

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 HITCHCOCK WAY 101</p> <p>City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93105</p> <p>F Name and address of principal officer: SAL CISNEROS SAME AS C ABOVE</p>	<p>D Employer identification number 95-1643379</p> <p>E Telephone number (805) 569-1103</p> <p>G Gross receipts \$ 16,022,817.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.CIYMCA.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1887 M State of legal domicile: CA</p>	

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 net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	989
	6 Total number of volunteers (estimate if necessary)	6	2036
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,554,458.	Current Year 3,845,830.
	9 Program service revenue (Part VIII, line 2g)	12,282,187.	11,721,047.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,585.	27,921.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,024.	44,048.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,850,206.	15,638,846.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,706,540.	9,272,900.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	104,755.	42,338.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 519,710.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,409,933.	5,173,365.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,221,228.	14,488,603.	
19 Revenue less expenses. Subtract line 18 from line 12	628,978.	1,150,243.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,044,063.	End of Year 27,136,235.
	21 Total liabilities (Part X, line 26)	2,321,492.	2,113,954.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,722,571.	25,022,281.

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	<p>Signature of officer _____ Date _____</p> <p>SAL CISNEROS, PRESIDENT/CEO</p> <p>Type or print name and title</p>	
Paid Preparer's Use Only	Preparer's signature ▶ _____ Date _____	Preparer's identifying number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 MCGOWAN GUNTERMANN 509 E. MONTECITO ST., 2ND FLOOR SANTA BARBARA, CA 93103-3293	EIN ▶ _____ Phone no. ▶ (805) 962-9175

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

Part III Statement of Program Service Accomplishments

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.

4a (Code:) (Expenses \$ 6,381,069. including grants of \$) (Revenue \$ 8,255,890.)
YMCA HEALTHY LIVING - SEE SCHEDULE O.

4b (Code:) (Expenses \$ 5,375,141. including grants of \$) (Revenue \$ 3,481,737.)
YMCA YOUTH DEVELOPMENT - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 755,717. including grants of \$) (Revenue \$ 686.)
YMCA SOCIAL RESPONSIBILITY - SEE SCHEDULE O.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 12,511,927.

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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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school 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 United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 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? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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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 44		
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 989		
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		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	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	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 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
10 Section 501(c)(7) organizations.	Enter:		
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:		
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			19
b	Enter the number of voting members that are independent		
			17
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
b	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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	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	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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
b	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.
 Own website Another's website 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

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(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			
BRIAN GOUGH CHAIR	3.00	X		X			0.	0.	0.	
WILLIAM PHILLIPS FORMER TREASURER	1.00	X		X			0.	0.	0.	
MERRILL HOFFMAN FORMER SECRETARY	1.00	X		X			0.	0.	0.	
JAMES ARMSTRONG TREASURER	3.00	X		X			0.	0.	0.	
ROBERT COLES BOARD MEMBER	2.00	X					0.	0.	0.	
MARK FINGERLIN FORMER CHAIR ELECT	2.00	X					0.	0.	0.	
TONY HARBOUR 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	2.00	X					0.	0.	0.	
GEORGE ARMSTRONG BOARD MEMBER	2.00	X					0.	0.	0.	
DARREN CAESAR IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
GEORGE LEIS CHAIR ELECT	2.00	X		X			0.	0.	0.	
JON MARTIN SECRETARY	1.00	X		X			0.	0.	0.	
JIM DIXON 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.	

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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			
JOHN VAN DONGE BOARD MEMBER	2.00	X						0.	0.	0.
DANIEL WATKINS BOARD MEMBER	2.00	X						0.	0.	0.
GAIL ANIKOUCHINE BOARD MEMBER	2.00	X						0.	0.	0.
ANDREW GRANT BOARD MEMBER	2.00	X						0.	0.	0.
SAL CISNEROS PRESIDENT/CEO	40.00			X				181,188.	0.	22,048.
CINDY HALSTEAD CFO	40.00			X				100,476.	0.	14,365.
TIMOTHY HARDY VICE PRESIDENT	40.00					X		137,868.	0.	18,196.
DANIEL POWELL REGIONAL ED	40.00					X		109,388.	0.	15,350.
JOAN PRICE ED	40.00					X		105,344.	0.	10,821.
1b Total								634,264.	0.	80,780.

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

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

Section B. Independent Contractors

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

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

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

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

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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	95,074.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	928,216.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,822,540.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		3,845,830.				
	Program Service Revenue	2 a	HEALTHY LIVING	Business Code 713940	8,238,624.	8,238,624.		
b		YOUTH DEVELOPMENT	713940	3,481,737.	3,481,737.			
c		SOCIAL RESPONSIBILITY	713940	686.	686.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		11721047.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		47,090.			47,090.	
	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)			-19,169.	-19,169.	
	8 a	Gross income from fundraising events (not including \$ 95,074. of contributions reported on line 1c). See Part IV, line 18	a		52,203.			
		b	Less: direct expenses	b	55,787.			
		c	Net income or (loss) from fundraising events			-3,584.		-3,584.
	9 a	Gross income from gaming activities. See Part IV, line 19	a		12,356.			
b		Less: direct expenses	b	1,159.				
c		Net income or (loss) from gaming activities			11,197.		11,197.	
10 a	Gross sales of inventory, less returns and allowances	a		21,812.				
	b	Less: cost of goods sold	b	10,325.				
	c	Net income or (loss) from sales of inventory			11,487.	11,487.		
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 713940	24,948.	24,948.			
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			24,948.			
12	Total revenue. See instructions.			15638846.	11738313.	0.	54,703.	

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	314,968.		314,968.	
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	7,141,244.	6,430,136.	475,518.	235,590.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	326,784.	289,698.	34,143.	2,943.
9 Other employee benefits	635,826.	501,895.	98,198.	35,733.
10 Payroll taxes	854,078.	741,219.	85,267.	27,592.
11 Fees for services (non-employees):				
a Management				
b Legal	6,274.		6,274.	
c Accounting	20,000.		20,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	42,338.			42,338.
f Investment management fees				
g Other	128,517.	51,566.	71,142.	5,809.
12 Advertising and promotion	309,780.	208,201.	65,469.	36,110.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,468,295.	1,370,649.	89,607.	8,039.
17 Travel	203,528.	189,133.	11,419.	2,976.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	93,152.	63,582.	21,351.	8,219.
20 Interest	224,692.	182,390.	18,641.	23,661.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	986,320.	956,747.	24,087.	5,486.
23 Insurance	168,186.	165,576.	2,513.	97.
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	620,728.	566,214.	18,193.	36,321.
b EQUIPMENT	290,532.	249,330.	30,629.	10,573.
c PROGRAM COSTS	212,447.	212,367.		80.
d NATIONAL YMCA FEE	150,113.	134,094.	8,669.	7,350.
e COMMUNICATIONS	116,571.	85,642.	25,262.	5,667.
f All other expenses	174,230.	113,488.	35,616.	25,126.
25 Total functional expenses. Add lines 1 through 24f	14,488,603.	12,511,927.	1,456,966.	519,710.
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

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	6,881.	1	6,520.	
	2 Savings and temporary cash investments	1,563,461.	2	1,956,936.	
	3 Pledges and grants receivable, net	868,111.	3	1,550,038.	
	4 Accounts receivable, net	22,581.	4	23,894.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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	205,611.	9	330,477.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,583,427.			
	b Less: accumulated depreciation	10b 11,254,241.			
		21,909,943.	10c	21,329,186.	
	11 Investments - publicly traded securities	1,325,563.	11	1,823,572.	
	12 Investments - other securities. See Part IV, line 11	39,389.	12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	102,523.	15	115,612.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,044,063.	16	27,136,235.		
Liabilities	17 Accounts payable and accrued expenses	1,097,707.	17	1,013,609.	
	18 Grants payable		18		
	19 Deferred revenue	462,849.	19	496,570.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	760,936.	23	603,775.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	2,321,492.	26	2,113,954.	
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	20,649,142.	27	20,358,773.	
	28 Temporarily restricted net assets	1,931,690.	28	3,120,421.	
	29 Permanently restricted net assets	1,141,739.	29	1,543,087.	
	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	23,722,571.	33	25,022,281.	
34 Total liabilities and net assets/fund balances	26,044,063.	34	27,136,235.		

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

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 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13157803.	10510698.	11100786.	11272917.	11326452.	57368656.
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	4798757.	5072448.	4506145.	4498852.	4145351.	23021553.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	17956560.	15583146.	15606931.	15771769.	15471803.	80390209.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	28,168.	20,476.	25,453.	13,547.	13,613.	101,257.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	28,168.	20,476.	25,453.	13,547.	13,613.	101,257.
8 Public support (Subtract line 7c from line 6.)						80288952.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	17956560.	15583146.	15606931.	15771769.	15471803.	80390209.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,354.	137,170.	39,181.	52,793.	68,902.	334,400.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	36,354.	137,170.	39,181.	52,793.	68,902.	334,400.
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.)	73,246.	69,311.	25,675.	25,644.	24,948.	218,824.
13 Total support (Add lines 9, 10c, 11, and 12.)	18066160.	15789627.	15671787.	15850206.	15565653.	80943433.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.19 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.41 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.38 %

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

OTHER INCOME

Multiple horizontal lines for providing supplemental information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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 the 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	1,821,779.	1,654,700.			
b Contributions	9,037.	415,173.			
c Net investment earnings, gains, and losses	162,874.	-248,094.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,993,690.	1,821,779.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 3.00 %
 - b Permanent endowment 78.00 %
 - c Term endowment 19.00 %
- 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? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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) Accumulated depreciation	(d) Book value
1a Land		5,687,608.		5,687,608.
b Buildings		20,785,934.	7,812,642.	12,973,292.
c Leasehold improvements		3,738,259.	1,620,210.	2,118,049.
d Equipment		2,371,626.	1,821,389.	550,237.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,329,186.

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2009

95-1643379 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,638,846.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,488,603.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,150,243.
4	Net unrealized gains (losses) on investments	4	149,467.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	149,467.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,299,710.

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	15,798,638.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	149,467.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	10,325.
e	Add lines 2a through 2d	2e	159,792.
3	Subtract line 2e from line 1	3	15,638,846.
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 must equal Form 990, Part I, line 12.)	5	15,638,846.

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

1	Total expenses and losses per audited financial statements	1	14,498,928.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	10,325.
e	Add lines 2a through 2d	2e	10,325.
3	Subtract line 2e from line 1	3	14,488,603.
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 must equal Form 990, Part I, line 18.)	5	14,488,603.

Part XIV Supplemental Information

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

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: THE YMCA IS EXEMPT FROM TAXES ON INCOME UNDER INTERNAL
REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE
23701(D), THEREFORE NO AMOUNTS FOR INCOME TAXES ARE REFLECTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS. THE YMCA IS NOT A PRIVATE FOUNDATION
FOR INCOME TAX PURPOSES. MANAGEMENT IS NOT AWARE OF ANY TRANSACTIONS THAT
WOULD AFFECT THE YMCA'S TAX-EXEMPT STATUS.

THE YMCA EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE
UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND
REASONABLY ESTIMABLE. AS OF JUNE 30, 2010, THE YMCA HAD NO UNCERTAIN TAX
POSITIONS REQUIRING ACCRUAL.

THE YMCA FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS.
THE YMCA IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE TAX EXAMINATIONS
BY TAX AUTHORITIES FOR YEARS BEFORE 2006.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES

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)	REACHING FOR THE STARS D (event type)	9 (total number)		
Revenue	1	Gross receipts	62,440.	51,860.	32,977.	147,277.
	2	Less: Charitable contributions	37,934.	45,140.	12,000.	95,074.
	3	Gross income (line 1 minus line 2)	24,506.	6,720.	20,977.	52,203.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,845.	3,500.	350.	14,695.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,443.	10,266.	21,383.	41,092.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(55,787)
11	Net income summary. Combine line 3, column (d), and line 10				-3,584.	

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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	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 Enter 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? **15a**

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number
95-1643379

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SAL CISNEROS	(i)	175,608.	0.	5,580.	0.	22,048.	203,236.	207,820.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY HARDY	(i)	137,088.	0.	780.	0.	18,196.	156,064.	156,921.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number
95-1643379

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	26,682.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	95-1643379
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

WE ARE A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN JOINED
TOGETHER BY A SHARED COMMITMENT TO NURTURE THE POTENTIAL OF KIDS,
PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL
RESPONSIBILITY. WE BELIEVE THAT LASTING PERSONAL AND SOCIAL CHANGE CAN
ONLY COME ABOUT WHEN WE ALL WORK TOGETHER TO INVEST IN OUR KIDS, OUR
HEALTH AND OUR NEIGHBORS. THAT'S WHY, AT THE Y, STRENGTHENING
COMMUNITY IS OUR CAUSE. EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR
NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR
BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE IS ASSIGNED THE
RESPONSIBILITY OF REVIEWING THE IRS 990. AFTER REVIEW AND ACCEPTANCE, THE
COMMITTEE SUBMITS THE FINAL DRAFT TO THE BOARD WITH RECOMMENDATION FOR
APPROVAL. ONCE THE IRS 990 IS APPROVED BY THE BOARD, THE FORM IS FILED
WITH THE IRS AND A COPY IS INCLUDED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND
ENFORCES COMPLIANCE WITH THE 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 BOARD OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHANNEL ISLANDS YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
95-1643379

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.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	CHANNEL ISLANDS YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	95-1643379
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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 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 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 \$20,589 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.

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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

OUR MOVEMENT BUILDS COMMUNITY THROUGH PROMOTING YOUTH DEVELOPMENT,
HEALTHY LIVING AND SOCIAL RESPONSIBILITY. WE HELP PEOPLE DEVELOP THE
SKILLS AND RELATIONSHIPS THEY NEED TO BE HEALTHY, CONFIDENT AND
CONNECTED TO OTHERS. KIDS DISCOVER WHO THEY ARE AND WHAT THEY CAN
ACHIEVE. ADULTS LEARN MORE, DO MORE AND LEAD HEALTHIER LIVES.

990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS - YMCA HEALTHY LIVING:

HEALTHY LIVING: IMPROVING THE NATION'S HEALTH AND WELL-BEING

IN SANTA BARBARA AND VENTURA COUNTIES, THE CHANNEL ISLANDS YMCA IS A
LEADING VOICE ON HEALTH AND WELL-BEING. WITH A MISSION CENTERED ON
BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH
AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED
INTERESTS. AS A RESULT, THOUSANDS OF YOUTH, ADULTS AND FAMILIES ARE
RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER
HEALTH AND WELL BEING FOR THEIR SPIRIT, MIND AND BODY

HEALTH, WELL-BEING & FITNESS - RESOURCES AND GUIDANCE TO MAINTAIN OR

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IMPROVE PHYSICAL ACTIVITY, HEALTH AND WELLNESS. THE CHANNEL ISLANDS
YMCA 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. THE YMCA ALSO PROVIDES FREE HEALTH
FAIRS/SCREENINGS, EXERCISE ACTIVITIES AND NUTRITION ADVICE FOR MEMBERS
AND NONMEMBERS ALIKE. OTHER PROGRAMS FOCUS ON:

FAMILY TIME - BRINGING FAMILIES TOGETHER TO HAVE FUN AND GROW TOGETHER
SPORTS & RECREATION - HEALTHY LIFESTYLE ACTIVITIES THAT BRING TOGETHER
PEOPLE WITH SHARED ATHLETIC AND RECREATIONAL INTERESTS
GROUP INTEREST - SOCIAL NETWORKS AND ACTIVITIES THAT BRING TOGETHER
PEOPLE THAT SHARE COMMON PASSIONS AND PERSONAL INTERESTS

990, PART III, LINE 4B

PROGRAM SERVICE ACCOMPLISHMENTS - YMCA YOUTH DEVELOPMENT:

YOUTH DEVELOPMENT: NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN

WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY
ARE AND WHAT THEY CAN ACHIEVE. THE Y IS GUIDED BY FOUR CORE VALUES:
CARING, HONESTY, RESPECT, RESPONSIBILITY. THROUGH THE Y, OUR YOUTH ARE
CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE
BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT.

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CHILD CARE - SAFE, NURTURING ENVIRONMENT FOR CHILDREN TO LEARN, GROW AND DEVELOP SOCIAL SKILLS. AS ONE OF THE LARGEST PROVIDERS OF AFFORDABLE CHILD CARE AND DAY CAMPS IN THE SANTA BARBARA AND VENTURA COUNTIES, THE CHANNEL ISLANDS YMCA OFFERS HIGH-QUALITY CHILD CARE TO WORKING FAMILIES REGARDLESS OF INCOME LEVEL. IN MANY INSTANCES, THE Y MAKES IT POSSIBLE FOR THE PARENTS OF YOUNG CHILDREN TO REMAIN GAINFULLY EMPLOYED KNOWING THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTING ENVIRONMENT. DURING THE YEAR 1,595 CHILDREN WERE CARED FOR IN Y PRE-SCHOOL AND SCHOOL-AGE CHILD CARE CENTERS, 1,501 CHILDREN ATTENDED A Y SUMMER DAY CAMP.

EDUCATION & LEADERSHIP - KNOWLEDGE, CHARACTER DEVELOPMENT, GUIDANCE AND ENCOURAGEMENT TO HELP YOUTH DEVELOP AND REALIZE THEIR POTENTIAL. FOR OVER 120 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) AND YMCA YOUTH AND GOVERNMENT. THIS LAST YEAR 373 FAMILIES PARTICIPATED IN PROGRAMS LIKE Y-GUIDES, Y-MAIDENS, TRAIL BLAZERS, AND ADVENTURE GUIDES. DURING THE YEAR 4,897 TEENS WERE INVOLVED IN Y YOUTH PROGRAMS. TEENS PARTICIPATE IN PROGRAMS SUCH AS: HEALTH & WELLNESS, AFTER-SCHOOL ACTIVITIES, YOUTH AND GOVERNMENT AND YMCA TEEN LEADERSHIP.

SWIM, SPORTS & PLAY - POSITIVE, FUN ACTIVITIES THAT BUILD ATHLETIC, SOCIAL AND INTERPERSONAL SKILLS. SWIMMING IS AN ESSENTIAL SKILL IN OUR COASTAL COMMUNITY. FOR GENERATIONS, PARTICIPANTS OF ALL AGES HAVE LEARNED WATER SURVIVAL SKILLS WHILE DISCOVERING FUN, WELLNESS, AND

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SELF-CONFIDENCE IN A Y 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 3,777
CHILDREN LEARNED TO SWIM OR INCREASED THEIR WATER-SAFETY ABILITIES AND
3,059 YOUTH PARTICIPATED IN A VARIETY OF SPORTS PROGRAMS. OTHER YOUTH
SPORTS PROGRAMS INCLUDE GYMNASTICS, SOCCER, T-BALL AND BASKETBALL.

CAMP - EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE
OUTDOORS, BUILD SELF-ESTEEM, DEVELOP INTERPERSONAL SKILLS AND MAKE
LASTING FRIENDSHIPS AND MEMORIES. Y 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. Y 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 FROM
CAMP WITH A 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.

990, PART III, LINE 4C

PROGRAM SERVICE ACCOMPLISHMENTS - YMCA SOCIAL RESPONSIBILITY:
SOCIAL RESPONSIBILITY: GIVING BACK AND PROVIDING SUPPORT TO OUR
NEIGHBORS

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THE CHANNEL ISLANDS YMCA HAS BEEN LISTENING AND RESPONDING TO OUR COMMUNITIES' MOST CRITICAL SOCIAL NEEDS FOR 123 YEARS. WHETHER DEVELOPING SKILLS OR EMOTIONAL WELL-BEING THROUGH EDUCATION AND TRAINING, WELCOMING AND CONNECTING DIVERSE DEMOGRAPHIC POPULATIONS, OR PREVENTING CHRONIC DISEASE AND BUILDING HEALTHIER COMMUNITIES, THE Y FOSTERS THE CARE AND RESPECT ALL PEOPLE NEED AND DESERVE. THROUGH THE CHANNEL ISLANDS YMCA, VOLUNTEERS, DONORS, LEADERS AND PARTNERS ARE EMPOWERING PEOPLE OF ALL AGES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE.

SOCIAL SERVICES - TRAINING, RESOURCES AND SUPPORT TO EMPOWER OUR NEIGHBORS TO MAKE CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. Y M C A YOUTH AND FAMILY SERVICES, OUR SOCIAL SERVICES BRANCH, ENCOMPASSES PROGRAMS DEDICATED TO SERVING AT-RISK YOUTH AND FAMILIES. NOAH'S ANCHORAGE YOUTH CRISIS SHELTER PROVIDES SERVICES TO RUNAWAY AND AT RISK YOUTH AGES TEN TO SEVENTEEN. ANNUALLY, NOAH'S RECEIVES OVER 1,800 DROP IN VISITS FOR REFERRALS, ADVICE AND BASIC NEEDS. EACH YEAR, WE 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, REFERRALS, COUNSELING AND CASE MANAGEMENT. THE ISLA VISTA TEEN CENTER PROVIDES BILINGUAL AFTER-SCHOOL PROGRAMS, TUTORING AND MENTORING FOR TEENS. THE 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

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

VOLUNTEERISM & GIVING - EACH OF OUR VOLUNTEERS HELPS MOVE PEOPLE AND COMMUNITIES FORWARD, DELIVERING THE BENEFITS OF GOOD HEALTH, STRONG CONNECTIONS, GREATER SELF-CONFIDENCE AND A SENSE OF SECURITY TO ALL WHO SEEK IT. VOLUNTARY CONTRIBUTIONS THAT FUND, LEAD AND SUPPORT THE Y'S CRITICAL WORK. THE Y IS ACCESSIBLE TO ALL PEOPLE. FINANCIAL ASSISTANCE IS OFFERED TO INDIVIDUALS AND FAMILIES WHO CANNOT AFFORD MEMBERSHIP. THE CHANNEL ISLANDS Y M C A PROVIDES OVER \$1.3 MILLION DOLLARS IN FINANCIAL ASSISTANCE TO OVER FOUR THOUSAND CHILDREN, FAMILIES AND INDIVIDUALS FOR PROGRAMS SUCH AS; CHILDCARE, CAMP, SPORTS AND AFTER - SCHOOL PROGRAMS.

ADVOCACY - COLLABORATIONS WITH POLICY MAKERS, COMMUNITY LEADERS AND PRIVATE AND PUBLIC ORGANIZATIONS TO DEVELOP YOUTH, PREVENT CHRONIC DISEASE, AND BUILD HEALTHIER COMMUNITIES AND ENCOURAGE SOCIAL RESPONSIBILITY.

990, PART VI, SECTION A, LINE 1A

EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, VICE-CHAIR, SECRETARY, TREASURER, PAST CHAIR AND COMMITTEE CHAIRS. ALL COMMITTEE



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: December 13, 2010

Taxpayer Identification Number:
95-1643379
Tax Form: 990
Tax Period: June 30, 2010

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CHANNEL ISLAND YOUNG MENS CHRISTIAN
ASSOCIATION
55 HITCHCOCK WAY STE 101
SANTA BARBARA CA 93105-3149267



070569

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

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

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

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

Department of the Treasury
Internal Revenue Service

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, if any, from the return. 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, Part VIII, column (A), line 12)	1b <u>15638846</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 2009 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 2009 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 2009 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 2009 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**