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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C 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

D Employer identification number
55-0357058

E Telephone number
(304) 340-3540

G Gross receipts $ 4,345,456

F Name and address of principal officer
JOHN GIROIR
100 YMCA DRIVE
CHARLESTON, WV 25311

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YMCAWV ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1906

M State of legal domicile WV

Part I Summary

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 PEOPLE OF ALL AGES, BACKGROUNDS, ABILITIES, AND INCOMES AND WILL NOT TURN ANYONE AWAY DUE TO INABILITY TO PAY -WE EMPHASIZE THE HEALTHY DEVELOPMENT AND GROWTH OF THE INDIVIDUAL AND THE FAMILY -IT IS ONLY THROUGH GOOD STEWARDSHIP AND STRONG F

2 Check this box ▶ ☐ 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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	350
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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	287,414	251,537
9	Program service revenue (Part VIII, line 2g)	3,537,395	3,809,869
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,230	1,684
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252,503	219,561
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,083,542	4,282,651
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		256,035
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)	2,541,695	2,449,549
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,760		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,527,650	1,568,254
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,069,345	4,273,838
19	Revenue less expenses Subtract line 18 from line 12	14,197	8,813

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,299,729	5,210,780
21	Total liabilities (Part X, line 26)	627,548	547,695
22	Net assets or fund balances Subtract line 21 from line 20	4,672,181	4,663,085

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

****** | 2012-06-19
Signature of officer | Date

JOHN GIROIR PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
VALERIE R ELLIS	2012-06-19	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4
GIBBONS & KAWASH AC
707 VIRGINIA ST E STE 300
CHARLESTON, WV 253012724

EIN ▶

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 PEOPLE OF ALL AGES, BACKGROUNDS, ABILITIES, AND INCOMES AND WILL NOT TURN ANYONE AWAY DUE TO INABILITY TO PAY -WE EMPHASIZE THE HEALTHY DEVELOPMENT AND GROWTH OF THE INDIVIDUAL AND THE FAMILY - IT IS ONLY THROUGH GOOD STEWARDSHIP AND STRONG F

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,632,424 including grants of $) (Revenue $)

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 AS WELL AS ADULTS OF ALL AGES OVER 1,000 YOUTH PARTICIPATED IN A WIDE VARIETY OF SPORTING OPPORTUNITIES DURING 2011 THAT INCLUDED BASKETBALL, BASEBALL, DANCE, LACROSSE, MARTIAL ARTS, HOMESCHOOLED PHYSICAL EDUCATION, SOCCER, AND FLAG FOOTBALL THE YMCA ADULT SPORTS ACTIVITIES PROVIDE ALL PARTICIPANTS THE OPPORTUNITIES TO CONTINUE "LIFETIME" SPORTS ACTIVITIES OVER 1,500 ADULTS PARTICIPATED IN VARIOUS ACTIVITIES, LEAGUES AND PROGRAMS ADULT SPORTS RANGE FROM BASKETBALL, VOLLEYBALL, MARTIAL ARTS AND SOCCER AS WELL AS LESS TRADITIONAL SPORTS SUCH AS ULTIMATE FRISBEE AND DODGEBALL IN ADDITION, EACH YEAR OVER 2,000 LOCAL EMPLOYEES RALLY TO SUPPORT THEIR COMPANY'S EFFORTS IN A SPORTS BASED CORPORATE CUP CHALLENGE OVER 40 LOCAL TEAMS PARTICIPATE IN OVER 30 EVENTS, STRESSING HEALTH AND FITNESS THROUGHOUT OUR LOCAL COMMUNITY THE YMCA ALSO 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, SPECIAL CLINICS, TOURNAMENTS, USTA TEAM TENNIS AND SPECIAL EVENTS THE YMCA OFFERS AN ELEMENTARY SCHOOL OUTREACH TENNIS PROGRAM WHICH PROVIDES FREE LESSONS TO YOUTH SERVING APPROXIMATELY 200 YOUTH PER YEAR THE YMCA ALSO HOSTS THE TENNIS ACROSS AMERICA PROGRAM AS A WAY TO INTRODUCE TENNIS TO MORE YOUTH IN 2011, 13 LOCAL ELEMENTARY SCHOOLS WITH APPROXIMATELY 100 YOUTH AT EACH LOCATION PARTICIPATED IN THIS FREE CLINIC FOR MANY IT WAS THE FIRST TIME PLAYING TENNIS

4b (Code) (Expenses $ 292,044 including grants of $) (Revenue $)

CHILD CARE/DAY CARE/SUMMER DAY CAMP 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 PROGRAM OPTIONS 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 2011, OVER 2,000 YOUTH PARTICIPATED WITH OVER 592 OF THOSE PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE VALUED AT OVER 147,000 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 2011

4c (Code) (Expenses $ 721,603 including grants of $) (Revenue $)

HEALTH ENHANCEMENT WELLNESS FOR YOUTH AND ADULTS THE YMCA PROMOTES GOOD HEALTH FOR PEOPLE OF ALL AGES, ABILITIES, AND INCOME OUR HEALTH & FITNESS PROGRAMS PROMOTE LIFESTYLES THAT HELP RESIST ILLNESS, ADDICTIONS, AND DISEASE THROUGH OUR COMMUNITY-BASED EXERCISE, HEALTH AND EDUCATION PROGRAMS WE ARE STRUCTURED TO SERVE ALL AGES 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 2011 THERE WERE OVER 9,000 VISITS TO WELLNESS AND AEROBIC CLASSES AND OVER 75,000 VISITORS TO OUR HEALTH AND WELLNESS CENTERS THE YMCA SILVER SNEAKER PROGRAM IS AN OPTION FOR THE SENIOR POPULATION AND SUPPORTED THROUGH NATIONAL HEALTH INSURANCE OPTIONS THROUGH THIS COLLABORATION WE BRING MANY SPECIAL HEALTH ENHANCEMENT PROGRAMS AND SERVICES TO OUR MEMBERS INCLUDING LECTURE, FREE BLOOD PRESSURE SCREENINGS AND GLUCOSE SCREENINGS CURRENTLY WE HAVE APPROXIMATELY 700 ENROLLEES IN THIS PROGRAM FORMAT ANNUALLY THE YMCA OFFERS AN AREA WIDE HEALTHY KIDS DAY FREE EVENT FOR LOCAL ELEMENTARY SCHOOL AGE YOUTH TO INTRODUCE CHILDREN TO A HEALTHY LIFESTYLE AND EDUCATE GUARDIANS ON AWARENESS AND RESOURCES THAT ARE AVAILABLE THROUGH LOCAL AND NATIONAL AGENCIES APPROXIMATELY 600 YOUTH TOOK PART IN THIS EVENT IN 2011 ALONG WITH OVER 20 LOCAL COLLABORATIONS 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

(Code) (Expenses $ 256,035 including grants of $ 256,035) (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 PARENT'S NIGHT OUT LET FAMILIES RELAX AND ENJOY EACH OTHER YMCA FAMILY LIFE PROGRAMS (SUCH AS AQUATICS) 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 YOUTH WITH SPECIAL NEEDS INTO OUR PROGRAMS AND HOST SPECIAL OLYMPICS AQUATIC COMPETITIONS EACH YEAR -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 2011 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 PROGRAMS ARE 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 2011

4d Other program services (Describe in Schedule O)

(Expenses $ 256,035 including grants of $ 256,035) (Revenue $)

4e Total program service expenses ▶ $ 2,902,106

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	12		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	350			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
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? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 made 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 made 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 ▶

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

Check if Schedule O contains a response 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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) GOV C GRANEY DIRECTOR		X						0	0	0
(2) ELLEN CYRUS DIRECTOR		X						0	0	0
(3) MARK O GRIGSBY VICE CHAIRMA		X		X				0	0	0
(4) BRIAN F HICKS DIRECTOR		X						0	0	0
(5) MICHAEL R GRANEY PAST CHAIR		X		X				0	0	0
(6) STUART MCMILLIAN CHAIRMAN		X		X				0	0	0
(7) TRICIA CLARK SECRETARY		X		X				0	0	0
(8) MIRI D HUNTER DIRECTOR		X						0	0	0
(9) CHUCK NARY DIRECTOR		X						0	0	0
(10) TRAVIS A GRIFFITH DIRECTOR		X						0	0	0
(11) DEBRA A PAYNE DIRECTOR		X						0	0	0
(12) KYLE M MORK TREASURER		X		X				0	0	0
(13) TONY J PATERNO DIRECTOR		X						0	0	0
(14) CRAIG G STILWELL DIRECTOR		X						0	0	0
(15) ED P TIFFEY DIRECTOR		X						0	0	0
(16) LISA S DOBBINS DIRECTOR		X						0	0	0
(17) PHILIP PFISTER 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) TODD GODDARD DIRECTOR		X						0	0	0
(19) JOHNNY TUGWELL DIRECTOR		X						0	0	0
(20) STEVE ROBEY DIRECTOR		X						0	0	0
(21) WAYNE PHILLIPS DIRECTOR		X						0	0	0
(22) SARAH BAILEY DIRECTOR		X						0	0	0
(23) BRETT D WEBSTER DIRECTOR		X						0	0	0
(24) RIC CAVENDER DIRECTOR		X						0	0	0
(25) MARY COOK DIRECTOR		X						0	0	0
(26) FRED GIGGENBACH DIRECTOR		X						0	0	0
(27) ANDREW MILOVICH DIRECTOR		X						0	0	0
(28) TANYA WHITE-WOODS DIRECTOR		X						0	0	0
(29) JOHN GIROIR PRESIDENT	40 00			X				72,500	0	12,684

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	72,500		12,684

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**		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? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	3,183				
	b Membership dues					
	c Fundraising events	126,290				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	122,064				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		251,537			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES		1,880,506	1,880,506		
	b PROGRAM FEES		1,577,717	1,577,717		
	c CONTRACT SERVICES		351,646	351,646		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		3,809,869			
	3 Investment income (including dividends, interest and other similar amounts)		1,684			1,684
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	56,794				
	b Less rental expenses					
	c Rental income or (loss)	56,794				
	d Net rental income or (loss)		56,794			56,794
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including $ 126,290 of contributions reported on line 1c) See Part IV, line 18 a	180,000				
	b Less direct expenses b	55,879				
	c Net income or (loss) from fundraising events		124,121			124,121
	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	9,545				
	b Less cost of goods sold b	6,926				
	c Net income or (loss) from sales of inventory		2,619			2,619
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS		25,852			25,852
	b VENDING/SNACK MACHINES		10,175			10,175
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		36,027			
	12 **Total revenue.** See Instructions		4,282,651	3,809,869		221,245

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	256,035	256,035		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	85,184		85,184	
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	1,950,375	1,334,592	560,720	55,063
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	123,077	71,236	47,136	4,705
9	Other employee benefits	96,927	54,511	38,566	3,850
10	Payroll taxes	193,986	125,304	63,189	5,493
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,500		2,500	
c	Accounting	17,692		17,692	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	197,843	103,245	85,415	9,183
12	Advertising and promotion				
13	Office expenses	436,941	262,847	159,777	14,317
14	Information technology				
15	Royalties . .				
16	Occupancy	283,355	226,623	52,761	3,971
17	Travel	68,897	37,265	29,102	2,530
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,556	4,217	5,831	508
20	Interest	14,411	12,250	2,161	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	338,581	275,470	58,977	4,134
23	Insurance	51,094	43,465	7,629	
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	ORGANIZATIONAL DUES	71,872	30,676	37,900	3,296
b	REPAIRS & MAINTENANCE	57,451	47,309	9,432	710
c	MISCELLANEOUS	17,061	17,061		
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	4,273,838	2,902,106	1,263,972	107,760
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		457,605	1	565,300
	2	Savings and temporary cash investments		275,223	2	276,195
	3	Pledges and grants receivable, net		1,975	3	32,370
	4	Accounts receivable, net		32,413	4	31,374
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,865	8	3,287
	9	Prepaid expenses and deferred charges		54,324	9	39,462
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 8,640,537			
	b	Less accumulated depreciation	10b 5,321,290	3,489,680	10c	3,319,247
	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		984,644	15	943,545
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,299,729	16	5,210,780
Liabilities	17	Accounts payable and accrued expenses		141,616	17	132,244
	18	Grants payable			18	
	19	Deferred revenue		156,945	19	144,638
	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		317,255	23	235,598
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		11,732	25	35,215
	26	**Total liabilities.** Add lines 17 through 25		627,548	26	547,695
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,746,202	27	3,776,124
	28	Temporarily restricted net assets		594,868	28	552,650
	29	Permanently restricted net assets		331,111	29	334,311
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		4,672,181	33	4,663,085
	34	Total liabilities and net assets/fund balances		5,299,729	34	5,210,780

Part XI Reconcilliation 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	4,282,651
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,273,838
3	Revenue less expenses Subtract line 2 from line 1	3	8,813
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,672,181
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17,909
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	4,663,085

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 ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ 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?	3a		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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

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?

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

h Provide the following information about the supported organization(s)

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

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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,007,850	2,294,372	2,191,291	2,282,253	2,162,356	10,938,122
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	1,468,566	1,502,052	1,432,678	1,382,736	1,415,490	7,201,522
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	3,476,416	3,796,424	3,623,969	3,664,989	3,577,846	18,139,644
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,150	38,209	27,720	21,075	115,160	203,314
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	1,150	38,209	27,720	21,075	115,160	203,314
8 **Public Support** (Subtract line 7c from line 6)						17,936,330

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,476,416	3,796,424	3,623,969	3,664,989	3,577,846	18,139,644
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,242	25,145	12,635	6,230	1,684	75,936
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	30,242	25,145	12,635	6,230	1,684	75,936
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)	3,506,658	3,821,569	3,636,604	3,671,219	3,579,530	18,215,580

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 470 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	98 910 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1 000 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 256,035 including grants of $ 256,035) (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 PARENT'S NIGHT OUT LET FAMILIES RELAX AND ENJOY EACH OTHER YMCA FAMILY LIFE PROGRAMS (SUCH AS AQUATICS) 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 YOUTH WITH SPECIAL NEEDS INTO OUR PROGRAMS AND HOST SPECIAL OLYMPICS AQUATIC COMPETITIONS EACH YEAR -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 2011 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 PROGRAMS ARE 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 2011

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			
GOV C GRANEY DIRECTOR		X						0	0	0
ELLEN CYRUS DIRECTOR		X						0	0	0
MARK O GRIGSBY VICE CHAIRMA		X		X				0	0	0
BRIAN F HICKS DIRECTOR		X						0	0	0
MICHAEL R GRANEY PAST CHAIR		X		X				0	0	0
STUART MCMILLIAN CHAIRMAN		X		X				0	0	0
TRICIA CLARK SECRETARY		X		X				0	0	0
MIRI D HUNTER DIRECTOR		X						0	0	0
CHUCK NARY DIRECTOR		X						0	0	0
TRAVIS A GRIFFITH DIRECTOR		X						0	0	0
DEBRA A PAYNE DIRECTOR		X						0	0	0
KYLE M MORK TREASURER		X		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
PHILIP PFISTER DIRECTOR		X						0	0	0
TODD GODDARD DIRECTOR		X						0	0	0
JOHNNY TUGWELL DIRECTOR		X						0	0	0
STEVE ROBEY DIRECTOR		X						0	0	0
WAYNE PHILLIPS DIRECTOR		X						0	0	0
SARAH BAILEY DIRECTOR		X						0	0	0
BRETT D WEBSTER DIRECTOR		X						0	0	0
RIC CAVENDER DIRECTOR		X						0	0	0
MARY COOK DIRECTOR		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			
FRED GIGGENBACH DIRECTOR		X						0	0	0
ANDREW MILOVICH DIRECTOR		X						0	0	0
TANYA WHITE-WOODS DIRECTOR		X						0	0	0
JOHN GIROIR PRESIDENT	40 00			X				72,500	0	12,684

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	924,003	782,624	660,783		
b Contributions	3,200	11,136	10,089		
c Investment earnings or losses	-6,046	155,292	137,127		
d Grants or scholarships					
e Other expenditures for facilities and programs	19,134	11,550	13,714		
f Administrative expenses	15,062	13,499	11,661		
g End of year balance	886,961	924,003	782,624		

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

- a Board designated or quasi-endowment ▶ 62 000 %
- b Permanent endowment ▶ 38 000 %
- 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	3a(ii)	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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		6,134,300	4,260,090	1,874,210
c Leasehold improvements				
d Equipment		1,645,629	1,061,200	584,429
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,319,247

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) INTEREST IN NET ASSETS OF AFFILIAT	886,961
(2) OIL & GAS RESERVES	56,584
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	943,545

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LINE OF CREDIT	26,000
CLUBS AND SPECIAL ACCOUNTS	9,215
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	35,215

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 (ASC740)

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	4,282,651
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,273,838
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,813
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	-17,909
9	Total adjustments (net) Add lines 4 - 8	9	-17,909
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,096

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	4,015,633
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	6,926		
e	Add lines **2a** through **2d**			2e	6,926
3	Subtract line **2e** from line **1**			3	4,008,707
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	273,944		
c	Add lines **4a** and **4b**			4c	273,944
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,282,651

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

1	Total expenses and losses per audited financial statements			1	4,024,729
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	6,926		
e	Add lines **2a** through **2d**			2e	6,926
3	Subtract line **2e** from line **1**			3	4,017,803
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	256,035		
c	Add lines **4a** and **4b**			4c	256,035
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,273,838

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	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 ITS EXEMPT ACTIVITIES THE YMCA IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS PRIOR TO 2008
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,926 CHANGE IN VALUE OF INTEREST IN NET ASSETS OF AFF -17,909 SCHOLARSHIPS -256,035 COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 -6,926 SCHOLARSHIPS 256,035
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,926
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CHANGE IN VALUE OF INTEREST IN NET ASSETS OF AFF 17,909 SCHOLARSHIPS 256,035
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,926
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	SCHOLARSHIPS 256,035

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public Inspection

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total . . . . . ▶						

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 ANNUAL CAMPAIGN (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	306,290			306,290
	2 Less Charitable contributions	126,290			126,290
	3 Gross income (line 1 minus line 2)	180,000			180,000
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	55,879			55,879
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(55,879)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				124,121

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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF KANAWHA VALLEY INC

Employer identification number
55-0357058

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS		256,035			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE YMCA AWARDS SCHOLARSHIPS TO INDIVIDUALS OR FAMILIES TO COVER PART OF THE MEMBERSHIP DUES TO ACCESS AND UTILIZE THEIR FACILITIES THE AMOUNT OF THE SCHOLARSHIP IS DETERMINED BY HOUSEHOLD INCOME AND THE NUMBER OF PERSONS IN THE HOUSEHOLD EVERY SCHOLARSHIP PARTICIPANT MUST TURN IN THE PRIOR YEAR'S TAX FORMS, THEIR LAST TWO PAY STUBS, FOOD STAMPS, SOCIAL SECURITY, DISABILITY, CHILD SUPPORT, AND ANY OTHER TYPE OF ASSISTANCE THEY MAY RECEIVE, SUCH AS STUDENT LOANS THE PARTICIPANTS ARE THEN PUT INTO THE ACCOUNTING SOFTWARE WITH A ONE YEAR LIMIT NEAR THE END OF THE PARTICIPANT'S SCHOLARSHIP THEY RECEIVE A RENEWAL LETTER REMINDING THEM TO TURN IN THEIR FINANCIAL INFORMATION AGAIN FOR APPROVAL

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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

2011

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 PEOPLE OF ALL AGES, BACKGROUNDS, ABILITIES, AND INCOMES AND WILL NOT TURN ANYONE AWAY DUE TO 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 ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	VARIOUS ACTIVITIES, LEAGUES AND PROGRAMS ADULT SPORTS RANGE FROM BASKETBALL, VOLLEYBALL, MARTIAL ARTS AND SOCCER AS WELL AS LESS TRADITIONAL SPORTS SUCH AS ULTIMATE FRISBEE AND DODGEBALL IN ADDITION, EACH YEAR OVER 2,000 LOCAL EMPLOYEES RALLY TO SUPPORT THEIR COMPANY'S EFFORTS IN A SPORTS BASED CORPORATE CUP CHALLENGE OVER 40 LOCAL TEAMS PARTICIPATE IN OVER 30 EVENTS, STRESSING HEALTH AND FITNESS THROUGHOUT OUR LOCAL COMMUNITY THE YMCA ALSO 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, SPECIAL CLINICS, TOURNAMENTS, USTA TEAM TENNIS AND SPECIAL EVENTS THE YMCA OFFERS AN ELEMENTARY SCHOOL OUTREACH TENNIS PROGRAM WHICH PROVIDES FREE LESSONS TO YOUTH SERVING APPROXIMATELY 200 YOUTH PER YEAR THE YMCA ALSO HOSTS THE TENNIS ACROSS AMERICA PROGRAM AS A WAY TO INTRODUCE TENNIS TO MORE YOUTH IN 2011, 13 LOCAL ELEMENTARY SCHOOLS WITH APPROXIMATELY 100 YOUTH AT EACH LOCATION PARTICIPATED IN THIS FREE CLINIC FOR MANY IT WAS THE FIRST TIME PLAYING TENNIS

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	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 2011, OVER 2,000 YOUTH PARTICIPATED WITH OVER 592 OF THOSE PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE VALUED AT OVER 147,000 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 2011

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	THE YMCA SILVER SNEAKER PROGRAM IS AN OPTION FOR THE SENIOR POPULATION AND SUPPORTED THROUGH NATIONAL HEALTH INSURANCE OPTIONS THROUGH THIS COLLABORATION WE BRING MANY SPECIAL HEALTH ENHANCEMENT PROGRAMS AND SERVICES TO OUR MEMBERS INCLUDING LECTURE, FREE BLOOD PRESSURE SCREENINGS AND GLUCOSE SCREENINGS CURRENTLY WE HAVE APPROXIMATELY 700 ENROLLEES IN THIS PROGRAM FORMAT ANNUALLY THE YMCA OFFERS AN AREA WIDE HEALTHY KIDS DAY FREE EVENT FOR LOCAL ELEMENTARY SCHOOL AGE YOUTH TO INTRODUCE CHILDREN TO A HEALTHY LIFESTYLE AND EDUCATE GUARDIANS ON AWARENESS AND RESOURCES THAT ARE AVAILABLE THROUGH LOCAL AND NATIONAL AGENCIES APPROXIMATELY 600 YOUTH TOOK PART IN THIS EVENT IN 2011 ALONG WITH OVER 20 LOCAL COLLABORATIONS 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
ALL OTHER ACCOMPLISHMENT 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 PARENT'S NIGHT OUT LET FAMILIES RELAX AND ENJOY EACH OTHER YMCA FAMILY LIFE PROGRAMS (SUCH AS AQUATICS) 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 YOUTH WITH SPECIAL NEEDS INTO OUR PROGRAMS AND HOST SPECIAL OLYMPICS AQUATIC COMPETITIONS EACH YEAR -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 2011 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 PROGRAMS ARE 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 2011

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 ANYTHING THAT COULD GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THEY, 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

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	501C3	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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

		Yes	No
1	During the tax year, did the orgranization 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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	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	R	19,134	
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	