



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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	C Name of organization YMCA OF KANAWHA VALLEY INC		D Employer identification number 55-0357058
	Doing Business As		E Telephone number (304) 340-3540
	Number and street (or P O box if mail is not delivered to street address) 100 YMCA DRIVE	Room/suite	G Gross receipts \$ 4,133,099
	City or town, state or country, and ZIP + 4 CHARLESTON, WV 25311		
F Name and address of principal officer JOHN GIROIR 100 YMCA DRIVE CHARLESTON, WV 25311		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.YMCA.WV.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1906
			M State of legal domicile WV

Part I Summary

Activities & Governance	1 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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	367
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	175,595	287,414
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,625,663	3,537,395
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,635	6,230
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,115	252,503
		4,021,008	4,083,542
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,492,114	2,541,695
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 99,923		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,492,703	1,527,650
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,984,817	4,069,345	
19 Revenue less expenses Subtract line 18 from line 12	36,191	14,197	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,563,944	5,299,729
	21 Total liabilities (Part X, line 26)	1,058,890	627,548
22 Net assets or fund balances Subtract line 21 from line 20	4,505,054	4,672,181	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-06-20 Date
	JOHN GIROIR PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name VALERIE R ELLIS	Preparer's signature VALERIE R ELLIS	Date 2011-06-20	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GIBBONS & KAWASH CPA'S				Firm's EIN ▶
	Firm's address ▶ 707 VIRGINIA ST E STE 300 CHARLESTON, WV 253012724				Phone no ▶ (304) 345-8400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 1,710,986 including grants of \$) (Revenue \$)
 YOUTH 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 2010 THAT INCLUDED BASKETBALL, BASEBALL, DANCE, LACROSSE, MARTIAL ARTS, HOMESCHOOLED PHYSICAL EDUCATION, SOCCER, AND FLAG FOOTBALL -ADULT SPORTS YMCA ADULT SPORTS ACTIVITIES PROVIDE ALL PARTICIPANTS THE OPPORTUNITIES TO CONTINUE "LIFETIME" SPORTS ACTIVITIES OVER 1,500 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 2010, OVER 120 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 DOES THE YMCA HEALTH AND WELLNESS PROGRAMS ENHANCE PHYSICAL WELL-BEING, BUT ALSO THE MENTAL WELL-BEING, AS WELL AS PROMOTES SOCIAL INTERACTION IN 2010 THERE WERE OVER 9,000 VISITS TO WELLNESS AND AEROBIC CLASSES AND OVER 75,000 VISITORS TO THE HEALTH AND WELLNESS CENTER THE YMCA CONTINUED ITS HEALTHY KIDS DAY PROGRAM IN 2010 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 2010 -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 750 PARTICIPANTS RECEIVED SWIM LESSON INSTRUCTION OR PARTICIPATED IN WATER AEROBICS IN 2010 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 50,000 VISITS WERE MADE TO YMCA OPERATED POOLS AND PROGRAMS IN 2010

4b (Code) (Expenses \$ 300,122 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 300 YOUTH, AGES FIVE TO TWELVE, TOOK PART IN SUMMER CAMP PROGRAMS RUN BY THE YMCA IN 2010 -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 \$ 781,151 including grants of \$) (Revenue \$)
 -CHILD CARE/DAY CARE THE YMCA OFFERS STATE LICENSED, 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 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 2010, OVER 1,000 YOUTH PARTICIPATED WITH OVER 100 OF THOSE PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE VALUED AT OVER 75,000









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

4e Total program service expenses \$ 2,792,259

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response. Includes rows for Form 1096, W-2G, Form W-3, and various organizational compliance questions.

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.

Check if Schedule O contains a response to any question in this Part VI

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 at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ELLEN CYRUS DIRECTOR		X						0	0	0
(2) MARK O GRIGSBY VICE CHAIRMA		X		X				0	0	0
(3) MICHAEL R GRANEY PAST CHAIR		X		X				0	0	0
(4) STUART MCMILLIAN CHAIRMAN		X		X				0	0	0
(5) TRICIA CLARK SECRETARY		X		X				0	0	0
(6) GOV C GRANEY DIRECTOR		X						0	0	0
(7) TRAVIS A GRIFFITH DIRECTOR		X						0	0	0
(8) KYLE M MORK TREASURER		X		X				0	0	0
(9) TONY J PATERNO DIRECTOR		X						0	0	0
(10) CRAIG G STILWELL DIRECTOR		X						0	0	0
(11) ED P TIFFEY DIRECTOR		X						0	0	0
(12) LISA S DOBBINS DIRECTOR		X						0	0	0
(13) MICHAEL HAID DIRECTOR		X						0	0	0
(14) TODD GODDARD DIRECTOR		X						0	0	0
(15) JOHNNY TUGWELL DIRECTOR		X						0	0	0
(16) STEVE ROBEY DIRECTOR		X						0	0	0

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(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			
(17) SARAH BAILEY DIRECTOR		X					0	0	0	
(18) BRETT D WEBSTER DIRECTOR		X					0	0	0	
(19) RIC CAVENDER DIRECTOR		X					0	0	0	
(20) KATHLEEN J DUBOIS DIRECTOR		X					0	0	0	
(21) MARY COOK DIRECTOR		X					0	0	0	
(22) JOHN ELLIOT DIRECTOR		X					0	0	0	
(23) FRED GIGGENBACH DIRECTOR		X					0	0	0	
(24) ANDREW MILOVICH DIRECTOR		X					0	0	0	
(25) BARBARA REDMAN DIRECTOR		X					0	0	0	
(26) TONYA WHITE-WOODS DIRECTOR		X					0	0	0	
(27) JOHN GIROIR PRESIDENT	40 00			X			71,346	0	11,667	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							71,346		11,667	

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	15,454				
	b Membership dues 1b					
	c Fundraising events 1c	4,090				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	267,870				
	g Noncash contributions included in lines 1a-1f \$	216,000				
	h Total. Add lines 1a-1f	287,414				
	Program Service Revenue	2a MEMBERSHIP DUES	1,826,538	1,826,538		
b PROGRAM FEES		1,382,736	1,382,736			
c CONTRACT SERVICES		328,121	328,121			
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		3,537,395				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)	6,230			6,230
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	52,388			
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	52,388				
	d Net rental income or (loss)	52,388			52,388	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 4,090 of contributions reported on line 1c) See Part IV, line 18 a		210,000			
b Less direct expenses b		41,699				
c Net income or (loss) from fundraising events		168,301			168,301	
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a		11,652				
	b Less cost of goods sold b	7,858				
	c Net income or (loss) from sales of inventory	3,794			3,794	
11a MISCELLANEOUS	Miscellaneous Revenue	18,644			18,644	
	b VENDING/SNACK MACHINES	9,376			9,376	
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	28,020				
	12 Total revenue. See Instructions	4,083,542	3,537,395		258,733	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	83,013		83,013	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,016,016	1,434,643	529,156	52,217
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	133,872	79,063	49,911	4,898
9	Other employee benefits	117,459	72,614	40,837	4,008
10	Payroll taxes	191,335	131,115	55,402	4,818
a	Fees for services (non-employees)				
	Management				
b	Legal	2,500		2,500	
c	Accounting	17,453		17,453	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	216,709	115,446	91,566	9,697
12	Advertising and promotion				
13	Office expenses	399,117	282,272	107,136	9,709
14	Information technology				
15	Royalties				
16	Occupancy	276,539	221,362	51,315	3,862
17	Travel	63,421	36,315	24,938	2,168
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,341	2,271	9,264	806
20	Interest	18,777	15,960	2,817	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	311,749	250,997	56,783	3,969
23	Insurance	51,307	43,626	7,681	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	70,508	57,517	12,082	909
b	ORGANIZATIONAL DUES	67,251	29,080	35,309	2,862
c	MISCELLANEOUS	19,978	19,978		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,069,345	2,792,259	1,177,163	99,923
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing	817,532	1	457,605
	2 Savings and temporary cash investments	409,801	2	275,223
	3 Pledges and grants receivable, net	9,850	3	1,975
	4 Accounts receivable, net	44,788	4	32,413
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,688	8	3,865
	9 Prepaid expenses and deferred charges	44,652	9	54,324
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	8,725,870		
	b Less accumulated depreciation	5,236,190	3,386,313	10c 3,489,680
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	847,320	15	984,644
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,563,944	16	5,299,729	
Liabilities	17 Accounts payable and accrued expenses	128,865	17	141,616
	18 Grants payable		18	
	19 Deferred revenue	146,979	19	156,945
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	317,255
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	783,046	25	11,732
	26 Total liabilities. Add lines 17 through 25	1,058,890	26	627,548
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,351,822	27	3,319,265
	28 Temporarily restricted net assets	707,790	28	1,021,805
	29 Permanently restricted net assets	445,442	29	331,111
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,505,054	33	4,672,181	
34 Total liabilities and net assets/fund balances	5,563,944	34	5,299,729	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,083,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,069,345
3	Revenue less expenses Subtract line 2 from line 1	3	14,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,505,054
5	Other changes in net assets or fund balances (explain in Schedule O)	5	152,930
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,672,181

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,188,724	2,007,850	2,294,372	2,191,291	2,282,253	10,964,490
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,334,065	1,468,566	1,502,052	1,432,678	1,382,736	7,120,097
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,522,789	3,476,416	3,796,424	3,623,969	3,664,989	18,084,587
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	16,925	1,150	38,209	27,720	21,075	105,079
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						
c Add lines 7a and 7b	16,925	1,150	38,209	27,720	21,075	105,079
8 Public Support (Subtract line 7c from line 6)						17,979,508

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	3,522,789	3,476,416	3,796,424	3,623,969	3,664,989	18,084,587
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,145	30,242	25,145	12,635	6,230	93,397
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	19,145	30,242	25,145	12,635	6,230	93,397
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	3,541,934	3,506,658	3,821,569	3,636,604	3,671,219	18,177,984
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98.910 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.830 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1.000 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.000 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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

Facts And Circumstances Test

--

--

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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

	Amount
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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	782,624	660,783	955,184		
b Contributions	11,136	10,089	23,139		
c Investment earnings or losses	155,292	137,127	-267,215		
d Grants or scholarships					
e Other expenditures for facilities and programs	11,550	13,714	37,278		
f Administrative expenses	13,499	11,661	13,047		
g End of year balance	924,003	782,624	660,783		

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

- a** Board designated or quasi-endowment ▶ 64 000 %
- b** Permanent endowment ▶ 36 000 %
- c** Term endowment ▶

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		860,608		860,608
b Buildings		6,129,806	4,191,961	1,937,845
c Leasehold improvements				
d Equipment		1,735,456	1,044,229	691,227
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				3,489,680

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) INVESTMENT IN NET ASSETS OF AFFILIAT	924,004
(2) OIL & GAS RESERVES	60,640
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	984,644

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CLUBS AND SPECIAL ACCOUNTS	11,732
LINE OF CREDIT	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	11,732

2. Fin 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,083,542
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,069,345
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,197
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	152,930
9	Total adjustments (net) Add lines 4 - 8	9	152,930
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	167,127

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

1	Total revenue, gains, and other support per audited financial statements	1	4,279,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	35,600
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	7,858
e	Add lines 2a through 2d	2e	43,458
3	Subtract line 2e from line 1	3	4,236,472
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-152,930
c	Add lines 4a and 4b	4c	-152,930
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	4,083,542

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

1	Total expenses and losses per audited financial statements	1	4,112,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	35,600
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	7,858
e	Add lines 2a through 2d	2e	43,458
3	Subtract line 2e from line 1	3	4,069,345
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	4,069,345

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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 7,858 CHANGE IN VALUE OF INTEREST IN NET ASSETS OF AFF 152,930 COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 -7,858
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 7,858
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CHANGE IN VALUE OF INTEREST IN NET ASSETS OF AFF - 152,930
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 7,858

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL CAMPAIGN (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	214,090			214,090
	2 Less Charitable contributions	4,090			4,090
	3 Gross income (line 1 minus line 2)	210,000			210,000
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	41,699			41,699
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				41,699
11 Net income summary Combine lines 3 and 10 in column (d) ▶				168,301	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization YMCA OF KANAWHA VALLEY INC

Employer identification number

55-0357058

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Row 6 is checked with value 6 and 216,000.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
YMCA OF KANAWHA VALLEY INC

Employer identification number
55-0357058

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

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>-ADULT SPORTS YMCA ADULT SPORTS ACTIVITIES PROVIDE ALL PARTICIPANTS THE OPPORTUNITIES TO CONTINUE "LIFETIME" SPORTS ACTIVITIES OVER 1,500 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 2010, OVER 120 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 DOES THE YMCA HEALTH AND WELLNESS PROGRAMS ENHANCE PHYSICAL WELL-BEING, BUT ALSO THE MENTAL WELL-BEING, AS WELL AS PROMOTES SOCIAL INTERACTION IN 2010 THERE WERE OVER 9,000 VISITS TO WELLNESS AND AEROBIC CLASSES AND OVER 75,000 VISITORS TO THE HEALTH AND WELLNESS CENTER THE YMCA CONTINUED ITS HEALTHY KIDS DAY PROGRAM IN 2010 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 2010 -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 750 PARTICIPANTS RECEIVED SWIM LESSON INSTRUCTION OR PARTICIPATED IN WATER AEROBICS IN 2010 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 50,000 VISITS WERE MADE TO YMCA OPERATED POOLS AND PROGRAMS IN 2010</p>

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	WEEKS, AND OPERATE AT TWO SITES, THE CHARLESTON FAMILY YMCA AND THE TYLER MT YMCA IN CROSS LANES OVER 300 YOUTH, AGES FIVE TO TWELVE, TOOK PART IN SUMMER CAMP PROGRAMS RUN BY THE YMCA IN 2010 -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

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	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 2010, OVER 1,000 YOUTH PARTICIPATED WITH OVER 100 OF THOSE PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE VALUED AT OVER 75,000

Identifier	Return Reference	Explanation
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 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

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	MATT BAILEY SARAH BAILEY FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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 FORM 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 TO THE IRS THE IRS FORM 990 IS MADE AVAILABLE TO THE PUBLIC VIA GUIDESTAR (WWW GUIDESTAR ORG), AND BY REQUEST

Identifier	Return Reference	Explanation
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 ANY THING 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 THE COMMITTEE, AT LEAST ANNUALLY, REVIEW AND APPROVE CORPORATE GOALS AND OBJECTIVES RELEVANT TO PRESIDENT COMPENSATION, AND EVALUATE THE PRESIDENT'S PERFORMANCE IN LIGHT OF THOSE GOALS AND OBJECTIVES ALONG WITH THE OTHER INDEPENDENT MEMBERS OF THE BOARD, THE COMMITTEE SHALL DETERMINE AND APPROVE THE PRESIDENT'S COMPENSATION LEVEL BASED ON THIS EVALUATION AND REVIEWING AND APPROVING OF NEW COMPENSATION ARRANGEMENT ARE 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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **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 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) YMCA OF KAN VALLEY ENDOWMENT FUND 100 YMCA DRIVE CHARLESTON, WV 25311 20-3977915	FINL ASSET	WV	501	11C	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) YMCA OF KANAWHA VALLEY ENDOWMENT	Q	11,550	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 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