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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 private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization YMCA OF KANAWHA VALLEY INC		D Employer identification number 55-0357058
	Doing business as		E Telephone number (304) 340-3540
	Number and street (or P O box if mail is not delivered to street address) 100 YMCA DRIVE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, WV 25311		G Gross receipts \$ 4,026,472
	F Name and address of principal officer MONROE WARNER 100 YMCA DRIVE CHARLESTON, WV 25311		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ YMCAOFKV.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE YMCA OF KANAWHA VALLEY IS A CHARITABLE, SOCIAL SERVICE ORGANIZATION DEDICATED TO YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL, OUR IMPACT IS PROVEN WHEN A PERSON MAKES A HEALTHY CHOICE, WHEN A YMCA COACH INSPIRES A CHILD AND WHEN OUR COMMUNITY COMES TOGETHER FOR THE COMMON GOOD OF 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 EVERYONE IS WELCOME AT OUR YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE YMCA IS FOUNDED AND LED BY VOLUNTEERS THAT GUIDE US IN IDENTIFYING NEEDS WITHIN OUR COMMUNITY AND HELP FORM STRATEGIES TO RESPOND SO THAT THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	373
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	224,672	184,202
	9 Program service revenue (Part VIII, line 2g)	3,630,236	3,549,485
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	777	-11,890
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,805	248,500
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,151,490	3,970,297
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	186,162	196,988
	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)	2,615,952	2,771,154
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶110,866		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,451,492	1,563,423
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,253,606	4,531,565
	19 Revenue less expenses Subtract line 18 from line 12	-102,116	-561,268
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,173,840	4,613,481
	21 Total liabilities (Part X, line 26)	287,700	305,512
	22 Net assets or fund balances Subtract line 21 from line 20	4,886,140	4,307,969

Part II	Signature Block
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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	*****				2016-09-06		
	Signature of officer				Date		
	MONROE WARNER CEO Type or print name and title						
Paid Preparer Use Only	Prnt/Type preparer's name VALERIE R ELLIS		Preparer's signature VALERIE R ELLIS		Date 2016-09-06	Check ☐ if self-employed	PTIN P00366604
	Firm's name  GIBBONS & KAWASH AC					Firm's EIN  55-0738985	
	Firm's address  707 VIRGINIA ST E STE 300 CHARLESTON, WV 253012724					Phone no (304) 345-8400	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization’s mission

THE YMCA OF KANAWHA VALLEY IS A CHARITABLE, SOCIAL SERVICE ORGANIZATION DEDICATED TO YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL, OUR IMPACT IS PROVEN WHEN A PERSON MAKES A HEALTHY CHOICE, WHEN A YMCA COACH INSPIRES A CHILD AND WHEN OUR COMMUNITY COMES TOGETHER FOR THE COMMON GOOD OF 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 EVERYONE IS WELCOME AT OUR YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE YMCA IS FOUNDED AND LED BY VOLUNTEERS THAT GUIDE US IN IDENTIFYING NEEDS WITHIN OUR COMMUNITY AND HELP FORM STRATEGIES TO RESPOND SO THAT THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS

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 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 \$ 793,525 including grants of \$) (Revenue \$)

SPORTS AND RECREATION YMCA SPORTS PROGRAMS CONCENTRATE ON SPORTSMANSHIP, CHARACTER BUILDING, MOTIVATION, AND FAIR PLAY THE YMCA PHILOSOPHY AND GOALS ARE THAT EVERYONE PLAYS AND HAS FUN YOUTH SPORTS PROGRAMS HELP TO DEVELOP CHILDREN IN MIND, BODY, AND SPIRIT THE OBJECTIVE IS TO NOT ONLY HELP YOUTH TO BECOME BETTER ATHLETES, BUT ALSO BECOME BETTER INDIVIDUALS, THROUGH SPORTSMANSHIP, CHARACTER BUILDING, AND SOCIAL RESPONSIBILITIES NOT EVERY PARTICIPANT CAN WIN EVERY CONTEST, BUT EVERY PARTICIPANT CAN BE A WINNER THE PROGRAMS INVOLVE CHILDREN FROM AGES THREE TO EIGHTEEN YEARS AS WELL AS ADULTS OF ALL AGES OVER 1,000 YOUTH PARTICIPATED IN A WIDE VARIETY OF SPORTS OPPORTUNITIES DURING 2015 THAT INCLUDED BASKETBALL, TEEBALL, DANCE LACROSSE, MARTIAL ARTS, HOME SCHOOL P E , VOLLEYBALL, SOCCER, FLAG FOOTBALL, AND SUMMER CAMPS THE YMCA ADULT SPORTS ACTIVITIES PROVIDE MEMBERS AND PARTICIPANTS WITH THE OPPORTUNITY TO LIVE HEALTHIER LIFESTYLES THROUGH SPORTS MANY OF OUR PARTICIPANTS ARE INVOLVED IN MULTIPLE SPORTS OR LEAGUES WITH OVER 1,500 PARTICIPANTS IN VARIOUS ACTIVITIES, WE CONTINUE OUR EFFORTS IN BUILDING BETTER PEOPLE THROUGH SPORTSMANSHIP AND SOCIAL RESPONSIBILITIES ADULT SPORTS INCLUDE BASKETBALL, VOLLEYBALL, SOCCER, AS WELL AS OTHER NONTRADITIONAL AMERICAN SPORTS SUCH AS ULTIMATE FRISBEE IN ADDITION TO OUR ADULT SPORTS THE YMCA INCLUDED 40 TEAMS IN ITS CORPORATE CUP CHALLENGE IN 2015, WHICH INCLUDES OVER 30 EVENTS OVER A 3 WEEK PERIOD CORPORATE CUP STRIVES TO PROMOTE HEALTH AND FITNESS THROUGHOUT THE LOCAL COMMUNITY AS WELL AS GIVING BACK TO OTHER NONPROFIT ORGANIZATIONS AS MT AND UNION MISSION, RED CROSS, RONALD MCDONALD HOUSE, AND HELPING THE LOCAL MILITARY

4b

(Code) (Expenses \$ 632,608 including grants of \$) (Revenue \$)

HEALTH ENHANCEMENT THE YMCA PROMOTES HEALTHY LIVING TO PEOPLE OF ALL AGES, ABILITIES AND INCOME LEVELS OUR HEALTH AND FITNESS PROGRAMS ARE GEARED TOWARD IMPROVING A PERSON'S SPIRIT, MIND AND BODY OUR FITNESS CENTER OFFERS A WIDE VARIETY OF CARDIO, SELECTORIZED AND FREE WEIGHT EQUIPMENT, WHICH ALLOWS OUR MEMBERS TO WORK OUT ON THEIR OWN, OR TAKE ADVANTAGE OF OUR NUMEROUS PERSONAL TRAINERS WE ALSO OFFER MANY FITNESS CLASS OPTIONS INCLUDING BOOT CAMPS, AEROBIC CLASSES, SPINNING, YOGA, PILATES, WATER AEROBICS AND MANY CLASSES FOR OUR SENIOR POPULATION, INCLUDING SILVER SNEAKERS THE YMCA ALSO OFFERS THE PEIA WEIGHT MANAGEMENT PROGRAM, HOSTS THE ANNUAL HEALTHY KIDS DAY EVENT, HAS A FARMER'S MARKET VENDOR HERE WEEKLY IN THE SUMMER MONTHS, AND PERIODICALLY OFFERS WELLNESS WORKSHOPS FOR ITS MEMBERS AND THE PUBLIC

4c

(Code) (Expenses \$ 792,117 including grants of \$) (Revenue \$)

CHILD DEVELOPMENT CROSS LANES YMCA CHILD DEVELOPMENT CENTER IS A LICENSED CHILD CARE FACILITY THROUGH THE WV DHHR BUREAU FOR CHILDREN AND FAMILIES, DIVISION OF EARLY CARE AND EDUCATION, WITH A CAPACITY TO SERVE 245 CHILDREN DAILY, AGES 6 WEEKS TO 12 YEARS OLD OUR CENTER OPERATES MONDAY THRU FRIDAY FROM 6 00 A M - 6 00 P M WE BELIEVE THAT IT IS OUR SOCIAL RESPONSIBILITY TO OFFER THE HIGHEST QUALITY OF CARE AND EDUCATION IN ALL OF OUR YOUTH DEVELOPMENT PROGRAMS INCLUDING DAYCARE, PRESCHOOL, KANAWHA COUNTY SCHOOLS PRE-K, BEFORE AND AFTER SCHOOL CARE, AND SUMMER DAY CAMPS ALL CHILD DEVELOPMENT CENTER EMPLOYEES RECEIVE FIVE SEPARATE BACKGROUND CHECKS, A DRUG SCREENING, TRAINING IN CHILD ABUSE AND NEGLECT PREVENTION AND A THOROUGH ORIENTATION PRIOR TO HIRE ALL TEACHERS AND/OR COUNSELORS MUST EITHER HAVE A CERTIFICATION IN AN EDUCATION OR RELATED FIELD, BE WORKING TOWARDS A CERTIFICATION OR HAVE TWO YEARS OR MORE EXPERIENCE IN A RELATED FIELD ALL EMPLOYEES ARE REQUIRED TO MAINTAIN A CPR/FIRST AID CERTIFICATION AND COMPLETE 18 HOURS OF TRAINING EACH CALENDAR YEAR PROVIDING A SAFE AND NURTURING LEARNING ENVIRONMENT FOR ALL CHILDREN REGARDLESS OF THEIR ECONOMIC STATUS OR INABILITY TO PAY IS CENTRAL TO THE YMCA'S MISSION IN ORDER TO ENSURE THAT ALL CHILDREN RECEIVE HIGH-QUALITY CARE AND EDUCATION, OUR CENTER SERVES FAMILIES RECEIVING GOVERNMENT ASSISTANCE FROM WEST VIRGINIA RESOURCE AND REFERRAL AGENCIES IN ADDITION, YMCA OF KANAWHA VALLEY ALSO OFFERS SCHOLARSHIPS FOR FAMILIES NEEDING ASSISTANCE WITH CHILD CARE NEEDS THESE SCHOLARSHIPS ARE FUNDED THROUGH YMCA FUNDRAISING EFFORTS OUR CENTER UTILIZES THE CREATIVE CURRICULUM, WHICH IS BUILT ON THEORIES THAT ALL CHILDREN LEARN THROUGH ACTIVE EXPLORATION OF THEIR ENVIRONMENT AND THEREFORE THE ENVIRONMENT PLAYS A CRITICAL ROLE IN LEARNING THE GOAL OF THE CREATIVE CURRICULUM IS TO HELP CHILDREN BECOME INDEPENDENT, SELF- CONFIDENT, INQUISITIVE AND ENTHUSIASTIC LEARNERS IN ALL AREAS OF DEVELOPMENT INCLUDING SOCIAL/EMOTIONAL, COGNITIVE, PHYSICAL AND LANGUAGE OUR CENTER ALSO PROMOTES HEALTHY LIVING FOR OUR CHILDREN AND FAMILIES BY FOLLOWING STANDARDS SET FORTH BY THE CHILD AND ADULT CARE FOOD PROGRAM, NATIONAL SCHOOL LUNCH AND KEYS4HEALTHY KIDS ALL CHILDREN IN OUR CENTER ARE SERVED A NUTRITIOUS BREAKFAST, LUNCH, AND SNACK DURING THE SPRING AND SUMMER MONTH'S CHILDREN PARTICIPATE IN GARDENING WHERE WE GROW OUR OWN FRUITS, VEGETABLES AND HERBS TO PROMOTE HEALTHY EATING HABITS IN ADDITION TO HEALTHY EATING ALL CHILDREN RECEIVE AT LEAST 90 MINUTES OF GROSS MOTOR TIME EACH DAY GROSS MOTOR SPACES ARE SEPARATED INTO AGE APPROPRIATE AREAS WHICH INCLUDE THE SCHOOL AGE PLAYGROUND, PRESCHOOL PLAYGROUND, TODDLER PLAYGROUND, INDOOR PLAYGROUND AND GYMNASIUM

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 904,537 including grants of \$ 196,988) (Revenue \$)

4e

Total program service expenses ▶ 3,122,787

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 for escrow or custodial account liability, 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, line 10? 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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	8	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	373
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the 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 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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a		No
b		
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 ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records TARA BAILEY 100 YMCA DRIVE CHARLESTON, WV 25311 (304) 340-3540

Check if Schedule O contains a response or note to any line in this Part VII ☐

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 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	115,511		25,852

2

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*

4

5

Section B. Independent Contractors

1

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

2

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	126,451			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	57,751			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		184,202			
Program Service Revenue			Business Code				
	2a	PROGRAM FEES		1,599,917	1,599,917		
	b	MEMBERSHIP DUES		1,481,397	1,481,397		
	c	CONTRACT SERVICES		468,171	468,171		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,549,485			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,559			4,559
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a			(i) Real	(ii) Personal		
		Gross rents		61,625			
		b	Less rental expenses				
		c	Rental income or (loss)	61,625			
	d	Net rental income or (loss)		61,625			61,625
	7a			(i) Securities	(ii) Other		
		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses		16,449		
		c	Gain or (loss)		-16,449		
	d	Net gain or (loss)		-16,449			-16,449
	8a	Gross income from fundraising events (not including \$ 126,451 of contributions reported on line 1c) See Part IV, line 18 . . .					
	a			175,000			
	b	Less direct expenses		33,630			
	c	Net income or (loss) from fundraising events . .		141,370			141,370
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances					
	a			8,913			
b	Less cost of goods sold		6,096				
c	Net income or (loss) from sales of inventory . .		2,817			2,817	
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS			31,044	31,044		
b	VENDING/SNACK MACHINES			11,644		11,644	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		42,688				
12	Total revenue. See Instructions		3,970,297	3,580,529		205,566	

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	196,988	196,988		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	141,363		141,363	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,166,244	1,499,802	603,886	62,556
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	124,228	75,444	43,744	5,040
9	Other employee benefits	128,437	88,523	35,790	4,124
10	Payroll taxes	210,882	138,334	66,745	5,803
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,344		5,344	
c	Accounting	18,040		18,040	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	245,335	164,687	72,325	8,323
12	Advertising and promotion				
13	Office expenses	387,144	277,005	101,054	9,085
14	Information technology				
15	Royalties				
16	Occupancy	260,457	210,975	46,018	3,464
17	Travel	61,851	28,363	30,809	2,679
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,918	5,786	12,081	1,051
20	Interest	1,096	931	165	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	332,016	267,344	60,429	4,243
23	Insurance	42,762	36,371	6,391	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	86,600	70,594	14,886	1,120
b	ORGANIZATIONAL DUES	71,995	29,775	38,842	3,378
c	MISCELLANEOUS	31,865	31,865		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,531,565	3,122,787	1,297,912	110,866
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			556,802	1	266,162
	2	Savings and temporary cash investments			277,028	2	277,176
	3	Pledges and grants receivable, net			4,981	3	7,501
	4	Accounts receivable, net			56,472	4	101,657
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					
						5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L					
						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			4,293	8	4,800
	9	Prepaid expenses and deferred charges			60,228	9	46,345
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,107,567			
	b	Less: accumulated depreciation	10b	6,279,714	2,993,743	10c	2,827,853
	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	
Liabilities	15	Other assets. See Part IV, line 11			1,220,293	15	1,081,987
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,173,840	16	4,613,481
	17	Accounts payable and accrued expenses			161,973	17	103,148
	18	Grants payable				18	
	19	Deferred revenue			109,777	19	84,983
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	70,500
	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			15,950	25	46,881
Net Assets or Fund Balances	26	Total liabilities. Add lines 17 through 25			287,700	26	305,512
		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			3,702,063	27	3,261,341
	28	Temporarily restricted net assets			806,597	28	669,148
	29	Permanently restricted net assets			377,480	29	377,480
		Organizations that do not follow SFAS 117 (ASC 958), 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			4,886,140	33	4,307,969
	34	Total liabilities and net assets/fund balances			5,173,840	34	4,613,481

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,970,297
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,531,565
3	Revenue less expenses Subtract line 2 from line 1	3	-561,268
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,886,140
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16,903
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,307,969

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b 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	

Additional Data

Software ID:

Software Version:

EIN: 55-0357058

Name: YMCA OF KANAWHA VALLEY INC

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

(Code) (Expenses \$ 904,537 including grants of \$ 196,988) (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 MOVIE SWIM, AND PARENT'S NIGHT OUT LET FAMILIES RELAX AND ENJOY EACH OTHER 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 ENCOURAGE YOUTH WITH SPECIAL NEEDS TO JOIN OUR PROGRAMS AND WE ALSO HOST SPECIAL OLYMPICS AQUATIC COMPETITIONS EACH YEAR OUR MEMBERSHIP STRUCTURE INCLUDES THE HOUSEHOLD WHICH IS INCLUSIVE OF GRANDPARENTS, GUARDIAN OR PARTNERS OVERSEEING THE CARE OF THEIR YOUTH YOUTH DEVELOPMENT AND TEEN LEADERSHIP THE TEENS OPPORTUNITIES FOR GROWTH AND ACHIEVEMENT CLUB, ALSO KNOWN AS TOGA IS AN AFTERSCHOOL PROGRAM THAT PROVIDES CARE FOR 12-15 YEAR OLDS DURING THE AFTERSCHOOL HOURS THE TEENS PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES, TUTORING, ARTS AND CRAFTS CLASSES AND SCIENCE SKILL DEVELOPMENT EXPERIMENTS 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 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 7600 PARTICIPANTS RECEIVED SWIM LESSON INSTRUCTION OR PARTICIPATED IN WATER AEROBICS IN 2015 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 KANAWHA COUNTY PARKS AND RECREATION COMMISSION OVER 65,000 VISITS WERE MADE TO YMCA OPERATED POOLS AND PROGRAMS IN 2015

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 (list any hours for related organizations below dotted line)	(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			
RIC J CAVENDER DIRECTOR		X						0	0	0
TRICIA D CLARK CHAIR		X		X				0	0	0
MARY E COOK DIRECTOR		X						0	0	0
FRED GIGGENBACH DIRECTOR		X						0	0	0
JODY S DRIGGS DIRECTOR		X						0	0	0
DIANA L JOHNSON DIRECTOR		X						0	0	0
MARK O GRIGSBY PAST CHAIR		X		X				0	0	0
BRIAN F HICKS DIRECTOR		X						0	0	0
MIRI D HUNTER TREASURER		X		X				0	0	0
PATRICK V O'MALLEY DIRECTOR		X						0	0	0
BRIAN F PARROTT DIRECTOR		X						0	0	0
DEBRA A PAYNE SECRETARY		X		X				0	0	0
BRENT L WEBSTER DIRECTOR		X						0	0	0
ED TIFFEY VICE CHAIR		X		X				0	0	0
TANYA WHITE-WOODS DIRECTOR		X						0	0	0
BRAD FOSTER DIRECTOR		X						0	0	0
BRANDON GRIGSBY DIRECTOR		X						0	0	0
MARTHA J HILL DIRECTOR		X						0	0	0
LAURA ROBERTSON DIRECTOR		X						0	0	0
WILL ROBINSON DIRECTOR		X						0	0	0
JAMIE L TRIDICO DIRECTOR		X						0	0	0
GREG ELLIOT DIRECTOR		X						0	0	0
TERRY MATHIAS DIRECTOR		X						0	0	0
CHAD DICOCO DIRECTOR		X						0	0	0
J DAVID MILLS 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 (list any hours for related organizations below dotted line)	(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			
LISA WHITE DIRECTOR		X						0	0	0
TARA BAILEY COO	40 00			X				78,588	0	25,852
MONROE WARNER CEO	40 00			X				36,923	0	0

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ ☐	
17a	10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶ ☐	
b	10%-facts-and-circumstances test—2014.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 VI 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	375,658	293,043	283,505	383,923	325,572	1,661,701
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,458,223	3,488,873	3,331,689	3,228,285	3,081,314	16,588,384
3Gross receipts from activities that are not an unrelated trade or business under section 513	19,720	24,141	20,829	26,313	20,557	111,560
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	3,853,601	3,806,057	3,636,023	3,638,521	3,427,443	18,361,645
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	9,283	11,452	6,515	16,625	35,347	79,222
bAmounts 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						
cAdd lines 7a and 7b	9,283	11,452	6,515	16,625	35,347	79,222
8Public support. (Subtract line 7c from line 6)						18,282,423

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9Amounts from line 6	3,853,601	3,806,057	3,636,023	3,638,521	3,427,443	18,361,645
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,684	1,358	1,105	777	4,559	9,483
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	1,684	1,358	1,105	777	4,559	9,483
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13Total support. (Add lines 9, 10c, 11, and 12)	3,855,285	3,807,415	3,637,128	3,639,298	3,432,002	18,371,128
14First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.520 %
16Public support percentage from 2014 Schedule A, Part III, line 15	16	99.600 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.000 %
18Investment income percentage from 2014 Schedule A, Part III, line 17	18	1.000 %
19a33 1/3% support tests—2015.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 ▶		
b33 1/3% support tests—2014.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 ▶		
20Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

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

☐ Yes ☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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)

Revenue included on 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 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2015

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,175,877	1,124,216	977,373	886,961	924,003
b Contributions		1,907	50	41,212	3,200
c Net investment earnings, gains, and losses	-3,005	96,727	184,659	81,357	-6,046
d Grants or scholarships					
e Other expenditures for facilities and programs	117,347	32,691	23,065	16,749	19,134
f Administrative expenses	13,898	14,282	14,801	15,408	15,062
g End of year balance	1,041,627	1,175,877	1,124,216	977,373	886,961

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

36 000 %

c

Temporarily restricted endowment

64 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.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		6,373,883	5,027,380	1,346,503
c Leasehold improvements				
d Equipment		1,873,076	1,252,334	620,742
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,827,853

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	3,778,951	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	5,642	
e	Add lines 2a through 2d	2e	5,642	
3	Subtract line 2e from line 1	3	3,773,309	
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 XIII)	4b	196,988	
c	Add lines 4a and 4b	4c	196,988	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	3,970,297	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	4,357,122	
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 XIII)	2d	22,545	
e	Add lines 2a through 2d	2e	22,545	
3	Subtract line 2e from line 1	3	4,334,577	
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 XIII)	4b	196,988	
c	Add lines 4a and 4b	4c	196,988	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,531,565	

Part XIII Supplemental Information	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,096 CHANGE IN VALUE - NET ASSETS OF AFFILIATE -16,903 LOSS ON DISPOSAL OF FIXED ASSET 16,449
SCHEDULE D, PAGE 4, PART XI, LINE 4B	SCHOLARSHIPS 196,988
SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,096 LOSS ON DISPOSAL OF FIXED ASSET 16,449
SCHEDULE D, PAGE 4, PART XII, LINE 4B	SCHOLARSHIPS 196,988

[illegible]

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" on 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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

b

☐ Internet and email 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1 <u>ANNUAL CAMPAIGN</u> (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts	301,451		301,451
	2	Less Contributions	126,451		126,451
	3	Gross income (line 1 minus line 2)	175,000		175,000
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	33,630		33,630
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			33,630
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			141,370

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

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

a Is the organization licensed to conduct 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 _____

Schedule G (Form 990 or 990-EZ) 2015

11

Does the organization conduct 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 conducted in

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

14

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

Name

Address

15a

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

☐ 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 of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ 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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

▶ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

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

☒ Yes ☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

- 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 Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated 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		196,988			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 THEIR 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.

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 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
YMCA OF KANAWHA VALLEY INC

Employer identification number

55-0357058

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE YMCA OF KANAWHA VALLEY IS A CHARITABLE, SOCIAL SERVICE ORGANIZATION DEDICATED TO YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL, OUR IMPACT IS PROVEN WHEN A PERSON MAKES A HEALTHY CHOICE, WHEN A YMCA COACH INSPIRES A CHILD AND WHEN OUR COMMUNITY COMES TOGETHER FOR THE COMMON GOOD OF 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 EVERYONE IS WELCOME AT OUR YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE YMCA IS FOUNDED AND LED BY VOLUNTEERS THAT GUIDE US IN IDENTIFYING NEEDS WITHIN OUR COMMUNITY AND HELP FORM STRATEGIES TO RESPOND SO THAT THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	LACROSSE, MARTIAL ARTS, HOME SCHOOL P.E., VOLLEYBALL, SOCCER, FLAG FOOTBALL, AND SUMMER CAMPS. THE YMCA ADULT SPORTS ACTIVITIES PROVIDE MEMBERS AND PARTICIPANTS WITH THE OPPORTUNITY TO LIVE HEALTHIER LIFESTYLES THROUGH SPORTS. MANY OF OUR PARTICIPANTS ARE INVOLVED IN MULTIPLE SPORTS OR LEAGUES. WITH OVER 1,500 PARTICIPANTS IN VARIOUS ACTIVITIES, WE CONTINUE OUR EFFORTS IN BUILDING BETTER PEOPLE THROUGH SPORTSMANSHIP AND SOCIAL RESPONSIBILITIES. ADULT SPORTS INCLUDE BASKETBALL, VOLLEYBALL, SOCCER, AS WELL AS OTHER NONTRADITIONAL AMERICAN SPORTS SUCH AS ULTIMATE FRISBEE. IN ADDITION TO OUR ADULT SPORTS, THE YMCA INCLUDED 40 TEAMS IN ITS CORPORATE CUP CHALLENGE IN 2015, WHICH INCLUDES OVER 30 EVENTS OVER A 3 WEEK PERIOD. CORPORATE CUP STRIVES TO PROMOTE HEALTH AND FITNESS THROUGHOUT THE LOCAL COMMUNITY AS WELL AS GIVING BACK TO OTHER NONPROFIT ORGANIZATIONS AS MT. AND UNION MISSION, RED CROSS, RONALD MCDONALD HOUSE, AND HELPING THE LOCAL MILITARY.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	IN THE SUMMER MONTHS, AND PERIODICALLY OFFERS WELLNESS WORKSHOPS FOR ITS MEMBERS AND THE PUBLIC

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	AND A THOROUGH ORIENTATION PRIOR TO HIRE. ALL TEACHERS AND/OR COUNSELORS MUST EITHER HAVE A CERTIFICATION IN AN EDUCATION OR RELATED FIELD, BE WORKING TOWARDS A CERTIFICATION OR HAVE TWO YEARS OR MORE EXPERIENCE IN A RELATED FIELD. ALL EMPLOYEES ARE REQUIRED TO MAINTAIN A CPR/FIRST AID CERTIFICATION AND COMPLETE 18 HOURS OF TRAINING EACH CALENDAR YEAR. PROVIDING A SAFE AND NURTURING LEARNING ENVIRONMENT FOR ALL CHILDREN REGARDLESS OF THEIR ECONOMIC STATUS OR INABILITY TO PAY IS CENTRAL TO THE YMCA'S MISSION. IN ORDER TO ENSURE THAT ALL CHILDREN RECEIVE HIGH-QUALITY CARE AND EDUCATION, OUR CENTER SERVES FAMILIES RECEIVING GOVERNMENT ASSISTANCE FROM WEST VIRGINIA RESOURCE AND REFERRAL AGENCIES. IN ADDITION, YMCA OF KANAWHA VALLEY ALSO OFFERS SCHOLARSHIPS FOR FAMILIES NEEDING ASSISTANCE WITH CHILD CARE NEEDS. THESE SCHOLARSHIPS ARE FUNDED THROUGH YMCA FUNDRAISING EFFORTS. OUR CENTER UTILIZES THE CREATIVE CURRICULUM, WHICH IS BUILT ON THEORIES THAT ALL CHILDREN LEARN THROUGH ACTIVE EXPLORATION OF THEIR ENVIRONMENT AND THEREFORE THE ENVIRONMENT PLAYS A CRITICAL ROLE IN LEARNING. THE GOAL OF THE CREATIVE CURRICULUM IS TO HELP CHILDREN BECOME INDEPENDENT, SELF-CONFIDENT, INQUISITIVE AND ENTHUSIASTIC LEARNERS IN ALL AREAS OF DEVELOPMENT INCLUDING SOCIAL/EMOTIONAL, COGNITIVE, PHYSICAL AND LANGUAGE. OUR CENTER ALSO PROMOTES HEALTHY LIVING FOR OUR CHILDREN AND FAMILIES BY FOLLOWING STANDARDS SET FORTH BY THE CHILD AND ADULT CARE FOOD PROGRAM, NATIONAL SCHOOL LUNCH AND KEY\$4HEALTHY KIDS. ALL CHILDREN IN OUR CENTER ARE SERVED A NUTRITIOUS BREAKFAST, LUNCH, AND SNACK DURING THE SPRING AND SUMMER MONTHS. CHILDREN PARTICIPATE IN GARDENING WHERE WE GROW OUR OWN FRUITS, VEGETABLES AND HERBS TO PROMOTE HEALTHY EATING HABITS. IN ADDITION TO HEALTHY EATING ALL CHILDREN RECEIVE AT LEAST 90 MINUTES OF GROSS MOTOR TIME EACH DAY. GROSS MOTOR SPACES ARE SEPARATED INTO AGE APPROPRIATE AREAS WHICH INCLUDE THE SCHOOL AGE PLAYGROUND, PRESCHOOL PLAYGROUND, TODDLER PLAYGROUND, INDOOR PLAYGROUND AND GYMNASIUM.

Return Reference	Explanation
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 MOVIE SWIM, AND PARENT'S NIGHT OUT LET FAMILIES RELAX AND ENJOY EACH OTHER 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 ENCOURAGE YOUTH WITH SPECIAL NEEDS TO JOIN OUR PROGRAMS AND WE ALSO HOST SPECIAL OLYMPICS AQUATIC COMPETITIONS EACH YEAR OUR MEMBERSHIP STRUCTURE INCLUDES THE HOUSEHOLD WHICH IS INCLUSIVE OF GRANDPARENTS, GUARDIAN OR PARTNERS OVERSEEING THE CARE OF THEIR YOUTH YOUTH DEVELOPMENT AND TEEN LEADERSHIP THE TEENS OPPORTUNITIES FOR GROWTH AND ACHIEVEMENT CLUB, ALSO KNOWN AS TOGA IS AN AFTERSCHOOL PROGRAM THAT PROVIDES CARE FOR 12-15 YEAR OLDS DURING THE AFTERSCHOOL HOURS THE TEENS PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES, TUTORING, ARTS AND CRAFTS CLASSES AND SCIENCE SKILL DEVELOPMENT EXPERIMENTS 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 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 7600 PARTICIPANTS RECEIVED SWIM LESSON INSTRUCTION OR PARTICIPATED IN WATER AEROBICS IN 2015 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 KANAWHA COUNTY PARKS AND RECREATION COMMISSION OVER 65,000 VISITS WERE MADE TO YMCA OPERATED POOLS AND PROGRAMS IN 2015

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	MARK GRIGSBY BRANDON GRIGSBY BOARD MEMBER BOARD MEMBER FAMILY RELATIONSHIP

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	PROCEDURES FOR IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST, ANNUAL POLICY- EACH SIGNIFICANT PERSON, WHICH IS ANY DIRECTOR, OFFICER, KEY EMPLOYEE, OR COMMITTEE MEMBER WITH BOARD-DESIGNATED POWERS, SHALL SIGN THE ANNUAL CONFLICT OF INTEREST POLICY AS DISTRIBUTED BY THE BOARD DUTY TO DISCLOSE- A SIGNIFICANT PERSON MUST DISCLOSE THE EXISTENCE OF ANY INTEREST ALL MATERIAL FACTS MUST BE PROVIDED SO THAT DECISIONS ARE MADE WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE SIGNIFICANT PERSON'S INTEREST CONTINUING DISCLOSURES- IF, AFTER COMPLETION OF THE CONFLICT OF INTEREST POLICY, ANY SIGNIFICANT PERSON BECOMES AWARE OF ANYTHING THAT COULD GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THE YMCA, 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

Return Reference	Explanation
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'S 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.

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 6,096 CHANGE IN VALUE - NET ASSETS OF AFFILIATE -16,903 LOSS ON DISPOSAL OF FIXED ASSET 16,449 SCHOLARSHIPS -196,988 COST OF GOODS SOLD REPORTED ON PAGE 1 OF 990 -6,096 LOSS ON DISPOSAL OF FIXED ASSET -16,449 SCHOLARSHIPS 196,988 TOTAL -16,903

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)YMCA OF KANAWHA VALLEY ENDOWMENT	S	117,347	

Schedule R (Form 990) 2015

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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