	82,196.	28,347.
11 Fees for services (non-employees):				
a Management				
b Legal	15,812.		15,812.	
c Accounting	22,300.		22,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	104,755.			104,755.
f Investment management fees				
g Other	147,488.	75,482.	65,234.	6,772.
12 Advertising and promotion	343,994.	240,051.	67,923.	36,020.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,544,663.	1,451,803.	83,754.	9,106.
17 Travel	241,447.	223,290.	15,182.	2,975.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	106,234.	70,033.	24,554.	11,647.
20 Interest	235,523.	192,141.	13,243.	30,139.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	984,770.	960,311.	18,718.	5,741.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	652,151.	600,221.	10,899.	41,031.
b EQUIPMENT	274,600.	234,058.	22,987.	17,555.
c PROGRAM COSTS	227,438.	227,313.		125.
d NATIONAL YMCA FEE	157,921.	133,731.	16,432.	7,758.
e OTHER INSURANCE	155,736.	151,235.	4,326.	175.
f All other expenses	299,856.	227,545.	42,572.	29,739.
25 Total functional expenses. Add lines 1 through 24f	15,221,228.	13,087,625.	1,493,071.	640,532.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Form 990 (2008)

95-1643379 Page 11

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	6,247.	1	6,881.
	2	Savings and temporary cash investments	1,873,919.	2	1,563,461.
	3	Pledges and grants receivable, net	791,581.	3	868,111.
	4	Accounts receivable, net	30,957.	4	22,581.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	188,698.	9	205,611.
	10a	Land, buildings, and equipment: cost basis ...	10a 32,344,476.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 10,434,533.		
			22,339,597.	10c	21,909,943.
	11	Investments - publicly traded securities	764,244.	11	1,325,563.
	12	Investments - other securities. See Part IV, line 11	48,943.	12	39,389.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	115,380.	15	102,523.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	26,159,566.	16	26,044,063.	
Liabilities	17	Accounts payable and accrued expenses	1,135,889.	17	1,097,707.
	18	Grants payable		18	
	19	Deferred revenue	518,229.	19	462,849.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,127,026.	23	760,936.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,781,144.	26	2,321,492.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	20,800,342.	27	20,649,142.
	28	Temporarily restricted net assets	1,442,604.	28	1,931,690.
	29	Permanently restricted net assets	1,135,476.	29	1,141,739.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	23,378,422.	33	23,722,571.	
34	Total liabilities and net assets/fund balances	26,159,566.	34	26,044,063.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

CHANNEL ISLANDS YOUNG MEN'S

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13994218.	13157803.	10510698.	11100786.	11272917.	60036422.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4442134.	4798757.	5072448.	4506145.	4498852.	23318336.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	18436352.	17956560.	15583146.	15606931.	15771769.	83354758.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	27,137.	22,358.	26,668.	20,476.	25,453.	122,092.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	27,137.	22,358.	26,668.	20,476.	25,453.	122,092.
8 Public support (Subtract line 7c from line 6.)						83232666.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	18436352.	17956560.	15583146.	15606931.	15771769.	83354758.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,989.	36,354.	137,170.	39,181.	52,793.	319,487.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	53,989.	36,354.	137,170.	39,181.	52,793.	319,487.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	80,452.	73,246.	69,311.	25,675.	25,644.	274,328.
13 Total support (Add lines 9, 10c, 11, and 12.)						83948573.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.15 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.38 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.37 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

Multiple horizontal lines for providing supplemental information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION
Employer identification number 95-1643379

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,654,700.				
b Contributions	415,173.				
c Investment earnings or losses	-248,094.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,821,779.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 8.00 %
 - b** Permanent endowment ▶ 63.00 %
 - c** Term endowment ▶ 29.00 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	5,687,608.	5,687,608.		5,687,608.
b Buildings	20,560,204.	20,560,204.	7,156,078.	13,404,126.
c Leasehold improvements	3,732,291.	3,732,291.	1,521,508.	2,210,783.
d Equipment	2,270,284.	2,270,284.	1,671,213.	599,071.
e Other	94,089.	94,089.	85,734.	8,355.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				21,909,943.

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,850,206.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,221,228.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	628,978.
4	Net unrealized gains (losses) on investments	4	-284,829.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-284,829.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	344,149.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,576,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-284,829.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	11,569.
e	Add lines 2a through 2d	2e	-273,260.
3	Subtract line 2e from line 1	3	15,850,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	15,850,206.

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

1	Total expenses and losses per audited financial statements	1	15,232,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	11,569.
e	Add lines 2a through 2d	2e	11,569.
3	Subtract line 2e from line 1	3	15,221,228.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,221,228.

Part XIV Supplemental Information

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

PART V, LINE 4: THE ASSOCIATION HAS A POLICY OF APPROPRIATING FOR EXPENDITURE EACH YEAR AN AMOUNT NOT TO EXCEED 5% OF THE AVERAGE PAST TWELVE QUARTERLY ASSET MARKET VALUE BALANCES AS OF DECEMBER 31. IN ESTABLISHING THIS POLICY, THE ASSOCIATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG-TERM, THE ASSOCIATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 8% ANNUALLY. THIS IS CONSISTENT WITH THE ASSOCIATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT

Part XIV Supplemental Information (continued)

ASSETS HELD IN PERPETUITY FOR A SPECIFIED TERM AS WELL AS TO PROVIDE
ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X: PURSUANT TO FSP FIN 48-3, MANAGEMENT HAS ELECTED TO
DEFER THE APPLICATION OF FASB INTERPRETATION NO. 48 ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES TO FISCAL YEARS BEGINNING AFTER DECEMBER 15,
2008. THE ASSOCIATION EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH
FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES WHEREBY THE EFFECT OF
THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLY
AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2009, THE ASSOCIATION HAD NO
UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 11569.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 11569.

CHANNEL ISLANDS YOUNG MEN'S

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GOLF TOURNAMENTS (event type)	DINNER FUNDRAISERS (event type)	34 (total number)		
Revenue	1	Gross receipts	635,435.	57,893.	47,930.	741,258.
	2	Less: Charitable contributions	441,376.	32,485.		473,861.
	3	Gross revenue (line 1 minus line 2)	194,059.	25,408.	47,930.	267,397.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	212,411.	5,225.		217,636.
	7	Other direct expenses	72,839.	21,109.	23,396.	117,344.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(334,980.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-67,583.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION**

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION** Employer identification number **95-1643379**

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

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

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

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

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

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

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

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

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

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

95-1643379

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SAL CISNEROS	(i)	170,546.	6,500.	4,800.	0.	25,974.	207,820.	173,208.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY HARDY	(i)	136,401.	0.	0.	0.	20,520.	156,921.	130,351.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

95-1643379

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

YMCA HAS ASSISTED OVER 46,000 INDIVIDUALS MAINTAIN OR INCREASE THEIR PHYSICAL AND MENTAL HEALTH IN SANTA BARBARA AND VENTURA COUNTIES. THE YMCA ALSO PROVIDES FREE HEALTH FAIRS/SCREENINGS, EXERCISE ACTIVITIES AND NUTRITION ADVICE FOR MEMBERS AND NONMEMBERS ALIKE.

SWIMMING IS AN ESSENTIAL IN OUR COASTAL COMMUNITY. FOR GENERATIONS, PARTICIPANTS OF ALL AGES HAVE LEARNED WATER SURVIVAL SKILLS WHILE DISCOVERING FUN, WELLNESS, AND SELF-CONFIDENCE IN A YMCA POOL. OUR SWIM STAFF IS EXPERTLY TRAINED TO HELP SWIMMERS, FROM THE MOST TIMID TO THE MOST ADVANCED, PROGRESS EVEN FURTHER IN THEIR ABILITIES AND CONFIDENCE LEVEL. THIS YEAR 3,682 CHILDREN LEARNED TO SWIM OR INCREASED THEIR WATER-SAFETY ABILITIES.

THE PURPOSE OF THE YMCA HEALTH & WELLNESS, AND AQUATICS PROGRAMS IS TO SERVE ADULTS AND CHILDREN OF ALL AGES WHO WANT TO IMPROVE THEIR OVERALL HEALTH. THESE PROGRAMS SPECIFICALLY TARGET OLDER ADULTS AND THOSE WITH HEALTH PROBLEMS FOR WHOM REGULAR EXERCISE AND BETTER NUTRITION HABITS CAN DRAMATICALLY IMPROVE THEIR QUALITY OF LIFE AND LONGEVITY. ALL PROGRAMS AT THE YMCA EMPHASIZE FAMILY INVOLVEMENT BY DESIGN, HELPING TO BUILD THE FAMILY BOND AND POSITIVE COMMUNITY SPIRIT.

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

CHILD CARE TO WORKING FAMILIES REGARDLESS OF INCOME LEVEL. IN MANY INSTANCES, YMCA CHILD CARE MAKES IT POSSIBLE FOR THE PARENTS OF YOUNG CHILDREN TO REMAIN GAINFULLY EMPLOYED KNOWING THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTING ENVIRONMENT. MANY OF THE FAMILIES SERVED ARE LOW-INCOME FAMILIES WHO COULD NOT ACCESS THESE PROGRAMS WITHOUT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Name of the organization

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
95-1643379

SOME FINANCIAL ASSISTANCE. A SIGNIFICANT PORTION OF FUNDS CONTRIBUTED TO THE YMCA EACH YEAR BY COMMUNITY DONORS PROVIDES THAT SUPPORT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS SUPPORT AND EMPOWERMENT TO CHILDREN, YOUTH, AND ADULTS BASED ON CHARACTER DEVELOPMENT THAT INCREASE HUMAN POTENTIAL IN APTITUDES, PERSPECTIVES AND LIFE CHOICES. THE FOCUS IS ON BUILDING POSITIVE POTENTIAL IN EACH INDIVIDUAL THROUGH CARING, EQUALITY, AND RESPECT OF ALL PEOPLE. ALL OF THESE PROGRAMS AIM TO CONTRIBUTE TO THE DEVELOPMENT OF SOCIAL SKILLS AND VALUES IN YOUNG PEOPLE WITH INVOLVEMENT OF THEIR PARENTS.

NOAH'S ANCHORAGE IS A 8-BED YOUTH CRISIS SHELTER THAT TAKES NEARLY 300 YOUTH AS RESIDENT-CLIENTS EACH YEAR. ANNUALLY 1,800 DROP INTO NOAH'S FOR SERVICES: REFERRALS, ADVICE AND BASIC NEEDS. EACH YEAR, NOAH'S STAFF RECEIVE OVER 1,500 CRISIS CALLS ON OUR 24-HOUR HOTLINE.

STREET OUTREACH SERVICES (SOS) ASSISTS YOUTH LIVING ON THE STREET OF OUR COMMUNITY WITH BASIC NEEDS FROM FOOD TO SOCKS, SLEEPING BAGS AND TOOTHBRUSHES. THROUGH THIS PROGRAM OVER 200 YOUTH RECEIVE HEALTH CARE EDUCATION AND REFERRALS EACH YEAR. SOS ALSO PROVIDES COUNSELING AND CASE MANAGEMENT FOR KIDS ON THE STREET.

THE ISLA VISTA TEEN CENTER IS A PLACE WHERE 30-40 YOUTH DROP-IN FOR TUTORING, MENTORING AND HOMEWORK ASSISTANCE. THE CENTER PROVIDES A VARIETY OF AFTER-SCHOOL PROGRAMS AS WELL AS FIELDTRIPS AND OTHER ENRICHMENT OPPORTUNITIES. THE CENTER ALSO SERVES AS AN ADVOCATE FOR PARENTS OF TEENS, ASSISTING THEM DURING MEETINGS WITH SCHOOL

ADMINISTRATORS AND DURING COURT APPEARANCES WITH THEIR CHILDREN. THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
95-1643379

TEEN CENTER IS ABOUT HELPING KIDS TO ACHIEVE, FAMILIES TO BECOME
STRONGER AND THE COMMUNITY TO THRIVE.

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

YMCA CAMPING - EACH SUMMER AND DURING SCHOOL HOLIDAYS, TRADITIONAL YMCA
RESIDENT, DAY, AND SPECIALTY CAMPS ARE OPERATED AT SCHOOL SITES, PARKS,
AT YMCA FACILITIES, AND AT CAMP REDWOOD IN NORTHERN CALIFORNIA. OVER
THE COURSE OF THE SUMMER, THE YMCA SERVES OVER 550 UNDUPLICATED
CHILDREN WHO ATTEND AT LEAST ONE OF OUR TEN, WEEK-LONG SESSIONS OF
CAMP.

YMCA CAMPING EXPERIENCES HAVE BEEN ENRICHING THE LIVES OF CHILDREN FOR
MORE THAN 100 YEARS. CAMPS ARE EFFECTIVE IN HELPING CHILDREN DEVELOP A
SET OF VALUES THAT WILL SERVE THEM FOR A LIFETIME. YMCA CAMP USES
ACTIVITIES LIKE HIKING, SWIMMING, AND CRAFT ACTIVITIES TO HELP CHILDREN
DEVELOP AN APPRECIATION OF NATURE, UNDERSTANDING POSITIVE VALUES AND
GOOD GROUP SKILLS WHILE HAVING FUN.

CAMP PROVIDES EXPOSURE TO NEW EXPERIENCES THAT HELP THE CAMPER GROW IN
SPIRIT, MIND, AND BODY. OUR GOAL IS TO HAVE EACH CAMPER RETURN WITH
HIGHER SELF-ESTEEM, NEW FRIENDS, A GREATER APPRECIATION OF THE
OUTDOORS, A RESPECT FOR DIVERSITY, A SENSE OF COMMUNITY AND
RESPONSIBILITY AND LEARNING TO WORK WITH OTHERS.

YMCA CAMP PROVIDES A SAFE AND NURTURING PLACE FOR CHILDREN OF WORKING
PARENTS INCLUDING SINGLE WORKING PARENTS. MANY OF THE FAMILIES SERVED
ARE LOW-INCOME FAMILIES WHO COULD NOT ACCESS THESE PROGRAMS WITHOUT
SOME FINANCIAL ASSISTANCE. A SIGNIFICANT PORTION OF THE FUNDS

CONTRIBUTED TO THE YMCA EACH YEAR BY COMMUNITY DONORS PROVIDES THAT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 95-1643379
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SUPPORT.

EXPENSES \$ 307088. INCLUDING GRANTS OF \$ 0. REVENUE \$ 98429.

FORM 990, PART VI, SECTION A, LINE 4: THE ONLY CHANGE IN THE ORGANIZATION'S ORGANIZATIONAL DOCUMENTS SINCE THE PRIOR 990 WAS FILED IS THAT THE AUDIT COMMITTEE NOW HAS RESPONSIBILITY OF REVIEWING AND RECOMMENDING APPROVAL OF 990 TO BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: FOR PRIOR IRS 990 FILINGS, THE CEO AND CFO ASSISTED IN THE COMPLETION AND REVIEW OF THE IRS 990 PRIOR TO THE FILING. ON DECEMBER 17, 2009, THE AUDIT COMMITTEE WAS ASSIGNED THE RESPONSIBILITY OF REVIEWING THE IRS 990. AFTER REVIEW AND ACCEPTANCE, THE COMMITTEE WILL SUBMIT THE FINAL DRAFT TO THE BOARD WITH RECOMMENDATION FOR APPROVAL. ONCE THE IRS 990 IS APPROVED BY THE BOARD, THE FORM WILL BE FILED WITH THE IRS AND A COPY WILL BE INCLUDED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH CONFLICT OF INTEREST POLICY BY DISTRIBUTING THE POLICY AND REQUESTING THE COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRE. THIS PROCESS IS PERFORMED ANNUALLY AT THE DECEMBER BOARD OF DIRECTORS MEETING. QUESTIONNAIRES ARE ALSO SENT TO KEY STAFF AND COMMITTEE MEMBERS. RECEIPT OF THE QUESTIONNAIRES IS MONITORED BY THE ASSISTANT TO THE PRESIDENT WHO ENSURES ALL FORMS ARE COMPLETED AND RETURNED. ANY POTENTIAL CONFLICT OF INTEREST ISSUES ARE SUBMITTED TO THE CEO AND CFO FOR REVIEW, DISCUSSION, POSSIBLE ACTION AND OR DISCLOSURE IN THE AUDITED FINANCIAL STATEMENTS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
95-1643379

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT/CEO RECEIVES AN ANNUAL FORMAL WRITTEN PERFORMANCE EVALUATION BY THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS IN EXECUTIVE SESSION. THE REVIEW INCORPORATES AN INDEPENDENT NATIONALLY RECOGNIZED COMPENSATION STUDY OF COMPARABLE NONPROFIT PRESIDENT/CEO COMPENSATION. BASED ON THESE STUDIES, THE COMPENSATION COMMITTEE REVIEWS AND DEEMS REASONABLE THE COMPENSATION OF THE PRESIDENT/CEO. THE ANNUAL COMPENSATION AMOUNT IS REPORTED TO THE BOARD OF DIRECTORS THROUGH THE EXECUTIVE COMMITTEE.

ALL OTHER KEY STAFF RECEIVE ANNUAL PERFORMANCE REVIEWS BY THE PRESIDENT/CEO. COMPENSATION IS DETERMINED BY SALARY GUIDELINES ESTABLISHED BY THE DIRECTOR OF HUMAN RESOURCES AND APPROVED BY THE BOARD OF DIRECTORS. THE SALARY GUIDELINES ALSO INCORPORATE NATIONALLY RECOGNIZED COMPENSATION STUDIES FOR SIMILAR NONPROFIT POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S HEADQUARTERS. AUDITED FINANCIAL STATEMENTS AND IRS 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C, RESPONSIBILITY FOR AUDIT OVERSIGHT: THE CHANNEL ISLANDS YMCA COMPLIES WITH THE CALIFORNIA NONPROFIT INTEGRITY ACT OF 2004 WHICH REQUIRES THE ESTABLISHMENT AND MAINTENANCE OF AN AUDIT COMMITTEE FOR ANY CHARITY WITH GROSS REVENUES OF \$2 MILLION OR MORE. THE ORGANIZATION'S AUDIT COMMITTEE HAS THE RESPONSIBILITY OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	95-1643379
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HIRING THE AUDITORS, OVERSEEING THE AUDIT, REVIEWING THE AUDITED FINANCIAL STATEMENTS, AND RECOMMENDING THE APPROVAL OF THE AUDITED FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE CURRENTLY INCLUDES FIVE MEMBERS WITH THE EXPERIENCE IN ACCOUNTING, FINANCE, REAL ESTATE, EDUCATION AND INVESTING.

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

(A) NAME OF PERSON: DARREN CAESAR

(D) DESCRIPTION OF TRANSACTION: DARREN CAESAR IS PRINCIPAL OF HUB INTERNATIONAL OF CALIFORNIA INSURANCE SERVICES (HUB INTERNATIONAL). THE ORGANIZATION USES HUB INTERNATIONAL AS A BROKER TO OBTAIN ITS WORKER COMPENSATION INSURANCE POLICIES. HUB INTERNATIONAL RECEIVES AN ANNUAL COMMISSION OF APPROXIMATELY \$20,000 FOR THESE SERVICES.

(A) NAME OF PERSON: GEORGE LEIS

(D) DESCRIPTION OF TRANSACTION: GEORGE LEIS IS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF PACIFIC CAPITAL BANCORP. THE ORGANIZATION HAS SEVERAL ACCOUNTS WITH PACIFIC CAPITAL BANCORP INCLUDING CHECKING, SAVINGS AND CONSTRUCTION LOAN AND LINE OF CREDIT FINANCING.

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

THE CHANNEL ISLANDS YMCA IS A CHARITABLE ORGANIZATION PROVIDING PROGRAMS BASED UPON CHRISTIAN PRINCIPLES TO MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIOUS BELIEFS AND ECONOMIC STATUS, TO DEVELOP AND ENRICH THE SPIRIT, MIND, AND BODY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

95-1643379

THE CHANNEL ISLANDS YMCA IS COMMITTED TO BUILDING STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES THROUGH PROGRAMS WHICH PROMOTE HEALTH AND WELL-BEING, YOUTH DEVELOPMENT, AND COMMUNITY INVOLVEMENT.

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

THE CHANNEL ISLANDS YMCA IS A CHARITABLE ORGANIZATION PROVIDING PROGRAMS BASED UPON CHRISTIAN PRINCIPLES TO MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIOUS BELIEFS AND ECONOMIC STATUS, TO DEVELOP AND ENRICH THE SPIRIT, MIND, AND BODY.

THE CHANNEL ISLANDS YMCA IS COMMITTED TO BUILDING STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES THROUGH PROGRAMS WHICH PROMOTE HEALTH AND WELL-BEING, YOUTH DEVELOPMENT, AND COMMUNITY INVOLVEMENT.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number

95-1643379

Name and title of officer

**SAL CISNEROS
PRESIDENT/CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>15850206</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MCGOWAN GUNTERMANN to enter my PIN 43379
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 77529680171
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**