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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137013410

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6359 WALKER LANE NO 200

City or town, state or country, and ZIP + 4
ALEXANDRIA, VA 22310

D Employer identification number
91-1883466

E Telephone number
(703) 313-9600

G Gross receipts $ 16,988,442

F Name and address of principal officer
S FRANK GALLO
6359 WALKER LANE NO 200
ALEXANDRIA, VA 22310

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

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

H(c) Group exemption number ▶ 9372

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

J Website: ▶ WWW ASYMCA ORG

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

L Year of formation 1983

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of the Armed Services YMCA of the USA - see sch o for continuation

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**	251
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	251
5	Total number of employees (Part V, line 2a)	**5**	1,012
6	Total number of volunteers (estimate if necessary)	**6**	9,385
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	26,737
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	23,163

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,381,208	8,249,804
	9 Program service revenue (Part VIII, line 2g)	6,450,258	6,372,156
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	696,517	78,970
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,969,755	1,778,384
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,497,738	16,479,314
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,668,077	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,113,437	9,659,234
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 638,325		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,826,280	7,007,212
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,607,794	16,666,446
	19 Revenue less expenses Subtract line 18 from line 12	889,944	-187,132

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	28,895,039	15,266,771
	21 Total liabilities (Part X, line 26)	2,467,852	2,238,906
	22 Net assets or fund balances Subtract line 21 from line 20	26,427,187	13,027,865

Part II Signature Block

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

Sign Here

****** | 2010-05-14
Signature of officer | Date

S FRANK GALLO NATIONAL EXEC DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	RSM MCGLADREY INC 9737 WASHINGTONIAN BLVD 400 GAITHERSBURG, MD 208787340		EIN ▶ Phone no ▶ (301) 296-3600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The mission of the Armed Services YMCA of the USA on behalf of the National Council of is to put Christian principles into practice through educational, recreational, social and religious programs and services for military personnel, both single and married and their family members This mission is carried out in cooperation with the military

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,134,563 including grants of $) (Revenue $ 1,877,158)

A Programs and Support for Military Members, Spouses & Families ASYMCA programs aim to bring families closer together while at home and especially during deployment Healthy families contribute substantially to the success of service members and the entire military, providing confidence and peace of mind Highlights of local programs include o Emergency Food Supplies o Young Family Supporto Family Unity o Mom and Tots Timeo Sharing Caring Moms o Family Gramso Daddy & Me/Mommy & Me o Food for Familieso Family Abuse Shelter o Child Abuse Preventiono Parenting Workshops o Infant Car Seat Loano Mother/Daughter Tea o Operation Kid ComfortFew people outside of military families can imagine the strain of worrying about a service husband or wife, especially one who is deployed A vast array of ASYMCA programs help spouses of junior-enlisted learn life skills, care for children, and even make ends meet Local programs include o Spouse Support and Craft Groups o Separate But Togethero Couples Night o Enlisted Wives Clubo Holiday Dinners and Dances o Active Duty Pregnancy Classeso Late Night Recreational Activities o Parenting Workshops

4b (Code) (Expenses $ 5,380,027 including grants of $) (Revenue $ 1,642,513)

B Child Care Programs Daycare and Latchkey services to military personnel dependents are offered at zero or reduced cost at ASYMCA branches and affiliates

4c (Code) (Expenses $ 2,305,726 including grants of $) (Revenue $ 703,934)

C Educational Assistance Programs ASYMCA offers a number of educational programs for both children and adults, ranging from programs offered on-site at ASYMCA to financial assistance to support ongoing learning Local programs/services offered include o Preschoolo Special Interest Classes for Adultso Financial Management Classeso Child Literacy Programo Before- and After-school Tutoringo Operation Heroo Sign Language classeso Tuition Assistanceo After School Enrichmento Computer Classeso ABCs and 123so General Education Diploma o English as Second LanguageNationally, one of ASYMCA's keystone programs is Operation Hero, a program that aids children from six to 12 years of age who are experiencing temporary difficulty in school, both socially and academically Often these difficulties are caused by frequent moves and family disruption due to deployments Referred by teachers, parents, or school officials, the semester-long program provides after-school tutoring and mentoring assistance in a small group with certified teachers Operation Hero facilitates a positive environment, encourages responsible behavior, and gets children back on track in school, both academically and socially Twelve hundred students per year participate in Operation Hero, with 5000 participating since inception

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,214,455 including grants of $) (Revenue $ 469,290)

4e **Total program service expenses** ▶ $ 15,034,771

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?	2		No
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? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes	12A		
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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	90		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,012		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**		Yes	
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 251		
b	Enter the number of voting members that are independent . .	1b 251		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , CA , HI , IL , KY , MO , NC , OK , TX , VA , WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MYRNA RAMOS CONTROLLER
6359 WALKER LANE
ALEXANDRIA, VA 22310
(703) 313-9600

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

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

1b Total . . . . . ▶	1,465,204	0	264,232

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 432,005				
	b	Membership dues	1b 1,108,152				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,709,647				
	g	Noncash contributions included in lines 1a-1f $ 1,687,577					
	h	**Total.** Add lines 1a-1f		8,249,804			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900,099	4,692,606	4,692,606		
	b	Fees & contracts from	900,099	1,109,992	1,109,992		
	c	RESIDENCE & RELATED SE	900,099	569,558	569,558		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		6,372,156			
	3	Investment income (including dividends, interest and other similar amounts)		119,414			119,414
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,268,715				
	b	Less rental expenses					
	c	Rental income or (loss)	1,268,715				
	d	Net rental income or (loss)		1,268,715			1,268,715
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	35,931	54,809			
	b	Less cost or other basis and sales expenses	81,400	49,784			
	c	Gain or (loss)	-45,469	5,025			
	d	Net gain or (loss)		-40,444			-40,444
Other Revenue	8a	Gross income from fundraising events (not including $ 632,485 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b 277,939				
	c	Net income or (loss) from fundraising events		354,546			354,546
	9a	Gross income from gaming activities See Part IV, line 19	a 71,495				
	b	Less direct expenses	b 44,758				
	c	Net income or (loss) from gaming activities		26,737		26,737	
	10a	Gross sales of inventory, less returns and allowances	a 221,950				
	b	Less cost of goods sold	b 55,247				
	c	Net income or (loss) from sales of inventory		166,703			166,703
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900,099	-38,317			-38,317
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-38,317			
	12	**Total revenue.** See Instructions		16,479,314	6,372,156	26,737	1,830,617

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,538,177	922,906	461,453	153,818
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	6,832,450	6,585,718	126,187	120,545
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	345,230	328,030	12,435	4,765
9 Other employee benefits	135,320	129,370	3,121	2,829
10 Payroll taxes	808,057	728,310	49,893	29,854
11 Fees for services (non-employees)				
a Management				
b Legal	12,464	4,773	7,650	41
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	4,595		4,595	
g Other	274,936	186,089	46,284	42,563
12 Advertising and promotion	28,473	17,962	8,472	2,039
13 Office expenses	3,780,301	3,598,855	86,450	94,996
14 Information technology	27,329	24,363	2,194	772
15 Royalties				
16 Occupancy	428,220	408,605	16,345	3,270
17 Travel	94,663	79,037	11,994	3,632
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,095	18,396	7,744	955
20 Interest	49,587	39,287	10,300	
21 Payments to affiliates	327,118	316,110	8,485	2,523
22 Depreciation, depletion, and amortization	999,803	899,818	84,106	15,879
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a rentals, repairs & main	386,310	356,649	25,995	3,666
b PROGRAM EVENTS	357,978	204,466	2,275	151,237
c GIFTS	120,505	110,755	9,455	295
d Awards & HONORARIA	38,308	35,023	0	3,285
e STAFF TRAINING	30,142	27,868	1,662	612
f All other expenses	19,385	12,381	6,255	749
25 **Total functional expenses.** Add lines 1 through 24f	16,666,446	15,034,771	993,350	638,325
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,734,290	1	3,783,580
	2	Savings and temporary cash investments		1,811,883	2	
	3	Pledges and grants receivable, net		718,541	3	299,818
	4	Accounts receivable, net		359,477	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,665	8	14,338
	9	Prepaid expenses and deferred charges		495,637	9	7,123
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 18,092,388			
	b	Less accumulated depreciation	10b 11,029,524	8,590,844	10c	7,062,864
	11	Investments—publicly traded securities		11,988,395	11	1,580,162
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,184,307	15	2,518,886
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		28,895,039	16	15,266,771
Liabilities	17	Accounts payable and accrued expenses		1,335,644	17	835,334
	18	Grants payable			18	
	19	Deferred revenue		636,373	19	101,081
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		52,000	23	139,729
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		443,835	25	1,162,762
	26	**Total liabilities.** Add lines 17 through 25		2,467,852	26	2,238,906
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		25,128,262	27	12,258,893
	28	Temporarily restricted net assets		1,013,060	28	465,401
	29	Permanently restricted net assets		285,865	29	303,571
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		26,427,187	33	13,027,865
	34	Total liabilities and net assets/fund balances		28,895,039	34	15,266,771

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137013410

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN

Employer identification number
91-1883466

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,655,961	7,148,490	7,433,718	8,702,647	8,249,804	41,190,620
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	9,655,961	7,148,490	7,433,718	8,702,647	8,249,804	41,190,620
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						41,190,620

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,655,961	1,392,289	7,433,718	8,702,647	8,249,804	41,190,620
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,203,518	1,392,289	1,366,034	1,449,494	1,388,129	6,799,464
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						47,990,084

12	Gross receipts from related activities, etc (See instructions)	12	29,095,274

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	85 830 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	82 940 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

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

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137013410

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN

Employer identification number
91-1883466

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	285,865	271,907			
b Contributions	17,706	13,958			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	303,571	285,865			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,184,808		2,184,808
b Buildings		12,057,205	7,906,452	4,150,753
c Leasehold improvements		491,544	410,146	81,398
d Equipment		835,880	698,464	137,416
e Other		2,522,951	2,014,462	508,489
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,062,864

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

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

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

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

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

(a) Description	(b) Book value
deferred rent receivable	2,518,886
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,518,886

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
deposits on sale of building	532,562
DUE TO HEADQUARTERS	630,200
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,162,762

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,479,314
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,666,446
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-187,132
4	Net unrealized gains (losses) on investments	4	253,294
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-13,465,484
9	Total adjustments (net) Add lines 4 - 8	9	-13,212,190
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,399,322

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

1	Total revenue, gains, and other support per audited financial statements			1	20,854,294
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	253,294		
b	Donated services and use of facilities	2b	3,743,742		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	3,997,036
3	Subtract line **2e** from line **1**			3	16,857,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-377,944		
c	Add lines **4a** and **4b**			4c	-377,944
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	16,479,314

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

1	Total expenses and losses per audited financial statements			1	20,788,132
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,743,742		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	377,944		
e	Add lines **2a** through **2d**			2e	4,121,686
3	Subtract line **2e** from line **1**			3	16,666,446
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	16,666,446

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The permanent restricted funds are held in endowments created on behalf of the branches and investments held by local community Foundations These are the Lawton Community Foundation, San Diego Foundation and El Paso Community Foundation The purpose of these foundation is to ensure the continued social, recreational, educational and spiritual services to to military members and families in the respective areas/branches
Part XI, Line 8 - Other Adjustments		NET ASSETS CHANGE AS A RESULT OF THE REMOVAL OF THE CENTRAL ORGANIZATION -13465484
Part XII, Line 4b - Other Adjustments		Fundraising expense -277939 cost of goods sold -55247 expenses related to charitable gambling activities -44758
Part XIII, Line 2d - Other Adjustments		Fundraising expense 277939 cost of goods sold 55247 expenses related to charitable gambling activities 44758
		ASYMCA HEADQUARTERS IS NO LONGER BEING REPORTED ON THE ASYMCA GROUP RETURN AS OF 2009 THE OTHER ADJUSTMENT AMOUNT OF $13,465,484 REFLECTS THE HEADQUARTERS' ACTIVITY REMOVED FROM THE PRESENTATION OF ACTIVITIES ON THE 2009 FORM 990

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137013410

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN

Employer identification number
91-1883466

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 MUD RUN (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	270,293	362,192		632,485
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	270,293	362,192		632,485
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	148,852	129,087		277,939
	10 Direct expense summary Add lines 4 through 9 in column (d)				277,939
	11 Net income summary Combine lines 3, column d, and line 10				354,546

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue		71,495		71,495
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		44,758		44,758
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				44,758
	8 Net gaming income summary Combine lines 1, column d, and line 7				26,737

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities AK			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 000 %	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			

Name ▶ WENDY PRIEST

Address ▶ PO BOX 6272
ELMENDORF AFB, AK 99506

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ DAVE GOMEZ

Gaming manager compensation ▶ $ _____

Description of services provided ▶ Charitable Gaming Pulltabs

☑ Director/officer ☐ Employee ☐ Independent contractor

17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**	Yes	
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 ▶ $ 71,495			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137013410

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN

Employer identification number
91-1883466

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN

Employer identification number
91-1883466

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The IRS 990 is reviewed at the May National Board meeting each year The completed 990 is reviewed by the Compensation Committee and the Audit Committee before it is signed by the CEO In the past the Committees have ensured that the IRS 990 numbers agree with the Audited numbers in the specific areas of Functional Expense, Executive Compensation and Mission accomplishment The Committee has been concerned that the stated functional expenses agree on both documents, that the stated Executive Compensation is properly recorded, and that the mission descriptions and expenses have been consistent with the organizational mission This year they will specifically focus on those areas as well as the new governance and compensation questions within the 990 to ensure they are all properly documented This document is made available to the entire National Board of Directors for their personal review and to resolve any questions they may have
Form 990, Part VI, Section B, line 12c		The ASYMCA Conflict of Interest Policy is reviewed at the November Board meeting each year During the Board meeting all Board Directors must complete and sign the new form before the meeting adjourns The forms are reviewed and filed with the Board minutes for that year Any Board members not in attendance are mailed a new Conflict of Interest Form and they will be contacted for as long as it takes to get the signed forms back and filed The key members of the headquarters staff (CEO, COO and CFO) also complete the Conflict of Interest forms The Executive Directors of each ASYMCA branch also complete a new form each year
Form 990, Part VI, Section B, line 15		The COO gathers all comparability data from the YMCA of the USA and outside Non-Profit organizations of liked size and scope The CEOs pay is compared against YMCA organization and other non-profit organizations of similar size and scope, tabulates the data and creates a board recommendation for the Compensation Committee The Compensation Committee is composed of the Past Board Chairman and the Executive Committee and they each do an independent evaluation of the CEO based on the criteria in his evaluation from the previous year and his goals for the new year These evaluations are compiled into one document which contains the evaluation and the recommendation for compensation for the new year The Compensation Committee meets in November each year to review the evaluations, the compensation comparability data and they make the determination that the recommended compensation is not excessive They meet without staff present and keep a set of committee minutes to review with the entire Board of Directors All Committee and Board members are independent The Compensation Committee makes their report to the entire Board and the Board of Directors votes on the Executive Compensation package after the determine that the compensation is not excessive For the COO and CFO The Executive Director prepares the compensation packages for the Compensation Committee and they concur in his recommendation for the compensation of the COO and the CFO All of the comparability data from the YMCA of the USA and other non-profits of similar size and scope are compared to ensure the compensation for the officers is not excessive
Form 990, Part VI, Section C, line 19		Through our website http www asymca org
Form 990, part I, Line 1		The mission of the Armed Services YMCA of the USA on behalf of the National Council of the YMCA of the USA, is to put Christian principles into practice through educational, recreational, social and religious programs and services for military personnel, both single and married and their family members This mission is carried out in cooperation with the military
Form 990, part I, Line 6		The YMCA of the USA has an annual report requirement whereby every branch association reports the number of volunteers and volunteer hours worked They compile these lists over the course of the year by actual attendance records indicating name and number of hours of volunteer service The 9,385 volunteers donated 169,803 hours of service to the Armed Services YMCA in 2009

Additional Data

Software ID:
Software Version:
EIN: 91-1883466
Name: ARMED SERVICES YMCA OF THE USA GROUP RETURN

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

4d. Other program services

(Code) (Expenses $ 1,214,455 including grants of $) (Revenue $ 469,290)

D Other Programs Medical and Health Care Assistance, Recreational, Residence and AwardsASYMCA provides supplemental healthcare and medical assistance to junior-enlisted military personnel and their families, ranging from financial assistance for eyeglasses to babysitting so that moms and dads can attend medical appointments ASYMCA even offers non-medical advice and assistance on the base to military spouses needing information about infant childcare Programs offered at local branches include o Recreation Therapy o Volunteers in Pediatricso Infant Immunization Follow-up o Children's Pre-Operating Programo Neonatal Intensive Care Reunion o Support Groups for Parents with Children of Special Needso Healing Heartso Aquacise (aquatics program)o Breast Cancer Awareness Group o Active Duty Pregnancy Classeso Respite Care o CPR Training/First Aido Discount Vision Service/Free Eye Exams ASYMCA keeps children and adults entertained and active to build and maintain a healthy lifestyle We offer a variety of programs designed to meet the specific needs of each branch In San Diego, ASYMCA operates a program at the Naval Medical Center for hospital patients to enjoy recreation activities such as trips with great seats to Padre games, therapy dog visitation, and aquatics classes Our branch in Twenty-nine Palms offers activities for children under five while parents use Base fitness equipment or attend Yoga classes Other local branch programs include o Dance Classeso Tae Kwon Doo Pilates/Yogao Walking Groupso Self-Worth Workshopso Nutrition Programo Healthy Lifestyles Classeso Youth Sports, Camps, and Aquaticso Golf Tournamentso 10K Races o Certified Aerobics Classeso All Services Enlisted BaseballResidence program provides overnight lodging at reduced prices Each year at a luncheon in Washington, D C , the Armed Services YMCA presents several awards to individuals and branches whose efforts best exemplify the ASYMCA mission of enriching the quality of life of military personnel and their families Exemplify the ASYMCA mission of enriching the quality of life of military personnel and their families At this year's awards luncheon, sponsored by General Dynamics, the ASYMCA also announced the winners of its annual art and essay contests for children of military families

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Leslie J Lingle- ALTUS Chairman of the Board	25 00	X		X				0	0	0
Stephan Francis- ALTUS Vice Chairman of the Boa	25 00	X		X				0	0	0
Glen Goforth- ALTUS Board Treasurer	25 00	X		X				0	0	0
Gail Desnoyer- ALTUS Board Secretary	25 00	X		X				0	0	0
David Huey- ALTUS Board Director	25 00	X						0	0	0
Randy Cumby- ALTUS Board Director	5 00	X						0	0	0
Matt Litsch- ALTUS Board Director	5 00	X						0	0	0
Norm Weber- ALTUS Board Director	5 00	X						0	0	0
Kenton McKnight- ALTUS Board Director	5 00	X						0	0	0
Nancy Wall- ALTUS Board Director	5 00	X						0	0	0
John Horschler- ALTUS Board Director	5 00	X						0	0	0
Darryl Knowles- ALTUS Board Director	5 00	X						0	0	0
Linda Wood- ALTUS Board Director	5 00	X						0	0	0
James D Mechem- ANCHORA Chairman of the Board	10 00	X		X				0	0	0
John Parrott- ANCHORAGE First Vice Chair	5 00	X		X				0	0	0
Larry Sutterer- ANCHORAG Second Vice Chair	7 00	X		X				0	0	0
Bernard Jackson- ANCHORA Secretary	5 00	X		X				0	0	0
Ingrid Karn- ANCHORAGE Treasurer	4 00	X		X				0	0	0
Randy Becker- ANCHORAGE Board Member	1 00	X						0	0	0
Nick Brorson- ANCHORAGE Board Member	2 00	X						0	0	0
Jack Crockett- ANCHORAGE Board Member	4 00	X						0	0	0
Candi Dierenfield- ANCHO Board Member	3 00	X						0	0	0
Barbara Fullmer- ANCHORA Board Member	3 00	X						0	0	0
Mike Lasher- ANCHORAGE Board Member	2 00	X						0	0	0
Erik Lind- ANCHORAGE Board Member	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Mack- ANCHORAGE Board Member	3 00	X						0	0	0
Keith Manternach- ANCHOR Board Member	10 00	X						0	0	0
Greg Miller- ANCHORAGE Board Member	3 00	X						0	0	0
Jim Wolf- ANCHORAGE Board Member	3 00	X						0	0	0
Patrick Boyle- BREMERTON Chairman of the Board	4 00	X		X				0	0	0
Sam Bossert- BREMERTON Vice Chairman of the Boa	2 00	X		X				0	0	0
Bill Walgren- BREMERTON Vice Chairman of the Boa	2 00	X		X				0	0	0
Laura Lyon- BREMERTON Board Treasurer	1 00	X		X				0	0	0
Cynthia Engelgau- BREMER Board Secretary	1 00	X		X				0	0	0
Matt Berg- BREMERTON Board Director	1 00	X						0	0	0
Aaron Capps- BREMERTON Board Director	1 00	X						0	0	0
Terry Halvorsen- BREMERT Board Director	1 00	X						0	0	0
Charles Henderson- BREME Board Director	1 00	X						0	0	0
Chris Lemke- BREMERTON Board Director	1 00	X						0	0	0
Scarlette Sloan- BREMERT Board Director	1 00	X						0	0	0
John Stanley MD- BREMER Board Director	1 00	X						0	0	0
Odette Vachon- BREMERTON Board Director	1 00	X						0	0	0
Rob Forbes- BREMERTON Board Director	1 00	X						0	0	0
Ken Hills- BREMERTON Board Director	1 00	X						0	0	0
Clarke Whitney- BREMERTO Board Director	1 00	X						0	0	0
Charles VanHorne COL U Chairman of the Board	15 00	X		X				0	0	0
Lewis SummervilleSGTMAJ Board Treasurer	3 00	X		X				0	0	0
Amanda Crompton- CAMP LE Board Secretary	20 00	X		X				0	0	0
Don Perry- CAMP LEJEUNE Board Director	3 00	X						0	0	0
Joe Harrington- CAMP LEJ Board Director	6 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin IsaksonCMSGT USA Board Director	3 00	X						0	0	0
Ted McClean- CAMP LEJEUN Board Director	15 00	X						0	0	0
Joe HouleSGMJUSMCRet Board Director	10 00	X						0	0	0
Jose Padia1SGTUSMCRe Board Director	3 00	X						0	0	0
Genieve Salsibury- EL PA Chairman of the Board	3 00	X		X				0	0	0
Sarah Potter- EL PASO Vice Chairman of the Boa	3 00	X		X				0	0	0
Judy Rich- EL PASO Board Treasurer	3 00	X		X				0	0	0
Nancy Madison- EL PASO Board Secretary	3 00	X		X				0	0	0
John Potter - EL PASO Board Director	3 00	X						0	0	0
Stephen D Milburn- FAYE Board President	5 00	X		X				0	0	0
Josephine Miller- FAYETT Board Treasurer	10 00	X		X				0	0	0
AnnMarie Adams- FAYETTEV Board Member	5 00	X						0	0	0
Barbara Bentley- FAYETTE Board Member	2 00	X						0	0	0
Jack Cox- FAYETTEVILLE Board Member	5 00	X						0	0	0
Dale Godwin- FAYETTEVILL Board Member	3 00	X						0	0	0
Cris Nunez- FAYETTEVILLE Board Member	2 00	X						0	0	0
Tony Parmer- FAYETTEVILL Board Member	5 00	X						0	0	0
Mark Wilderman- FAYETTEV Board Member	2 00	X						0	0	0
Liz Scruggs- FAYETTEVILL Board Member	5 00	X						0	0	0
Kelly Douglas- FAYETTEVI Board Member	5 00	X						0	0	0
Dr Lana Bastin- FORT CAM Chairman of the Board	2 00	X		X				0	0	0
Colleen Ochs- FORT CAMPB Board Treasurer	2 00	X		X				0	0	0
Karen Grimsley- FORT CAM Board Secretary	2 00	X		X				0	0	0
Brandt Lyon- FORT CAMPBE Board Director	2 00	X						0	0	0
Sylvia Phipps- FORT CAMP Board Director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra Cooper- FORT CAMP Board Director	2 00	X						0	0	0
Rachel Sanchez- FORT CAM Board Director	2 00	X						0	0	0
Marc Barker- FORT CAMPBE Board Director	2 00	X						0	0	0
Royce Stevens- FORT CAMP Board Director	2 00	X						0	0	0
Linda Gifford- FT LEONAR Board Chair	3 00	X		X				0	0	0
Linda Dowell- FT LEONARD Board Vice Chair	3 00	X		X				0	0	0
Nicole Palmer- FT LEONAR Board Secretary	3 00	X		X				0	0	0
Connie Ellzey- FT LEONAR Board Treasurer	3 00	X		X				0	0	0
Lindall Mostajo- FT LEON Board Director	2 00	X						0	0	0
Michael Brame- FT LEONAR Board Director	2 00	X						0	0	0
Scott John- FT LEONARD W Board Director	2 00	X						0	0	0
Amanda Larsen- FT LEONAR Board Director	1 00	X						0	0	0
Steve Lynch- FT LEONARD Board Director	1 00	X						0	0	0
Vanedra Smith- FT LEONAR Board Director	1 00	X						0	0	0
Lindell G Rutherford U Chairman of the Board	1 00	X		X				0	0	0
Ms Heather Tace- HAMPTO Vice Chairman of the Boa	1 00	X		X				0	0	0
Philip grathwol LtCOL Board Treasurer	3 00	X		X				0	0	0
Doulgas thiry- HAMPTON R Board Secretary	3 00	X		X				0	0	0
Theresa Soska- HAMPTON R Board Member	1 00	X						0	0	0
Jeffery Geraci- HAMPTON Board Member	1 00	X						0	0	0
Meyera Oberndorf- HAMPTO Board Member	1 00	X						0	0	0
Robert Kirk- HAMPTON ROA Board Member	1 00	X						0	0	0
Michael Groothousen RAD Board Member	1 00	X						0	0	0
Donna Dambekaln- HAMPTON Board Member	1 00	X						0	0	0
Captain Kraig Kennedy Chairman of the Board	10 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Don Anderson- HONOLULU Vice Chairman of the Boa	3 00	X		X				0	0	0
Sarah Fargo- HONOLULU Board Treasurer	3 00	X		X				0	0	0
Alice Tucker- HONOLULU Board Secretary	3 00	X						0	0	0
David Waller- HONOLULU Board Director	5 00	X						0	0	0
Mildred Courtney- HONOLU Board Director	3 00	X						0	0	0
Susan Stalder - HONOLULU Board Director	3 00	X						0	0	0
Andy Walsh- HONOLULU Board Director	3 00	X						0	0	0
Ted Wong- HONOLULU Board Director	3 00	X						0	0	0
Shelley North - HONOLULU Board Director	3 00	X						0	0	0
Rhonda Mixon- HONOLULU Board Director	3 00	X						0	0	0
Karl Kiyokawa- HONOLULU Board Director	3 00	X						0	0	0
Chuck Cotton- HONOLULU Board Director	3 00	X						0	0	0
August Yee- HONOLULU Board Director	3 00	X						0	0	0
Sally Mist- HONOLULU Board Director	3 00	X						0	0	0
Vivien Stackpole- HONOLU Board Director	3 00	X						0	0	0
Herminia Brown - HONOLUL Board Director	3 00	X						0	0	0
Gary Young- KILLEEN Chairman of the Board	2 00	X		X				0	0	0
Donna Connell- KILLEEN Vice Chairman of the Boa	2 00	X		X				0	0	0
Terry Thompson- KILLEEN Board Treasurer	2 00	X		X				0	0	0
Jackeline Fountain CSM Board Secretary	2 00	X		X				0	0	0
Cindy Davis- KILLEEN Board Director	2 00	X						0	0	0
Will Adams- KILLEEN Board Director	2 00	X						0	0	0
Dr James R Anderson P Board Director	2 00	X						0	0	0
Cari Starritt-Burnett- K Board Director	2 00	X						0	0	0
Donald R Felt CSM- KIL Board Director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Debra Hull- KILLEEN Board Director	2 00	X						0	0	0
Rick Keagle- KILLEEN Board Director	2 00	X						0	0	0
Bill Kozlik- KILLEEN Board Director	2 00	X						0	0	0
Larry Linder- KILLEEN Board Director	2 00	X						0	0	0
Romy Mortel- KILLEEN Board Director	2 00	X						0	0	0
Donald Scott- KILLEEN Board Director	2 00	X						0	0	0
Marty Smith- KILLEEN Board Director	2 00	X						0	0	0
Paul Stringfellow CFP- Board Director	2 00	X						0	0	0
Bob Sykes- KILLEEN Board Director	2 00	X						0	0	0
Cyd West- KILLEEN Board Director	2 00	X						0	0	0
Kimberly Thomas- LAWTON President, Board of Trus	3 00	X		X				0	0	0
CSMR Willie Byrd- LAWT 1st Vice President	3 00	X		X				0	0	0
COLR Rob Cline- LAWTON 2nd Vice President	3 00	X		X				0	0	0
Bill King- LAWTON Board Treasurer	3 00	X		X				0	0	0
LTCR Mike Dooley- LAWT Past President	3 00	X						0	0	0
Zoe DuRant- LAWTON Board of Trustees	3 00	X						0	0	0
Tom Linville- LAWTON Board of Trustees	3 00	X						0	0	0
CSMR Dennis Meyer- LAW Board of Trustees	3 00	X						0	0	0
Anita Love- LAWTON Board of Trustees	3 00	X						0	0	0
Jeff Henderson- LAWTON Board of Trustees	3 00	X						0	0	0
Burl Ragland- LAWTON Board Director	3 00	X						0	0	0
Dennis Clippinger- LAWTO Board of Trustees	3 00	X						0	0	0
Marilyn Janosko- LAWTON Board of Trustees	3 00	X						0	0	0
Keri Dennis- LAWTON Board of Trustees	3 00	X						0	0	0
Gene Love- LAWTON Board of Trustees	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mike Anderson- LAWTON Board of Trustees	3 00	X						0	0	0
Kelly Ruffridge- LAWTON Board of Trustees	3 00	X						0	0	0
John Noel- LAWTON Board of Trustees	3 00	X						0	0	0
Jim Cunningham- LAWTON Board of Trustees	3 00	X						0	0	0
Kim Lodewick- LAWTON Board of Trustees	3 00	X						0	0	0
LTCR Jim Rikard- LAWTO Board of Trustees	3 00	X						0	0	0
Chaplain John Alexander- Advisor to the Board	1 00	X						0	0	0
Brenda Spencer- LAWTON Advisor to the Board	3 00	X						0	0	0
Mr Chris Braun- OAK HAR Chairman of the Board	1 00	X		X				0	0	0
Ms Pamela Price- OAK HA Vice Chairman of the Boa	1 00	X		X				0	0	0
Ms Betty Glein- OAK HAR Board Treasurer	1 00	X		X				0	0	0
Ms Sande Mulkey- OAK HA Board Secretary	1 00	X		X				0	0	0
Mr Doug Palko- OAK HARB Board Director	1 00	X						0	0	0
Ms Barbara Benedict- OA Board Director	1 00	X						0	0	0
Mr David Bockman- OAK H Board Director	1 00	X						0	0	0
Mrs Barbara Bockman- OA Board Director	1 00	X						0	0	0
Mr Francis Bagarella- O Board Director	1 00	X						0	0	0
Mr Rick Rose- OAK HARBO Board Director	1 00	X						0	0	0
CMDC Darin Hand- OAK HAR Board Director	1 00	X						0	0	0
CMDCH Tracye Sherrill- O Board Director	1 00	X						0	0	0
Honorable John E Ryan- Chairman of the Board	2 00	X		X				0	0	0
Ingo Hentschel- CAMP PEN Vice Chairman of the Boa	2 00	X		X				0	0	0
Lonnie Long SgtMaj USM Board Treasurer	2 00	X		X				0	0	0
Liz Rhea- CAMP PENDLETON Board Secretary	2 00	X		X				0	0	0
Jaime Fazica- CAMP PENDL Board Parliamentarian	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric Aguilera- CAMP PEND Board Director	2 00	X						0	0	0
Dawn Baker- CAMP PENDLET Board Director	2 00	X						0	0	0
Wayne Bell SgtMaj USMC Board Director	2 00	X						0	0	0
Steve Browne- CAMP PENDL Board Director	2 00	X						0	0	0
Richard Dinse MSgt USM Board Director	2 00	X						0	0	0
Robert Downs CWO USMC Board Director	2 00	X						0	0	0
Todd Emerson- CAMP PENDL Board Director	2 00	X						0	0	0
Mike Fleming- CAMP PENDL Board Director	2 00	X						0	0	0
Michael Issa- CAMP PENDL Board Director	2 00	X						0	0	0
Beverly Lee Col USAFR Board Director	2 00	X						0	0	0
Tami Marano- CAMP PENDLE Board Director	2 00	X						0	0	0
Richard Marshack- CAMP P Board Director	2 00	X						0	0	0
Pat Mills- CAMP PENDLETO Board Director	2 00	X						0	0	0
Ed Mixon- CAMP PENDLETON Board Director	2 00	X						0	0	0
Javier Nicholas SgtMaj Board Director	2 00	X						0	0	0
David Nydegger- CAMP PEN Board Director	2 00	X						0	0	0
Joe Papay LtCol USMC Board Director	2 00	X						0	0	0
Helen Holmes Peak- CAMP Board Director	2 00	X						0	0	0
Jose Perez- CAMP PENDLET Board Director	2 00	X						0	0	0
Don Robbins MGySgt USM Board Director	2 00	X						0	0	0
Deborah Romero- CAMP PEN Board Director	2 00	X						0	0	0
Ralph Sanchez CMCUSN Board Director	2 00	X						0	0	0
David Smith- CAMP PENDLE Board Director	2 00	X						0	0	0
George Young- CAMP PENDL Board Director	2 00	X						0	0	0
Peter Opsal- SAN DIEGO Chairman of the Board	3 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathie Zortman- SAN DIEG 1st Vice Chair	3 00	X		X				0	0	0
David R Guebert Capt 2nd Vice Chair	3 00	X		X				0	0	0
Barbara P Allen- SAN DI Board Secretary	3 00	X		X				0	0	0
Timothy LaFleur VADM US Treasurer	3 00	X		X				0	0	0
John Baer- SAN DIEGO Board Director	3 00	X						0	0	0
William R Ball Col US Board Director	3 00	X						0	0	0
Angela Bashenow- SAN DIE Board Director	3 00	X						0	0	0
Henry J Bedinger- SAN D Board Director	3 00	X						0	0	0
Elain Boland- SAN DIEGO Board Director	3 00	X						0	0	0
Dr John A Bruhn Sr- Board Director	3 00	X						0	0	0
Judge Earl Cantos- SAN D Board Director	3 00	X						0	0	0
Michael Caruso CAPT US Board Director	3 00	X						0	0	0
Ann W Evans- SAN DIEGO Board Director	3 00	X						0	0	0
Richard Evert CAPT USN Board Director	3 00	X						0	0	0
Dr Ned Garrigues- SAN D Board Director	3 00	X						0	0	0
Judge David Gill- SAN DI Board Director	3 00	X						0	0	0
Dr Murray Goldman- SAN Board Director	3 00	X						0	0	0
Brian Gray- SAN DIEGO Board Director	3 00	X						0	0	0
E Miles Harvey- SAN DIE Board Director	3 00	X						0	0	0
Wayne Hoffman BG USA R Board Director	3 00	X						0	0	0
Bob Hunter- SAN DIEGO Board Director	3 00	X						0	0	0
Debra Kilcline- SAN DIEG Board Director	3 00	X						0	0	0
William Kowba RADM SC Board Director	3 00	X						0	0	0
Brian J Lawler- SAN DIE Board Director	3 00	X						0	0	0
Pamela Locklear- SAN DIE Board Director	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mike Madigan- SAN DIEGO Board Director	3 00	X						0	0	0
Russell E McCreery Lt Board Director	3 00	X						0	0	0
Aynn McGuire- SAN DIEGO Board Director	3 00	X						0	0	0
Roger McTighe- SAN DIEGO Board Director	3 00	X						0	0	0
Sam Merrick- SAN DIEGO Board Director	3 00	X						0	0	0
Julie Min- SAN DIEGO Board Director	3 00	X						0	0	0
David Neer- SAN DIEGO Board Director	3 00	X						0	0	0
John W Nyquist USN R Board Director	3 00	X						0	0	0
Karen O'Connor- SAN DIEG Board Director	3 00	X						0	0	0
Tim O'Reilly- SAN DIEGO Board Director	3 00	X						0	0	0
Victor Perez- SAN DIEGO Board Director	3 00	X						0	0	0
Dale Pursel- SAN DIEGO Board Director	3 00	X						0	0	0
John G Rebelo Jr- SAN Board Director	3 00	X						0	0	0
Cathe Robling- SAN DIEGO Board Director	3 00	X						0	0	0
Robert Schmidt- SAN DIEG Board Director	3 00	X						0	0	0
Jim Sears RADM USN Re Board Director	3 00	X						0	0	0
George Wagner RADM USN Board Director	3 00	X						0	0	0
Carl Weiscopf CAPT USN Board Director	3 00	X						0	0	0
Pattie Welborn- SAN DIEG Board Director	3 00	X						0	0	0
Guy Zeller RADM USN Board Director	3 00	X						0	0	0
Alan Zuckerman- SAN DIEG Board Director	3 00	X						0	0	0
Genieve Salsibury- 29 PA Chairman of the Board	3 00	X		X				0	0	0
Sarah Potter- 29 PALMS Vice Chairman of the Boa	3 00	X		X				0	0	0
Judy Rich- 29 PALMS Board Treasurer	3 00	X		X				0	0	0
Nancy Madison- 29 PALMS Board Secretary	3 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Potter - 29 PALMS Board Director	3 00	X						0	0	0
Joan Wilcoxen- ALTUS Executive Director	38 00			X				30,947	0	7,129
DAVE GOMEZ - aNCHORAGE Executive Director	40 00			X				80,080	0	10,051
Mari Jo Imig - aNCHORAGE Deputy Director	40 00			X				53,560	0	10,145
Wendy Priest - aNCHORAGE Bookkeeper	40 00			X				43,680	0	88,047
Angela Rodriguez - CAMP Executive Director	37 00			X				46,522	0	5,582
Jose Melendez Jr - EL P Executive Director	40 00			X				60,000	0	0
Guadalupe T Shields - E Accounting Manager	40 00			X				39,520	0	4,723
Lynne M Grates - FAYETT Executive Director	50 00			X				64,483	0	7,737
Melanie Spangler - FAYET Bookkeeper	40 00			X				42,871	0	5,145
Shirley West - FT CAMPBE Executive Director	40 00			X				39,055	0	4,686
Linda Bright - FT LEAON Sr Program Dir	40 00			X				36,421	0	4,370
Robert A Duetsch - HAMP Executive Director	50 00			X				60,535	0	7,372
Joy F Gregoire - HAMPTO Business Manager	45 00			X				26,869	0	3,348
JOHN BATES - HONOLULU Executive Director	40 00			X				70,000	0	7,356
Amy Goza - HONOLULU Bookkeeper	40 00			X				28,074	0	0
ANTHONY MINO - KILLEEN EXecutive Director	40 00			X				88,069	0	11,161
Denise Chambers - KILLEE Accountant	40 00			X				38,997	0	4,773
Lionel Collins - KILLEEN Associate Executive Dire	40 00			X				58,653	0	7,132
Bill Vaughn - LAWTON Executive Director	37 00			X				61,562	0	7,387
Virginia Hatcher - LAWTO Center Director	40 00			X				32,911	0	7,938
Katherine Swanson - LAWT Development Director	40 00			X				22,339	0	3,406
Major W Laurion - OAK H Executive Director	55 00			X				46,708	0	5,605
GEORGE BROWN - cAMP PEND Executive Director	40 00			X				82,600	0	10,366
Samantha Holt - cAMP PEN Family Programs Director	40 00			X				47,923	0	5,945

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shela Bularan - cAMP PEN Business Manager/ HR	40 00			X				40,769	0	5,026
PAUL STEFFENS - SAN DIEG EXecutive Director	40 00			X				85,000	0	10,558
Loree Sowden - SAN DIEGO Business Manager	40 00			X				64,246	0	10,944
Anita Neu-Fultz - TWENTY Executive Director	38 00			X				39,736	0	8,300
Gail Thompson - TWENTY N Business Mgr	38 00			X				24,448	0	0
Dawn Clark - TWENTY NINE Business Mgr	38 00			X				8,626	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
rentals, repairs & main	386,310	356,649	25,995	3,666
PROGRAM EVENTS	357,978	204,466	2,275	151,237
GIFTS	120,505	110,755	9,455	295
Awards & HONORARIA	38,308	35,023	0	3,285
STAFF TRAINING	30,142	27,868	1,662	612