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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization YMCA OF KANAWHA VALLEY INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 100 YMCA DRIVE  City or town, state or country, and ZIP + 4 CHARLESTON, WV 25311	<b>D</b> Employer identification number 55-0357058  <b>E</b> Telephone number (304) 340-3540  <b>G</b> Gross receipts \$ 4,062,111
<b>F</b> Name and address of principal officer JOHN GIROIR 100 YMCA DRIVE CHARLESTON, WV 25311		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ WWW.YMCA.WV.ORG	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1906
			<b>M</b> State of legal domicile WV

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE YMCA OF KANAWHA VALLEY IS A CHARITABLE, SOCIAL SERVICE ORGANIZATION DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL YMCA PROGRAMS FOCUS ON FOUR CORE CHARACTER VALUES - CARING, HONESTY, RESPECT, AND RESPONSIBILITY WE SERVE MEN, WOMEN, AND CHILDREN OF ALL AGES, RACES, ABILITIES, INCOMES, AND RELIGIONS ALL PERSONS ARE WELCOME AT OUR YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE YMCA IS FOUNDED AND LED BY VOLUNTEERS THAT IDENTIFY NEEDS WITHIN OUR COMMUNITY AND FORM STRATEGIES TO RESPOND SO THAT THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS OUR GUIDING PRINCIPLES -OUR PRIMARY PURPOSE IS TO SERVE YOUTH NO YOUTH WILL BE TURNED AWAY DUE TO THE INABILITY TO PAY -WE EMPHASIZE THE HEALTHY DEVELOPMENT AND GROWTH OF THE INDIVIDUAL AND THE FAMILY -IT IS ONLY THROUGH GOOD STEWARDSHIP AND STRONG FISCAL MANAGEMENT THAT WE CAN FULFILL OUR MISSI		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	25
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	408
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	179,042	175,595
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	3,479,161	3,625,663
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	25,145	12,635
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	465,661	207,115
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	4,149,009	4,021,008
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,341,223	2,492,114
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 95,868		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,489,904	1,492,703
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,831,127	3,984,817
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	317,882	36,191
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	5,464,300	5,563,944
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,130,993	1,058,890
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	4,333,307	4,505,054

**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

<b>Sign Here</b>	Signature of officer: _____ Date: 2010-06-09 JOHN GIROIR PRESIDENT Type or print name and title
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<b>Paid Preparer's Use Only</b>	Preparer's signature: VALERIE R ELLIS Date: 2010-06-09 Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (304) 345-8400
Firm's name (or yours if self-employed), address, and ZIP + 4 GIBBONS & KAWASH CPA'S 707 VIRGINIA ST E STE 300 CHARLESTON, WV 253012724		

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

THE YMCA OF KANAWHA VALLEY IS A CHARITABLE, SOCIAL SERVICE ORGANIZATION DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL YMCA PROGRAMS FOCUS ON FOUR CORE CHARACTER VALUES - CARING, HONESTY, RESPECT, AND RESPONSIBILITY WE SERVE MEN, WOMEN, AND CHILDREN OF ALL AGES, RACES, ABILITIES, INCOMES, AND RELIGIONS ALL PERSONS ARE WELCOME AT OUR YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE YMCA IS FOUNDED AND LED BY VOLUNTEERS THAT IDENTIFY NEEDS WITHIN OUR COMMUNITY AND FORM STRATEGIES TO RESPOND SO THAT THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS OUR GUIDING PRINCIPLES -OUR PRIMARY PURPOSE IS TO SERVE YOUTH NO YOUTH WILL BE TURNED AWAY DUE TO THE INABILITY TO PAY -WE EMPHASIZE THE HEALTHY DEVELOPMENT AND GROWTH OF THE INDIVIDUAL AND THE FAMILY -IT IS ONLY THROUGH GOOD STEWARDSHIP AND STRONG FISCAL MANAGEMENT THAT WE CAN FULFILL OUR MISSI

**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 \$ 1,627,658 including grants of \$ ) (Revenue \$ )  
 YOUTH AND ADULT HEALTH, WELLNESS, SPORTS AND RECREATION - YMCA SPORTS PROGRAMS CONCENTRATE ON SPORTSMANSHIP AND FAIR PLAY THE YMCA PHILOSOPHY AND GOALS ARE THAT EVERYONE PARTICIPATES, AND THAT FUN AND FAIR PLAY ARE A PRIORITY PROGRAMS HELP DEVELOP SELF-ESTEEM AND SELF-WORTH THE PROGRAMS INVOLVE CHILDREN AGES FOUR TO EIGHTEEN YEARS OLD OVER 1,000 YOUTH PARTICIPATED IN A WIDE VARIETY OF SPORTING OPPORTUNITIES DURING 2009 THAT INCLUDED BASKETBALL, BASEBALL, DANCE, LACROSSE, MARTIAL ARTS, GYMNASTICS, HOMESCHOOL PHYSICAL EDUCATION, SOCCER, AND FLAG FOOTBALL YMCA ADULT SPORTS ACTIVITIES PROVIDE ALL PARTICIPANTS THE OPPORTUNITIES TO CONTINUE "LIFETIME" SPORTS ACTIVITIES OVER 1,400 ADULTS PARTICIPATED IN VARIOUS ACTIVITIES ADULT SPORTS RANGE FROM BASKETBALL, VOLLEYBALL, MARTIAL ARTS AND SOCCER TO LESS TRADITIONAL SPORTS SUCH AS ULTIMATE FRISBEE AND DODGEBALL -TENNIS THE YMCA PROVIDES A FIRST CLASS TENNIS PROGRAM TO ADULT AND JUNIOR PLAYERS OF ALL AGES AND ABILITIES OUR GOAL IS TO OPERATE WITHIN THE YMCA MISSION, AND TO PROVIDE AN ENVIRONMENT IN WHICH PARTICIPANTS CAN LEARN, BE PHYSICALLY CHALLENGED AND DERIVE GREAT ENJOYMENT FROM THE GAME THE YMCA TENNIS PROGRAM IS COMPRISED OF GROUP AND PRIVATE LESSONS, SUMMER CAMPS, TOURNAMENTS, USTA TEAM TENNIS AND SPECIAL EVENTS THE YMCA OFFERS AN ELEMENTARY SCHOOL OUTREACH PROGRAM WHICH PROVIDES FREE LESSONS TO YOUTH THE YMCA HOSTS THE TENNIS ACROSS AMERICA PROGRAM AS A WAY TO INTRODUCE TENNIS TO MORE YOUTH IN 2009, OVER 100 ELEMENTARY SCHOOL CHILDREN PARTICIPATED IN THIS FREE CLINIC FOR MANY IT WAS THE FIRST TIME PLAYING TENNIS -HEALTH AND WELLNESS FOR YOUTH AND ADULTS THE YMCA PROMOTES GOOD HEALTH FOR PEOPLE OF ALL AGES, ABILITIES, AND INCOME HEALTH & FITNESS AWARENESS THROUGH OUR PROGRAMS PROMOTE LIFESTYLES THAT HELP RESIST ILLNESS, ADDICTIONS, AND DISEASE THROUGH COMMUNITY-BASED EXERCISE, HEALTH AND EDUCATION PROGRAMS NOT ONLY DO THE YMCA HEALTH AND WELLNESS PROGRAMS ENHANCE PHYSICAL WELL-BEING, BUT ALSO THE MENTAL WELL-BEING, AS WELL AS PROMOTES SOCIAL INTERACTION IN 2009 THERE WERE OVER 9,900 VISITS TO WELLNESS AND AEROBIC CLASSES AND OVER 81,000 VISITORS TO THE HEALTH AND WELLNESS CENTER THE YMCA CONTINUED ITS HEALTHY KIDS DAY PROGRAM IN 2009 TO INTRODUCE CHILDREN TO A HEALTHY LIFESTYLE AND EDUCATE GUARDIANS ON AWARENESS AND RESOURCES THAT ARE AVAILABLE THROUGH LOCAL AND NATIONAL AGENCIES OVER 500 YOUTH TOOK PART IN THIS EVENT IN 2009 -AQUATIC PROGRAM THE YMCA PROVIDES WATER EDUCATION INSTRUCTION, TO PROMOTE WATER SAFETY AND DROWNING PREVENTION, FOR INFANTS SIX MONTHS OF AGE THROUGH SENIOR CITIZENS OVER 100 COMMUNITY AGENCIES, CHURCHES AND SCHOOLS USE THE YMCA POOL AND THOUSANDS OF DOLLARS IN FREE SERVICES ARE PROVIDED OVER 950 PARTICIPANTS RECEIVED SWIM LESSON INSTRUCTION OR PARTICIPATED IN WATER AEROBICS IN 2009 INSTRUCTIONAL CLASSES INCLUDE INFANT, PROGRESSIVE, AND ADULT CLASSES THE YMCA ALSO PROVIDES AMERICAN RED CROSS CERTIFIED LIFE-GUARDING TRAINING AND AMERICAN HEART ASSOCIATION CERTIFIED CPR TRAINING ADDITIONAL AQUATIC PROGRAMMING IS PROVIDED THROUGH AGREEMENTS WITH THE CITY OF MONTGOMERY, AND KANAWHA COUNTY PARKS AND RECREATION COMMISSION OVER 60,000 VISITS WERE MADE TO YMCA OPERATED POOLS AND PROGRAMS IN 2009

**4b** (Code ) (Expenses \$ 287,802 including grants of \$ ) (Revenue \$ )  
 -SUMMER DAY CAMP PROGRAM THE YMCA DAY CAMP PROGRAM OFFERS BOTH A RECREATIONAL AND LASTING EXPERIENCE OF PERSONAL ENRICHMENT THE PROGRAM IS DESIGNED TO HELP CAMPERS BE AWARE OF THEIR ENVIRONMENT AND IMPROVE FITNESS IT IS ALSO STRUCTURED TO HELP YOUNGSTERS LEARN THE VALUE OF COOPERATION AND GAIN CONFIDENCE TO CHALLENGE THEMSELVES TO ACHIEVE PERSONAL GROWTH THE MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES THE YMCA PROVIDES A SAFE, CLEAN ENVIRONMENT AND QUALITY PROGRAMS IN WHICH THEIR CHILDREN CAN SPEND THEIR SUMMER DAYS WE OFFER A VALUABLE ALTERNATIVE TO CHILDREN STAYING HOME ALONE, IN INDOOR CHILD CARE FACILITIES, OR A BABY-SITTER'S HOME OUR HOURS ARE FLEXIBLE (7 00 AM - 6 00 PM) OUR CAMPS ARE OPEN FOR ELEVEN WEEKS, AND OPERATE AT TWO SITES, THE CHARLESTON FAMILY YMCA AND THE TYLER MT YMCA IN CROSS LANES OVER 340 YOUTH, AGES FIVE TO TWELVE, TOOK PART IN SUMMER CAMP PROGRAMS RUN BY THE YMCA IN 2009 -YOUTH DEVELOPMENT AND TEEN LEADERSHIP THE YMCA DEVELOPS YOUTH LEADERSHIP THROUGH PROGRAMS THAT TEACH CHARACTER, VALUES, AND ENHANCE SELF-ESTEEM USING MENTORS AND SERVICE LEARNING PROJECTS YMCA TEEN PROGRAMS PROVIDE YOUTH GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING, COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC TEEN ACTIVITIES REFLECT THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS INTERACTION WITH TEENS MAY HELP PREVENT THE SENSELESS VIOLENCE THAT HAS PLAGUED SO MANY OF OUR COMMUNITIES TEEN CLUB, A MIDDLE SCHOOL AFTER-SCHOOL PROGRAM PROVIDES CARE FOR 12-15 YEAR OLDS DURING THE AFTER-SCHOOL HOURS THE YMCA BLACK/MINORITY ACHIEVERS CLUB ALLOWS TEENS TO TAKE PART IN LIFE STRENGTHENING PROGRAMS PARTICIPATION ENTITLES THE TEENS TO A FREE MEMBERSHIP TO THE YMCA SO THEY MAY COME ON THEIR OWN AND MAKE FRIENDS IN A SECURE SETTING

**4c** (Code ) (Expenses \$ 844,245 including grants of \$ ) (Revenue \$ )  
 -CHILD CARE/DAY CARE THE YMCA OFFERS HIGH QUALITY CHILDCARE ACTIVITIES FOR PRESCHOOL AND SCHOOL AGE CHILDREN, RANGING IN AGE FROM SIX MONTHS TO TWELVE YEARS, FROM ALL SEGMENTS OF OUR COMMUNITY WE OFFER A VARIETY OF STATE LICENSED CHILDCARE PROGRAMS, ON A FULL AND PART-TIME BASIS, IN A SAFE AND NURTURING ENVIRONMENT OUR PROGRAMS ARE DEVELOPED WITH AN EMPHASIS ON BUILDING SELF-ESTEEM, MORAL VALUES AND LEADERSHIP SKILLS WHILE INTEGRATING ENHANCEMENT IN THE AREAS OF SOCIO-EMOTIONAL LEARNING, COGNITIVE SKILLS, AND PHYSICAL DEVELOPMENT OUR PROGRAMS ARE BASED UPON YEARS OF RESEARCH IN THE FIELD OF CHILD DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE PROVIDING HIGH QUALITY CHILD CARE IS CENTRAL TO THE YMCA'S MISSION WOVEN INTO THE FABRIC OF MISSION AND HIGH QUALITY CHILD CARE IS A COMMITMENT TO STRENGTHENING FAMILIES WE RECOGNIZE A GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED, ADRIFT, AND IN TROUBLE THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING DIFFICULT TO BEAR THE YMCA ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF ASSISTANCE FOR CHILD CARE SERVICES THROUGH YMCA FUNDRAISING & STATE ASSISTANCE THE CENTRAL FOCUS OF ALL YMCA PRE-SCHOOL AND SCHOOL-AGED CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES ACCORDINGLY, PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS YMCA CHILD CARE CURRICULA HELP CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP YMCA CHILD CARE ALLOWS PARENTS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT YMCA FINANCIAL ASSISTANCE POLICIES HELP ENSURE THAT THE YMCA IS A PLACE WHERE CHILDREN OF ALL ECONOMIC LEVELS, FROM THE AFFLUENT TO THE DISADVANTAGED, RECEIVE THE SAME QUALITY CARE IN THE SAME SETTING IN 2009, OVER 1,100 YOUTH PARTICIPATED WITH OVER 120 OF THOSE PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE VALUE AT OVER 85,120

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 2,759,705

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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>		
<b>6</b>	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> <input checked="" type="checkbox"/>		No
<b>7</b>	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> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b>	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> <input checked="" type="checkbox"/>		No
<b>10</b>	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> <input checked="" type="checkbox"/>		No
<b>11</b>	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> <input checked="" type="checkbox"/>	Yes	
	• 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>		
<b>12</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	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>		No
<b>15</b>	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 U S? <i>If "Yes," complete Schedule F, Part II</i>		No
<b>16</b>	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 U S? <i>If "Yes," complete Schedule F, Part III</i>		No
<b>17</b>	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> <input checked="" type="checkbox"/>		No
<b>18</b>	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> <input checked="" type="checkbox"/>	Yes	
<b>19</b>	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> <input checked="" type="checkbox"/>		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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>	<b>21</b>	No
<b>22</b>	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>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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>	<b>23</b>	No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>	No
<b>b</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>	<b>25b</b>	No
<b>26</b>	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>	<b>26</b>	No
<b>27</b>	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>	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	No
<b>c</b>	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 owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	No
<b>32</b>	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>	<b>32</b>	No
<b>33</b>	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>	<b>33</b>	No
<b>34</b>	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>	<b>34</b>	No
<b>35</b>	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>	<b>35</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	No
<b>37</b>	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>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 12		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 408		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (25); 1b Enter the number of voting members that are independent (25); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 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. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TARA BAILEY, 100 YMCA DRIVE, CHARLESTON, WV 25311, (304) 340-3540.

**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, and **current** key employees. 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, or 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 or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										



<b>1b Total</b>	71,400	11,856
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**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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 12,011					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b> 120,866					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 42,718					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	175,595				
<b>Program Service Revenue</b>	<b>2a</b>	MEMBERSHIP DUES	1,885,162	1,885,162			
	<b>b</b>	PROGRAM FEES	1,432,678	1,432,678			
	<b>c</b>	CONTRACT SERVICES	307,823	307,823			
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	3,625,663				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	12,635			12,635	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross Rents 49,686				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Rental income or (loss) 49,686					
	<b>e</b>	Net rental income or (loss) . . . . . ▶	49,686			49,686	
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory				
<b>c</b>		Less cost or other basis and sales expenses					
<b>d</b>	Gain or (loss)						
<b>e</b>	Net gain or (loss) . . . . . ▶						
<b>8a</b>	Gross income from fundraising events (not including \$ 120,866 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> 165,000						
<b>b</b>	Less direct expenses . . . . . <b>b</b> 34,466						
<b>c</b>	Net income or (loss) from fundraising events . . ▶	130,534			130,534		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . ▶						
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . . <b>a</b> 9,957					
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b> 6,637					
	<b>c</b>	Net income or (loss) from sales of inventory . . ▶	3,320			3,320	
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MISCELLANEOUS		13,576			13,576	
<b>b</b>	VENDING/SNACK MACHINES		9,999			9,999	
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		23,575				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		4,021,008	3,625,663		219,750	

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	83,256		83,256	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	1,984,340	1,422,729	510,970	50,641
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	127,230	72,124	50,176	4,930
<b>9</b>	Other employee benefits . . . . .	108,869	63,782	41,053	4,034
<b>10</b>	Payroll taxes . . . . .	188,419	131,180	52,660	4,579
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	16,375		16,375	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	176,309	89,921	78,167	8,221
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	399,435	286,821	103,275	9,339
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	265,937	213,322	48,932	3,683
<b>17</b>	Travel . . . . .	66,440	41,187	23,233	2,020
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	16,081	6,417	8,891	773
<b>20</b>	Interest . . . . .	21,404	18,193	3,211	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	341,899	275,714	61,836	4,349
<b>23</b>	Insurance . . . . .	54,964	46,750	8,214	
<b>24</b>	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 )				
<b>a</b>	ORGANIZATIONAL DUES	62,428	28,534	31,183	2,711
<b>b</b>	REPAIRS & MAINTENANCE	45,677	37,277	7,812	588
<b>c</b>	MISCELLANEOUS	25,754	25,754		
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	3,984,817	2,759,705	1,129,244	95,868
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	656,376	<b>1</b>	817,532
	<b>2</b> Savings and temporary cash investments . . . . .	402,493	<b>2</b>	409,801
	<b>3</b> Pledges and grants receivable, net . . . . .	57,890	<b>3</b>	9,850
	<b>4</b> Accounts receivable, net . . . . .	40,964	<b>4</b>	44,788
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	2,858	<b>8</b>	3,688
	<b>9</b> Prepaid expenses and deferred charges . . . . .	50,605	<b>9</b>	44,652
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	8,370,597		
	<b>b</b> Less accumulated depreciation . . . . .	4,984,284	<b>10c</b>	3,386,313
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	729,534	<b>15</b>	847,320
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,464,300	<b>16</b>	5,563,944	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	108,290	<b>17</b>	128,865
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	157,898	<b>19</b>	146,979
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	864,805	<b>25</b>	783,046
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,130,993	<b>26</b>	1,058,890
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,209,989	<b>27</b>	3,351,822
	<b>28</b> Temporarily restricted net assets . . . . .	813,432	<b>28</b>	707,790
	<b>29</b> Permanently restricted net assets . . . . .	309,886	<b>29</b>	445,442
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	4,333,307	<b>33</b>	4,505,054	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	5,464,300	<b>34</b>	5,563,944	

**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 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 separated 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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YMCA OF KANAWHA VALLEY INC

Employer identification number

55-0357058

**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 **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?  
 (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 the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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 501(c)(3) organization, check this box and **stop here**

**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 for 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

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—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

**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

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,048,910	2,188,724	2,007,850	2,294,372	2,191,291	10,731,147
<b>2</b> 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	1,316,527	1,334,065	1,468,566	1,502,052	1,432,678	7,053,888
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,365,437	3,522,789	3,476,416	3,796,424	3,623,969	17,785,035
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	8,903	16,925	1,150	38,209	27,720	92,907
<b>b</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						
<b>c</b> Add lines 7a and 7b	8,903	16,925	1,150	38,209	27,720	92,907
<b>8 Public Support</b> (Subtract line 7c from line 6 )						17,692,128

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	3,365,437	3,522,789	3,476,416	3,796,424	3,623,969	17,785,035
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,534	19,145	30,242	25,145	12,635	115,701
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	28,534	19,145	30,242	25,145	12,635	115,701
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	3,393,971	3,541,934	3,506,658	3,821,569	3,636,604	17,900,736
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	98.830 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	98.870 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	1.000 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	1.000 %
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		



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

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization YMCA OF KANAWHA VALLEY INC

Employer identification number 55-0357058

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

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

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other, and a Total row.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include INVESTMENT IN NET ASSETS OF AFFILIAT, OIL & GAS RESERVES, and a Total row.

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

Table with 2 columns: (a) Description of Liability, (b) Amount. Rows include Federal Income Taxes, LINE OF CREDIT, CLUBS AND SPECIAL ACCOUNTS, and a Total row.

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	4,021,008
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	3,984,817
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	36,191
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	135,556
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	135,556
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	171,747

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,216,601
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	53,400
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	6,637
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	60,037
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,156,564
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-135,556
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-135,556
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	4,021,008

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,044,854
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	53,400
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	6,637
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	60,037
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,984,817
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	3,984,817

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	INCOME TAX STATUS THE YMCA IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, IS NOT SUBJECT TO TAXES ON INCOME DERIVED FROM IT'S EXEMPT ACTIVITIES EFFECTIVE JANUARY 1, 2009, THE YMCA IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES AS OF DECEMBER 31, 2009, THE YMCA HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,637 CHANGE IN VALUE OF INTEREST IN NET ASSETS OF AFF 135,556 COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 -6,637
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,637
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CHANGE IN VALUE OF INTEREST IN NET ASSETS OF AFF - 135,556
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,637



**Part III 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
		<u>ANNUAL CAMPAIGN</u> (event type)	<u>NONE</u> (event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	285,866			285,866
	<b>2</b> Less Charitable contributions . . . . .	120,866			120,866
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	165,000			165,000
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	34,466			34,466
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				34,466
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				130,534	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> YMCA OF KANAWHA VALLEY INC	<b>Employer identification number</b> 55-0357058
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE YMCA OF KANAWHA VALLEY IS A CHARITABLE, SOCIAL SERVICE ORGANIZATION DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL YMCA PROGRAMS FOCUS ON FOUR CORE CHARACTER VALUES - CARING, HONESTY, RESPECT, AND RESPONSIBILITY WE SERVE MEN, WOMEN, AND CHILDREN OF ALL AGES, RACES, ABILITIES, INCOMES, AND RELIGIONS ALL PERSONS ARE WELCOME AT OUR YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE YMCA IS FOUNDED AND LED BY VOLUNTEERS THAT IDENTIFY NEEDS WITHIN OUR COMMUNITY AND FORM STRATEGIES TO RESPOND SO THAT THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS OUR GUIDING PRINCIPLES -OUR PRIMARY PURPOSE IS TO SERVE YOUTH NO YOUTH WILL BE TURNED AWAY DUE TO THE INABILITY TO PAY -WE EMPHASIZE THE HEALTHY DEVELOPMENT AND GROWTH OF THE INDIVIDUAL AND THE FAMILY -IT IS ONLY THROUGH GOOD STEWARDSHIP AND STRONG FISCAL MANAGEMENT THAT WE CAN FULFILL OUR MISSION OF SERVICE TO YOUTH AND THE LESS ADVANTAGED -WE WILL SEEK TO DEVELOP PARTNERSHIPS AND COLLABORATIONS AS WE STRIVE TO MEET THE EXPANDING NEEDS OF OUR COMMUNITY -THE VOLUNTEER AND STAFF PARTNERSHIP IS ESSENTIAL TO MAINTAINING THE STRENGTH AND VIABILITY OF OUR YMCA -WE CONDUCT OUR BUSINESS AND PROGRAMMING SERVICES IN HARMONY WITH THE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY -WE ESTABLISH ADULT FEE STRUCTURES TO HELP SUPPORT OUR MISSION OF SERVICE TO YOUTH AND THE LESS FORTUNATE
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	ARTS AND SOCCER TO LESS TRADITIONAL SPORTS SUCH AS ULTIMATE FRISBEE AND DODGEBALL -TENNIS THE YMCA PROVIDES A FIRST CLASS TENNIS PROGRAM TO ADULT AND JUNIOR PLAYERS OF ALL AGES AND ABILITIES OUR GOAL IS TO OPERATE WITHIN THE YMCA MISSION, AND TO PROVIDE AN ENVIRONMENT IN WHICH PARTICIPANTS CAN LEARN, BE PHYSICALLY CHALLENGED AND DERIVE GREAT ENJOYMENT FROM THE GAME THE YMCA TENNIS PROGRAM IS COMPRISED OF GROUP AND PRIVATE LESSONS, SUMMER CAMPS, TOURNAMENTS, USTA TEAM TENNIS AND SPECIAL EVENTS THE YMCA OFFERS AN ELEMENTARY SCHOOL OUTREACH PROGRAM WHICH PROVIDES FREE LESSONS TO YOUTH THE YMCA HOSTS THE TENNIS ACROSS AMERICA PROGRAM AS A WAY TO INTRODUCE TENNIS TO MORE YOUTH IN 2009, OVER 100 ELEMENTARY SCHOOL CHILDREN PARTICIPATED IN THIS FREE CLINIC FOR MANY IT WAS THE FIRST TIME PLAYING TENNIS -HEALTH AND WELLNESS FOR YOUTH AND ADULTS THE YMCA PROMOTES GOOD HEALTH FOR PEOPLE OF ALL AGES, ABILITIES, AND INCOME HEALTH & FITNESS AWARENESS THROUGH OUR PROGRAMS PROMOTE LIFESTYLES THAT HELP RESIST ILLNESS, ADDICTIONS, AND DISEASE THROUGH COMMUNITY-BASED EXERCISE, HEALTH AND EDUCATION PROGRAMS NOT ONLY DO THE YMCA HEALTH AND WELLNESS PROGRAMS ENHANCE PHYSICAL WELL-BEING, BUT ALSO THE MENTAL WELL-BEING, AS WELL AS PROMOTES SOCIAL INTERACTION IN 2009 THERE WERE OVER 9,900 VISITS TO WELLNESS AND AEROBIC CLASSES AND OVER 81,000 VISITORS TO THE HEALTH AND WELLNESS CENTER THE YMCA CONTINUED ITS HEALTHY KIDS DAY PROGRAM IN 2009 TO INTRODUCE CHILDREN TO A HEALTHY LIFESTYLE AND EDUCATE GUARDIANS ON AWARENESS AND RESOURCES THAT ARE AVAILABLE THROUGH LOCAL AND NATIONAL AGENCIES OVER 500 YOUTH TOOK PART IN THIS EVENT IN 2009 - AQUATIC PROGRAM THE YMCA PROVIDES WATER EDUCATION INSTRUCTION, TO PROMOTE WATER SAFETY AND DROWNING PREVENTION, FOR INFANTS SIX MONTHS OF AGE THROUGH SENIOR CITIZENS OVER 100 COMMUNITY AGENCIES, CHURCHES AND SCHOOLS USE THE YMCA POOL AND THOUSANDS OF DOLLARS IN FREE SERVICES ARE PROVIDED OVER 950 PARTICIPANTS RECEIVED SWIM LESSON INSTRUCTION OR PARTICIPATED IN WATER AEROBICS IN 2009 INSTRUCTIONAL CLASSES INCLUDE INFANT, PROGRESSIVE, AND ADULT CLASSES THE YMCA ALSO PROVIDES AMERICAN RED CROSS CERTIFIED LIFE-GUARDING TRAINING AND AMERICAN HEART ASSOCIATION CERTIFIED CPR TRAINING ADDITIONAL AQUATIC PROGRAMMING IS PROVIDED THROUGH AGREEMENTS WITH THE CITY OF MONTGOMERY, AND KANAWHA COUNTY PARKS AND RECREATION COMMISSION OVER 60,000 VISITS WERE MADE TO YMCA OPERATED POOLS AND PROGRAMS IN 2009
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	PM) OUR CAMPS ARE OPEN FOR ELEVEN WEEKS, AND OPERATE AT TWO SITES, THE CHARLESTON FAMILY YMCA AND THE TYLER MT YMCA IN CROSS LANES OVER 340 YOUTH, AGES FIVE TO TWELVE, TOOK PART IN SUMMER CAMP PROGRAMS RUN BY THE YMCA IN 2009 - YOUTH DEVELOPMENT AND TEEN LEADERSHIP THE YMCA DEVELOPS YOUTH LEADERSHIP THROUGH PROGRAMS THAT TEACH CHARACTER, VALUES, AND ENHANCE SELF-ESTEEM USING MENTORS AND SERVICE LEARNING PROJECTS YMCA TEEN PROGRAMS PROVIDE YOUTH GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING, COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC TEEN ACTIVITIES REFLECT THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS INTERACTION WITH TEENS MAY HELP PREVENT THE SENSELESS VIOLENCE THAT HAS PLAGUED SO MANY OF OUR COMMUNITIES TEEN CLUB, A MIDDLE SCHOOL AFTER-SCHOOL PROGRAM PROVIDES CARE FOR 12-15 YEAR OLDS DURING THE AFTER-SCHOOL HOURS THE YMCA BLACK/MINORITY ACHIEVERS CLUB ALLOWS TEENS TO TAKE PART IN LIFE STRENGTHENING PROGRAMS PARTICIPATION ENTITLES THE TEENS TO A FREE MEMBERSHIP TO THE YMCA SO THEY MAY COME ON THEIR OWN AND MAKE FRIENDS IN A SECURE SETTING
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE PROVIDING HIGH QUALITY CHILD CARE IS CENTRAL TO THE YMCA'S MISSION WOVEN INTO THE FABRIC OF MISSION AND HIGH QUALITY CHILD CARE IS A COMMITMENT TO STRENGTHENING FAMILIES WE RECOGNIZE A GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED, ADRIFT, AND IN TROUBLE THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING DIFFICULT TO BEAR THE YMCA ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF ASSISTANCE FOR CHILD CARE SERVICES THROUGH YMCA FUNDRAISING & STATE ASSISTANCE THE CENTRAL FOCUS OF ALL YMCA PRE-SCHOOL AND SCHOOL-AGED CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES ACCORDINGLY, PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS YMCA CHILD CARE CURRICULA HELP CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP YMCA CHILD CARE ALLOWS PARENTS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT YMCA FINANCIAL ASSISTANCE POLICIES HELP ENSURE THAT THE YMCA IS A PLACE WHERE CHILDREN OF ALL ECONOMIC LEVELS, FROM THE AFFLUENT TO THE DISADVANTAGED, RECEIVE THE SAME QUALITY CARE IN THE SAME SETTING IN 2009, OVER 1,100 YOUTH PARTICIPATED WITH OVER 120 OF THOSE PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE VALUE AT OVER 85,120
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	-YMCA FAMILY LIFE PROGRAMS STRENGTHENING FAMILIES AND MEETING THE NEEDS OF CHILDREN HAVE ALWAYS BEEN CENTRAL TO THE YMCA MISSION OF BUILDING HEALTHY SPIRITS, MINDS, AND BODIES FOR ALL THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION WE GIVE FAMILIES A SAFE, RELIABLE, AND AFFORDABLE PLACE TO GO RECREATIONAL OPPORTUNITIES SUCH AS FAMILY FUN NIGHTS, FAMILY MOVIE SWIM, AND HEALTHY KIDS DAY LET FAMILIES RELAX AND ENJOY EACH OTHER YMCA FAMILY LIFE PROGRAMS (SUCH AS ADVENTURE GUIDES, AQUATICS AND YOUTH SPORTS) HELP INDIVIDUALS GROW AS RESPONSIBLE MEMBERS OF THEIR FAMILIES YMCA PROGRAMS PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY WE WELCOME CHILDREN WITH SPECIAL NEEDS INTO OUR PROGRAMS
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	MATT BAILEY SARAH BAILEY FAMILY RELATIONSHIP
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE YMCA OF THE KANAWHA VALLEY MAKES KNOWN THE CONTENT OF FORM 990, AS A MATTER OF CRITICAL IMPORTANCE, TO THE ORGANIZATION'S KEY EMPLOYEES, AUDIT COMMITTEE, AND GOVERNING BOARD OF DIRECTORS THE FORM 990 IS COMPILED FROM DATA PROVIDED BY YMCA EMPLOYEES WHO HAVE RESPONSIBILITIES, POWERS, OR INFLUENCES OVER THE ORGANIZATION AN ACCOUNTING FIRM COMPLETES THE 990 IN DRAFT FORM THE YMCA KEY EMPLOYEES, AS STATED ABOVE, REVIEW THE 990 AND MAKE RECOMMENDATIONS FOR CHANGES AFTER ALL RECOMMENDED CHANGES ARE COMPLETED TO THE SATISFACTION OF THE KEY EMPLOYEES, IT IS FORWARDED TO THE AUDIT COMMITTEE THE AUDIT COMMITTEE REVIEWS THE FORM 990 IN DRAFT FORM IF THE FORM IS SATISFACTORY TO THE COMMITTEE THEN A FINAL 990 FROM IS PRESENTED TO THE BOARD OF DIRECTORS AFTER A COMPLETE REVIEW, ALL REQUIRED PARTIES SIGN THE FINAL FORM 990 THE YMCA OF KANAWHA VALLEY SENDS THE COMPLETED 990 VIA MAIL TO THE IRS THE IRS FORM 990 IS MADE AVAILABLE TO THE PUBLIC VIA GUIDESTAR (WWW.GUIDESTAR.ORG), AND BY REQUEST
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	PROCEDURES FOR IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST, ANNUAL POLICY- EACH SIGNIFICANT PERSON, WHICH IS ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR COMMITTEE MEMBER WITH BOARD-DESIGNATED POWERS, SHALL SIGN THE ANNUAL CONFLICT OF INTEREST POLICY AS DISTRIBUTED BY THE BOARD DUTY TO DISCLOSE- A SIGNIFICANT PERSON MUST DISCLOSE THE EXISTENCE OF ANY INTEREST ALL MATERIAL FACTS MUST BE PROVIDED SO THAT DECISIONS ARE MADE WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE SIGNIFICANT PERSON'S INTEREST CONTINUING DISCLOSURES- IF, AFTER COMPLETION OF THE CONFLICT OF INTEREST POLICY, ANY SIGNIFICANT PERSON BECOMES AWARE OF ANYTHING THAT COULD GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THE Y, THE SIGNIFICANT PERSON SHALL PROMPTLY DISCLOSE THAT INTEREST TO THE EXECUTIVE COMMITTEE OR ITS DESIGNEE PROCEDURE FOR VIOLATIONS OF THE POLICY, A IF THE EXECUTIVE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A SIGNIFICANT PERSON HAS FAILED TO COMPLY WITH THE DISCLOSURE REQUIREMENTS IN THIS POLICY, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPURTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE B IF, AFTER HEARING THE SIGNIFICANT PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE EXECUTIVE COMMITTEE DETERMINES THE SIGNIFICANT PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS HAS APPOINTED THE OFFICERS OF THE BOARD OF DIRECTORS TO ACT AS THE PRESIDENT COMPENSATION COMMITTEE THE COMMITTEE IS CHARGED WITH ESTABLISHING AND ANNUALLY REVIEWING THE COMPENSATION PHILOSOPHY AND POLICY WHICH FAIRLY REWARDS THE PRESIDENT FOR PERFORMANCE BENEFITING THE ORGANIZATION, NO LESS FREQUENTLY THAN ANNUALLY, REVIEWING AND APPROVING CORPORATE GOALS AND OBJECTIVE RELEVANT TO PRESIDENT COMPENSATION, EVALUATE THE PRESIDENT'S PERFORMANCE IN LIGHT OF THOSE GOALS AND OBJECTIVE AND, TOGETHER WITH THE OTHER INDEPENDENT MEMBERS OF THE BOARD, SHALL DETERMINE AND APPROVE THE PRESIDENT'S COMPENSATION LEVEL BASED ON THIS EVALUATION, AND REVIEWING AND APPROVING NEW COMPENSATION ARRANGEMENTS, SUBJECT, WHERE NECESSARY OR APPROPRIATE, TO BOARD APPROVAL FOR THIS PURPOSE, THE PRESIDENT'S COMPENSATION WILL INCLUDE WITHOUT LIMITATION (1) ANNUAL BASE SALARY AND/OR (2) ANY OTHER SPECIAL SUPPLEMENTAL BENEFITS



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 55-0357058  
**Name:** YMCA OF KANAWHA VALLEY INC

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

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

-YMCA FAMILY LIFE PROGRAMS STRENGTHENING FAMILIES AND MEETING THE NEEDS OF CHILDREN HAVE ALWAYS BEEN CENTRAL TO THE YMCA MISSION OF BUILDING HEALTHY SPIRITS, MINDS, AND BODIES FOR ALL THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION WE GIVE FAMILIES A SAFE, RELIABLE, AND AFFORDABLE PLACE TO GO RECREATIONAL OPPORTUNITIES SUCH AS FAMILY FUN NIGHTS, FAMILY MOVIE SWIM, AND HEALTHY KIDS DAY LET FAMILIES RELAX AND ENJOY EACH OTHER YMCA FAMILY LIFE PROGRAMS (SUCH AS ADVENTURE GUIDES, AQUATICS AND YOUTH SPORTS) HELP INDIVIDUALS GROW AS RESPONSIBLE MEMBERS OF THEIR FAMILIES YMCA PROGRAMS PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY WE WELCOME CHILDREN WITH SPECIAL NEEDS INTO OUR PROGRAMS

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
AMANDA M BUTLER DIRECTOR		X						0	0	0
ELLEN CYRUS DIRECTOR		X						0	0	0
MARK O GRIGSBY SECRETARY		X		X				0	0	0
MICHAEL J FORBES PAST CHAIR		X						0	0	0
MICHAEL R GRANEY CHAIRPERSON		X		X				0	0	0
STUART MCMILLIAN VICE CHAIR		X		X				0	0	0
TRICIA CLARK TREASURER		X		X				0	0	0
BOB DBODER DIRECTOR		X						0	0	0
GOV C GRANEY DIRECTOR		X						0	0	0
TRAVIS A GRIFFITH DIRECTOR		X						0	0	0
BILL HARVIT DIRECTOR		X						0	0	0
KYLE M MORK DIRECTOR		X						0	0	0
TONY J PATERNO DIRECTOR		X						0	0	0
CRAIG G STILWELL DIRECTOR		X						0	0	0
ED P TIFFEY DIRECTOR		X						0	0	0
LISA S DOBBINS DIRECTOR		X						0	0	0
MICHAEL HAID DIRECTOR		X						0	0	0
TODD GODDARD DIRECTOR		X						0	0	0
SHELLEY NORTON DIRECTOR		X						0	0	0
JOHNNY TUGWELL DIRECTOR		X						0	0	0
STEVE ROBAY DIRECTOR		X						0	0	0
MATT BAILEY DIRECTOR		X						0	0	0
SARAH BAILEY DIRECTOR		X						0	0	0
BRETT D WEBSTER DIRECTOR		X						0	0	0
JEFFREY PERKINS TMY CHAIR		X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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 GIROIR PRESIDENT	40 00			X				71,400	0	11,856