

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



QQQ R

Department of the Treasury

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2010 ca	alendar year, or tax year beg	inning 01-01-2010 and ending 12-31-2	010			
B Che	eck ıf a	pplicable	C Name of organization ARMED SERVICES YMCA OF THI	E USA GROUP RETURN		D Emp	loyer i	identification number
☐ Add	Iress ch	nange				91-1	1883	466
☐ Nar	ne cha	nge	Doing Business As			E Telep	hone	number
☐ Init	ıal retu	rn	Number and street (or P O box	r if mail is not delivered to street address)	Room/suit	ie (703	3)31:	3-9600
┌ Ter	mınate	d	6359 WALKER LANE NO 200				,	
┌ Am	ended	return	City or town, state or country,	and ZIP + 4		G Gross	receip	ots \$ 16,498,088
┌ App	lication	pending	ALEXANDRIA, VA 22310					
			F Name and address of	principal officer	H(a) is	this a group return	for affil	lates? Yes No
			S FRANK GALLO		11(4) 15	ins a group return	i ioi aiiii	idles (ies (ino
			6359 WALKER LANE NO ALEXANDRIA, VA 223:		H(b) Are	e all affiliates in	cluded	? ✓ Yes No
			·					t (see instructions)
I Ta	x-exem	pt status	▼ 501(c)(3)	◀ (insert no)	H(c) G	roup exempt	tion n	umber ► 9372
J W	ebsit e	:► WW	/W ASYMCA ORG					
<u> </u>					1			BA Chaha a file and decreased a Ti
	n or org rt I		Corporation Trust Associated	lation Other	L Year o	f formation 19	983	M State of legal domicile IL
Fa			<u> </u>					
				ssion or most significant activities VICES YMCA OF THE USA - SEE SCH	O FOR CON	TINUATION	I	
<u>3</u>								
ē	_ :					250/ 6/		
Ş			,	n discontinued its operations or dispose		n 25% of its	ı	1
×ŏ			-	rerning body (Part VI, line 1a)			3	259
Activities & Governance				ers of the governing body (Part VI, line 1		•	4	259
酥			·	l ın calendar year 2010 (Part V, line 2a)			5	848
ਤੂ	6	Total nu	mber of volunteers (estimate	ıfnecessary)			6	127,241
4				m Part VIII, column (C), line 12			7a	48,009
	ь	Net unre	lated business taxable incor	ne from Form 990-T, line 34			7b	43,207
					F	Prior Year		Current Year
g _i	8		butions and grants (Part VII		•	8,249,	804	7,279,707
anua	9		am service revenue (Part VII		6,372,156		6,160,619	
Raven	10		tment income (Part VIII, col	78, 1,778,	970	115,444		
	11							1,947,389
	12			11 (must equal Part VIII, column (A), l	line	16,479,	314	15,503,159
	13			Part IX, column (A), lines 1–3)			0	1,520,068
	14			art IX, column (A), line 4)			0	0
	15			loyee benefits (Part IX, column (A), line	s 5-			
88		10)	, , , ,	, , , ,		9,659,	234	9,126,745
Expenses	16a	Profes	sional fundraising fees (Part	IX, column (A), line 11e)			0	0
ਡੌ	ь	Total fu	ndraising expenses (Part IX, colum	n (D), line 25) ▶ 638,811	_			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,007,	212	6,749,449
	18	Total	expenses Add lines 13-17	(must equal Part IX, column (A), line 25)	16,666,	446	17,396,262
	19	Reven	ue less expenses Subtract l	ine 18 from line 12		-187,	132	-1,893,103
ලී ජී					Begin	ning of Curre	nt	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16) .			Year	771	12 273 754
Ass dBs	20					15,266, 2,238,	-	13,372,754
5 E	22			act line 21 from line 20		13,027,		11,143,084
	1111		ature Block	actime 21 nom mie 20	•	13,027,	003	11,145,004
				mined this return, including accompanying				
know				ete. Declaration of preparer (other than off				
		****	** ature of officer			2011-05-05		
Sign		[Date		
Here	=		ANK GALLO NATIONAL EXEC DIREC or print name and title	TOR				
	1	P	<u> </u>	I Barranada arrantura	Ι	Check if se	lf	T
_		Print/Type preparer's		Preparer's signature BILL TURCO	Date	employed		PTIN
Paid		Fırm's nar	me RSM MCGLADREY INC	·	•		•	Firm's EIN 🕨
Prepa		Fırm's add	dress 🕨 9737 WASHINGTONIAN BLV	'D 400				Phone no • (301) 296-
Use (חוא		GAITHERSBURG, MD 2087	87340				3600 F (301) 296-
May 1	he IR	S discus	· · · · · · · · · · · · · · · · · · ·	er shown above? (see instructions) .			_	✓ Yes 「No

Form	n 990 (2010) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
PRIN FOR	MISSION OF THE ARMED SERVICES YMCA OF THE USA ON BEHALF OF THE NATIONAL COUNCIL OF IS TO PUT CHRISTIAN NCIPLES INTO PRACTICE THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS PROGRAMS AND SERVICES MILITARY PERSONNEL, BOTH SINGLE AND MARRIED AND THEIR FAMILY MEMBERS THIS MISSION IS CARRIED OUT IN PERATION 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?
	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?
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 \$ 6,313,738 including grants of \$ 608,027) (Revenue \$ 1,850,225)
	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 \$ 5,524,521 including grants of \$ 532,024) (Revenue \$ 1,618,947)
עד	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 \$ 2,367,652 including grants of \$ 228,010) (Revenue \$ 693,834)
	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
40	(Expenses \$ 1,578,435 including grants of \$ 152,007) (Revenue \$ 462,556)
4e	Total program service expenses►\$ 15,784,346

Form **990** (2010)

Part IV	Checklist of	Required	Schedules
---------	---------------------	----------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
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? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		Νο
	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, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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	Yes	
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 lines 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)			
а	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		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Yes	
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? <i>If</i> "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 $512(b)(13)$?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\boxed{\text{Yes}}$ $\boxed{\text{Yes}}$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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	
		F	orm 990	(2010)

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

aı	Check if Schedule O contains a response to any question in this Part V		.୮	
	<u> </u>		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 42			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have applied gross rescents that are recognity are the state of 4.00,000 and did to	5c		K.
	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
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N c
	If "Yes," indicate the number of Forms 8282 filed during the year			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	· <u> </u>	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
,	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146		

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

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue 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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
_		11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	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		
Se	ction 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	K,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

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

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

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

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

(A) Name and Title	(B) Average hours	Posi t	tion (that a	(che		l I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) LESLIE J LINGLE - ALTUS CHAIRMAN OF THE BOARD	25 00	х		х				0	0	0
(2) STEPHAN FRANCIS - ALTUS VICE CHAIRMAN OF THE BOARD	25 00	х		х				0	0	0
(3) GLEN GOFORTH - ALTUS BOARD TREASURER	25 00	х		Х				0	0	0
(4) GAIL DESNOYER - ALTUS BOARD SECRETARY	25 00	х		х				0	0	0
(5) DAVID HUEY - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(6) RANDY CUMBY - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(7) MATT LITSCH - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(8) NORM WEBER - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(9) KENTON MCKNIGHT - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(10) NANCY WALL - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(11) JOHN HORSCHLER - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(12) DARRYL KNOWLES - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(13) LINDA WOOD - ALTUS BOARD DIRECTOR	5 00	х						0	0	0
(14) JOAN WILCOXEN - ALTUS EXECUTIVE DIRECTOR	40 00	х		х				35,721	0	4,413
(15) JAMES D MECHEM - ANCHORAGE CHAIRMAN OF THE BOARD	10 00	х						0	0	0
(16) JOHN PARROTT - ANCHORAGE FIRST VICE CHAIR	3 00	Х		Х				0	0	0

Form 990 (2010) Part VII Section A. Officers, Dire (A) Name and Title	(B) A verage hours per week	Posit t	(C tion (hat a	chec	k al	I	l Hig	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Page 8 (F) Estimated amount of other compensation from the
(17) LARRY SUTTERER - ANCHORAGE SECOND VICE CHAIR	1 '	Individual trustee x	Institutional Trustee	Office ×	Key employee	Highest compensated employee	Former			from the organization and related organizations
SECOND VICE CHAIR (18) BERNARD JACKSON - ANCHORAGE SECRETARY (19) INGRID KARN - ANCHORAGE TREASURER (20) RANDY BECKER - ANCHORAGE BOARD MEMBER (21) CHRIS BLOCK - ANCHORAGE BOARD MEMBER (22) NICK BRORSON - ANCHORAGE BOARD MEMBER	3 00 2 00 3 00 1 00 1 00	X X X X X		x x				0 0 0 0		
BOARD MEMBER (23) JACK CROCKETT - ANCHORAGE BOARD MEMBER (24) CANDI DIERENFIELD - ANCHORAGE BOARD MEMBER (25) BARBARA FULLMER - ANCHORAGE BOARD MEMBER (26) MIKE LASHER - ANCHORAGE BOARD MEMBER (27) ERIK LIND - ANCHORAGE BOARD MEMBER (28) SUSAN MACK - ANCHORAGE	3 00 3 00 1 00 1 00 1 00	x x x x						0 0 0	(
(28) SUSAN MACK - ANCHORAGE BOARD MEMBER (29) KEITH MANTERNACH - ANCHORAGE BOARD MEMBER (30) GREG MILLER - ANCHORAGE BOARD MEMBER (31) JIM WOLF - ANCHORAGE BOARD MEMBER (32) PATRICK BOYLE - BREMERTON CHAIRMAN OF THE BOARD (33) SAM BOSSERT - BREMERTON	2 00 7 00 1 00 2 00 4 00	x x x x		X				0 0 0 0		
(33) SAM BOSSERT - BREMERTON VICE CHAIRMAN OF THE BOARD (34) BILL WALGREN - BREMERTON VICE CHAIRMAN OF THE BOARD (35) LAURA LYON - BREMERTON BOARD TREASURER (36) CYNTHIA ENGELGAU - BREMERTON BOARD SECRETARY (37) MATT BERG - BREMERTON BOARD DIRECTOR (38) AARON CAPPS - BREMERTON	2 00 2 00 1 00 1 00 1 00	x x x x		x x x				0 0 0 0		0
(38) AARON CAPPS - BREMERTON BOARD DIRECTOR (39) TERRY HALVORSEN - BREMERTON BOARD DIRECTOR (40) CHARLES HENDERSON - BREMERTON BOARD DIRECTOR (41) CHRIS LEMKE - BREMERTON BOARD DIRECTOR (42) SCARLETTE SLOAN - BREMERTON BOARD DIRECTOR (43) JOHN STANLEY MD - BREMERTON BOARD DIRECTOR	1 00 1 00 1 00 1 00 1 00 1 00	x x x x x x						0 0 0		,
BOARD DIRECTOR (44) ODETTE VACHON - BREMERTON BOARD DIRECTOR (45) ROB FORBES - BREMERTON BOARD DIRECTOR (46) KEN HILLS - BREMERTON BOARD DIRECTOR (47) CLARKE WHITNEY - BREMERTON BOARD DIRECTOR (48) JOHN M DIBENEDETTO - EL PASO CHAIRMAN OF THE BOARD	1 00 1 00 1 00 1 00 1 00 5 00	x x x x		x				0 0 0 0		
(49) STAN ROBETS 1SG RET - EL PASO VICE CHAIRMAN OF THE BOARD (50) ELVIN R HOBBS SGM RET - EL PASO BOARD TREASURER (51) JAN ANDERS - EL PASO BOARD SECRETARY (52) STEVEN CHEATUM CSM RET - EL PASO BOARD MEMBER (53) MINERVA CHEATUM - EL PASO BOARD MEMBER	2 00 3 00 3 00 2 00 2 00	x x x x		x x x				0 0 0		
(54) MONICA MERRIWEATHER - EL PASO BOARD MEMBER (55) CLAUDIA DAVENPORT - EL PASO BOARD MEMBER (56) VON WASHINGTON - EL PASO BOARD MEMBER (57) CAROL BUTLER - EL PASO BOARD MEMBER (58) RANDY KOEHN - EL PASO BOARD MEMBER (59) TOM THOMAS - EL PASO	5 00 7 00 2 00 2 00 2 00	X X X X						0 0 0 0 0		
BOARD MEMBER (60) SCOTT SHERRETZ - EL PASO BOARD MEMBER (61) JOSEPHINE MILLER - FAYETTEVILLE BOARD PRESIDENT (62) BRITTANY WILLIAMS - FAYETTEVILLE BOARD TREASURER (63) ANNMARIE ADAMS - FAYETTEVILLE BOARD MEMBER (64) STEPHEN MILBURN - FAYETTEVILLE	2 00 2 00 2 00 2 00 1 00	x x x x x x		x x				0 0 0		
(64) STEPHEN MILBURN - FAYETTEVILLE PAST PRESIDENT (65) JACK COX - FAYETTEVILLE BOARD MEMBER (66) KELLY DOUGLAS - FAYETTEVILLE BOARD MEMBER (67) CRIS NUNEZ - FAYETTEVILLE BOARD MEMBER (68) ROBYN WOMAC - FAYETTEVILLE BOARD MEMBER (69) LIZ SCRUGGS - FAYETTEVILLE BOARD MEMBER	1 00 1 00 1 00 1 00 1 00 1 00	x x x x x		×				0 0 0 0		
BOARD MEMBER (70) DR LANA BASTIN - FORT CAMPBELL CHAIRMAN OF THE BOARD (71) COLLEEN OCHS - FORT CAMPBELL BOARD TREASURER (72) KAREN GRIMSLEY - FORT CAMPBELL BOARD SECRETARY (73) BRANDT LYON - FORT CAMPBELL BOARD DIRECTOR (74) SYLVIA PHIPPS - FORT CAMPBELL BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x		x x				0 0 0 0		
(75) SANDRA COOPER - FORT CAMPBELL BOARD DIRECTOR (76) MARLA SCHROEDER - FORT CAMPBELL BOARD DIRECTOR (77) MARC BARKER - FORT CAMPBELL BOARD DIRECTOR (78) ROYCE STEVENS - FORT CAMPBELL BOARD DIRECTOR (79) DANA CHANGO - FORT CAMPBELL BOARD DIRECTOR (80) KAREN STANLEY - FORT CAMPBELL	2 00 2 00 2 00 2 00 2 00	X X X X						0 0 0 0		
(80) KAREN STANLEY - FORT CAMPBELL BOARD DIRECTOR (81) MICHAEL BRAME - FT LEONARD WOOD BOARD CHAIR (82) STEVEN LYNCH - FT LEONARD WOOD VICE CHAIR (83) LINDA DOWELL - FT LEONARD WOOD VICE CHAIR (84) VICKI WHITES - FT LEONARD WOOD BOARD SECRETARY (85) CONNIE ELLZEY - FT LEONARD WOOD	2 00 2 00 2 00 2 00 2 00 2 00	x x x x		x x x x				0 0 0		
(85) CONNIE ELLZEY - FT LEONARD WOOD BOARD TREASURER (86) AMANDA LARSEN - FT LEONARD WOOD BOARD MEMBER (87) COL FRANK RANGEL - FT LEONARD WOOD BOARD MEMBER (88) GAIL HUFFMAN - FT LEONARD WOOD BOARD MEMBER (89) ASHLEY HALSTEAD - FT LEONARD WOOD BOARD MEMBER (90) SCOTT JOHN - FT LEONARD WOOD BOARD MEMBER	2 00 1 00 1 00 1 00 1 00 1 00	x x x x x x x		X				0 0 0		
BOARD MEMBER (91) LINDA GIFFORD - FT LEONARD WOOD BOARD MEMBER (92) JOE HAYES - FT LEONARD WOOD BOARD MEMBER (93) LINDALL MOSTAJO - FT LEONARD WOOD BOARD MEMBER (94) LINDELL G RUTHERFORD USN RET - HA CHAIRMAN OF THE BOARD (95) RADM MICHAEL R GROOTHOUSEN - HAMPTO	1 00 1 00 1 00 1 00 2 00 1 00	x x x x x		x				0 0 0 0		
HAMPTO VICE CHAIRMAN OF THE BOARD (96) SALLY SLEDGE - HAMPTON RDS BOARD TREASURER (97) ROBERT KIRK - HAMPTON RDS BOARD SECRETARY (98) JEFF GERACI - HAMPTON RDS BOARD MEMBER (99) PHIL GRATHWOL - HAMPTON RDS BOARD MEMBER (100) MEYERA OBERNDORF - HAMPTON RDS	1 00 1 00 1 00 1 00 1 00	x x x x		x x				0 0 0		,
(100) MEYERA OBERNDORF - HAMPTON RDS BOARD MEMBER (101) THERESA SOSKA - HAMPTON RDS BOARD MEMBER (102) DOUGLAS THIRY - HAMPTON RDS BOARD MEMBER (103) HEATHER TACE - HAMPTON RDS BOARD MEMBER (104) EDWARD CAPPS - HAMPTON RDS BOARD MEMBER (105) MARION PAT PLEMMONS - HAMPTON RDS BOARD MEMBER	1 00 1 00 1 00 1 00 1 00 1 00	x x x x x x x						0 0 0 0 0		
BOARD MEMBER (106) LCDR DAVID BOISELLEUSNRET MSHRM M BOARD MEMBER (107) CDR JAMES J WHITUS USNRET - HAMPT BOARD MEMBER (108) DAVID WALLWE - HONOLULU CHAIRMAN OF THE BOARD (109) DON ANDERSON - HONOLULU VICE CHAIRMAN OF THE BOARD (110) SARAH FARGO - HONOLULU BOARD TREASURER	1 00 1 00 1 00 10 00 3 00 3 00	x x x x		x x				0 0 0 0		
BOARD TREASURER (111) ALICE TUCKER - HONOLULU BOARD SECRETARY (112) KRAIG KENNEDY - HONOLULU BOARD DIRECTOR (113) MILDRED COURTNEY - HONOLULU BOARD DIRECTOR (114) CAROLYN BERRY - HONOLULU BOARD DIRECTOR (115) ANDY WALSH - HONOLULU BOARD DIRECTOR	3 00 3 00 5 00 3 00 3 00 3 00	x x x x		X				0 0 0		
(116) TED WONG - HONOLULU BOARD DIRECTOR (117) MICHELLE LILLY - HONOLULU BOARD DIRECTOR (118) RHONDA MIXON - HONOLULU BOARD DIRECTOR (119) KARL KIYOKAWA - HONOLULU BOARD DIRECTOR (120) CHUCK COTTON - HONOLULU BOARD DIRECTOR	3 00 3 00 3 00 3 00 3 00	x x x x						0 0 0		,
(121) AUGUST YEE - HONOLULU BOARD DIRECTOR (122) SALLY MIST - HONOLULU BOARD DIRECTOR (123) VIVIEN STACKPOLE - HONOLULU BOARD DIRECTOR (124) DONNA RAY - HONOLULU BOARD DIRECTOR (125) GARY YOUNG - KILLEEN CHAIRMAN OF THE BOARD (126) DONNA CONNELL - KILLEEN	3 00 3 00 3 00 3 00 2 00	x x x x		X				0 0 0 0		
(126) DONNA CONNELL - KILLEEN VICE CHAIRMAN OF THE BOARD (127) TERRY THOMPSON - KILLEEN BOARD TREASURER (128) JACKELINE FOUNTAIN CSMR - KILLEEN BOARD SECRETARY (129) CINDY DAVIS - KILLEEN BOARD DIRECTOR (130) WILL ADAMS - KILLEEN BOARD DIRECTOR (131) DR JAMES R ANDERSON PH D - KILLEE BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x x x		x x				0 0 0		,
	2 00 2 00 2 00 2 00 2 00 2 00	x x x x x						0 0 0		
BOARD DIRECTOR (137) LARRY LINDER - KILLEEN BOARD DIRECTOR (138) ROMY MORTEL - KILLEEN BOARD DIRECTOR (139) DONALD SCOTT - KILLEEN BOARD DIRECTOR (140) MARTY SMITH - KILLEEN BOARD DIRECTOR (141) PAUL STRINGFELLOW CFP - KILLEEN BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x						0 0 0 0		
(142) BOB SYKES - KILLEEN BOARD DIRECTOR (143) CYD WEST - KILLEEN BOARD DIRECTOR (144) KIMBERLY THOMAS - LAWTON PRESIDENT, BOARD OF TRUSTEES (145) CSMR WILLIE BYRD - LAWTON 1ST VICE PRESIDENT (146) COLR ROB CLINE - LAWTON 2ND VICE PRESIDENT	2 00 2 00 3 00 3 00 3 00	x x x x		x x				0 0 0 0		
(147) BILL KING - LAWTON BOARD TREASURER (148) LTCR MIKE DOOLEY - LAWTON PAST PRESIDENT (149) ZOE DURANT - LAWTON BOARD OF TRUSTEES (150) TOM LINVILLE - LAWTON BOARD OF TRUSTEES (151) CSMR DENNIS MEYER - LAWTON BOARD OF TRUSTEES (152) ANITA LOVE - LAWTON	3 00 3 00 3 00 3 00 3 00 3 00	x x x x		x				0 0 0 0		
(152) ANITA LOVE - LAWTON BOARD OF TRUSTEES (153) JEFF HENDERSON - LAWTON BOARD OF TRUSTEES (154) BURL RAGLAND - LAWTON BOARD OF TRUSTEES (155) DENNIS CLIPPINGER - LAWTON BOARD OF TRUSTEES (156) MARILYN JANOSKO - LAWTON BOARD OF TRUSTEES (157) KERI DENNIS - LAWTON BOARD OF TRUSTEES	3 00 3 00 3 00 3 00 3 00 3 00	x x x x x x						0 0 0		
	3 00 3 00 3 00 3 00 3 00 3 00	x x x x x						0 0 0 0		
BOARD OF TRUSTEES (163) KIM LODEWICK - LAWTON BOARD OF TRUSTEES (164) LTCR JIM RIKARD - LAWTON BOARD OF TRUSTEES (165) CHAPLAIN JOHN ALEXANDER - LAWTON BOARD OF TRUSTEES (166) BRENDA SPENCER - LAWTON ADVISOR TO THE BOARD (167) MR CHRIS BRAUN - OAK HARBOR CHAIRMAN OF THE BOARD	3 00 3 00 3 00 1 00 3 00 1 00	x x x x		x				0 0 0		
(168) MS PAMELA PRICE - OAK HARBOR VICE CHAIRMAN OF THE BOARD (169) MS BETTY GLEIN - OAK HARBOR BOARD TREASURER (170) MS SANDE MULKEY - OAK HARBOR BOARD SECRETARY (171) MR DOUG PALKO - OAK HARBOR BOARD DIRECTOR (172) MS BARBARA BENEDICT - OAK HARBOR BOARD DIRECTOR	1 00 1 00 1 00 1 00 1 00	x x x x		x x				0 0 0 0		
(173) MR DAVID BOCKMAN - OAK HARBOR BOARD DIRECTOR (174) MRS BARBARA BOCKMAN - OAK HARBOR BOARD DIRECTOR (175) MR FRANCIS BAGARELLA - OAK HARBOR BOARD DIRECTOR (176) MR RICK ROSE - OAK HARBOR BOARD DIRECTOR (177) CMDC DARIN HAND - OAK HARBOR BOARD DIRECTOR (178) CMDCH TRACYE SHERRILL - OAK HARBOR BOARD DIRECTOR	1 00 1 00 1 00 1 00 1 00 1 00	x x x x x						0 0 0		
BOARD DIRECTOR (179) HONORABLE JOHN E RYAN - CAMP PENDLE CHAIRMAN OF THE BOARD (180) INGO HENTSCHEL - CAMP PENDLETON VICE CHAIRMAN OF THE BOARD (181) LONNIE LONG SGTMAJ USMC RET - CAM BOARD TREASURER (182) LIZ RHEA - CAMP PENDLETON BOARD SECRETARY	2 00 2 00 2 00 2 00	x x x		x x x				0 0 0		0
(183) JAIME FAZICA - CAMP PENDLETON BOARD PARLIAMENTARIAN (184) ERIC AGUILERA - CAMP PENDLETON BOARD DIRECTOR (185) DAWN BAKER - CAMP PENDLETON BOARD DIRECTOR (186) WAYNE BELL SGTMAJ USMC RET - CAMP BOARD DIRECTOR (187) STEVE BROWNE - CAMP PENDLETON BOARD DIRECTOR (188) RICHARD DINSE MSGT USMC RET - CAM BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x x		X				0 0 0		
BOARD DIRECTOR (189) ROBERT DOWNS CWO USMC RET - CAMP BOARD DIRECTOR (190) TODD EMERSON - CAMP PENDLETON BOARD DIRECTOR (191) MIKE FLEMING - CAMP PENDLETON BOARD DIRECTOR (192) MICHAEL ISSA - CAMP PENDLETON BOARD DIRECTOR (193) BEVERLY LEE COL USAFR RET - CAMP BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x x						0 0 0 0		
BOARD DIRECTOR (194) TAMI MARANO - CAMP PENDLETON BOARD DIRECTOR (195) RICHARD MARSHACK - CAMP PENDLETON BOARD DIRECTOR (196) PAT MILLS - CAMP PENDLETON BOARD DIRECTOR (197) ED MIXON - CAMP PENDLETON BOARD DIRECTOR (198) JAVIER NICHOLAS SGTMAJ USMC RET - BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x						0 0 0 0		
BOARD DIRECTOR (199) DAVID NYDEGGER - CAMP PENDLETON BOARD DIRECTOR (200) JOE PAPAY LTCOL USMC RET - CAMP P BOARD DIRECTOR (201) HELEN HOLMES PEAK - CAMP PENDLETON BOARD DIRECTOR (202) JOSE PEREZ - CAMP PENDLETON BOARD DIRECTOR (203) DON ROBBINS MGYSGT USMC RET - CAM BOARD DIRECTOR	2 00 2 00 2 00 2 00 2 00 2 00	x x x x						0 0 0		
(204) DEBORAH ROMERO - CAMP PENDLETON BOARD DIRECTOR (205) RALPH SANCHEZ CMCUSN RET - CAMP P BOARD DIRECTOR (206) DAVID SMITH - CAMP PENDLETON BOARD DIRECTOR (207) GEORGE YOUNG - CAMP PENDLETON BOARD DIRECTOR (208) PETER OPSAL - SD CHAIRMAN OF THE BOARD (209) KATHIE ZORTMAN - SD	2 00 2 00 2 00 2 00 2 00 3 00	X X X X		X				0 0 0 0		
FIRST VICE CHAIR (210) DAVID R GUEBERT CAPT USNR - SD SECOND VICE CHAIR (211) BARBARA P ALLEN - SD BOARD SECRETARY (212) TIMOTHY LAFLEUR VADM USN RET - SD TREASURER (213) IRIS BACHMAN - SD BOARD DIRECTOR (214) JOHN BAER - SD	3 00 3 00 3 00 3 00 3 00 3 00	x x x x x x		x x x				0 0 0		
(214) JOHN BAER - SD BOARD DIRECTOR (215) WILLIAM R BALL COL USMC RET - SD BOARD DIRECTOR (216) MARK BALMERT RADN USNRET - SD BOARD DIRECTOR (217) ELAINE BOLAND - SD BOARD DIRECTOR (218) JUDGE EARL CANTOS - SD BOARD DIRECTOR (219) MICHAEL CARUSSO CAPT USNRET - SD BOARD DIRECTOR	3 00 3 00 3 00 3 00 3 00 3 00	x x x x x						0 0 0		0
BOARD DIRECTOR (220) JIM CHATFIELD II - SD BOARD DIRECTOR (221) BEV CONANT - SD BOARD DIRECTOR (222) SANDRA DAVIDSON - SD BOARD DIRECTOR (223) ANN EVANS - SD BOARD DIRECTOR (224) RICHARD EVENT CAPTUSNRET - SD BOARD DIRECTOR	3 00 3 00 3 00 3 00 3 00 3 00	x x x x						0 0 0 0		
(225) MONILA FRENCH - SD BOARD DIRECTOR (226) DR NED GARRIGUES - SD BOARD DIRECTOR (227) JUDGE DAVID GILL - SD BOARD DIRECTOR (228) E MILES HARVEY - SD BOARD DIRECTOR (229) LEN HERING RADM USNRET - SD BOARD DIRECTOR (230) WILLAIM HEROMAN - SD	3 00 3 00 3 00 3 00 3 00	X X X X						0 0 0		
BOARD DIRECTOR (231) JOEL HUNT - SD BOARD DIRECTOR (232) DEB KILCLINE - SD BOARD DIRECTOR (233) WILLIAM KOWBA RADM SC USNRET - SD BOARD DIRECTOR (234) BRIAN LAWLER - SD BOARD DIRECTOR (235) MIKE MADIGAN - SD	3 00 3 00 3 00 3 00 3 00 3 00	x x x x						0 0 0 0		
(235) MIKE MADIGAN - SD BOARD DIRECTOR (236) RUSSELL E MCCREERY LTCOL USMC R BOARD DIRECTOR (237) AYNN MCGUIRE - SD BOARD DIRECTOR (238) SAM MERRICK - SD BOARD DIRECTOR (239) DAVID NEER - SD BOARD DIRECTOR (240) JOHN W NYGIST USNRET - SD BOARD DIRECTOR	3 00 3 00 3 00 3 00 3 00 3 00	x x x x x						0 0 0 0		
BOARD DIRECTOR (241) KAREN O'CONNOR - SD BOARD DIRECTOR (242) TIM O'RELLY - SD BOARD DIRECTOR (243) VICTOR PEREZ - SD BOARD DIRECTOR (244) DALE PURSEL - SD BOARD DIRECTOR (245) JOHN G REBELO JR - SD BOARD DIRECTOR	3 00 3 00 3 00 3 00 3 00	x x x x						0 0 0 0		
	3 00 3 00 3 00 3 00 3 00	x x x x						0 0 0		
BOARD DIRECTOR 251) ALLAN ZUCKERMAN - SD BOARD DIRECTOR 252) GUY ZELLER RADM USN RET - SD BOARD DIRECTOR 253) ALAN ZUCKERMAN - SD BOARD DIRECTOR 254) GENIEVE SALSIBURY - 29 CHAIRMAN OF THE BOARD 255) SARAH POTTER - 29	3 00 3 00 3 00 3 00 3 00 3 00	x x x x x		x				0 0 0 0		
ACCE CHAIRMAN OF THE BOARD 256) JUDY RICH - 29 BOARD TREASURER 257) TONI RIPLEY - 29 BOARD SECRETARY 258) ALAN DUYFF - 29 BOARD DIRECTOR 259) JOHN POTTER - 29 BOARD DIRECTOR 260) DAVID R GOMEZ - ANCHORAGE EXECUTIVE DIRECTOR	3 00 3 00 3 00 3 00 3 00 40 00	x x x		x x x				0 0 0 0 0 41,208		
261) MARI JO IMIG - ANCHORAGE DEPUTY DIRECTOR 262) DIANA FRAYNE - ANCHORAGE DEPUTY DIRECTOR 263) WENDY PRIEST - ANCHORAGE CCOUNTING MANAGER 264) CLIFF PENN - ANCHORAGE ROGRAM DIRECTOR 265) GLEN GODFREY - BREMERTON XECUTIVE DIRECTOR 266) ANGELA RODRIGUEZ - CAMP LEJEUNE	40 00 40 00 40 00 40 00 40 00			x x x x				33,265 16,474 40,866 43,106 217,200		5,410 48 8,922 5,162 5,164
266) ANGELA RODRIGUEZ - CAMP LEJEUNE XECUTIVE DIRECTOR 267) JOSE MELENDEZ JR - EL PASO XECUTIVE DIRECTOR 268) GUADALUPE T SHIELDS - EL PASO CCOUNTING MANAGER 269) LYNNE M GRATES - FAYETTEVILLE XECUTIVE DIRECTOR 270) MELANIE SPANGLER - FAYETTEVILLE OOKKEEPER/HR DIRECTOR 271) SHIRLEY WEST - FORT CAMPBELL	40 00 40 00 40 00 40 00 40 00			x x x x				31,445 65,026 41,040 66,016 43,756	(7,150 5,156 7,912 8,976
271) SHIRLEY WEST - FORT CAMPBELL XECUTIVE DIRECTOR 272) LINDA BRIGHT - FT LEONARD WOOD R PROGRAM DIR 273) ROBERT A DUETSCH - HAMPTON XECUTIVE DIRECTOR 274) JOY F GREGOIRE - HAMPTON USINESS MANAGER 275) JOHN BATES - HONOLULU XECUTIVE DIRECTOR 276) STAN LUM - HONOLULU	40 00 40 00 40 00 40 00 40 00			x x x x				43,000 41,702 60,540 27,000 12,290	(5,004 7,381 3,357
276) STAN LUM - HONOLULU XECUTIVE DIRECTOR 277) ANNE LISE PEACOCK - HONOLULU DUTREACH DIRECTOR 278) TAMMY RAY - HONOLULU DUTREACH DIRECTOR 279) JOSEPH CHANG - HONOLULU DOOKKEEPER 280) ANTHONY MINO - KILLEEN XECUTIVE DIRECTOR	40 00 40 00 40 00 40 00 40 00 40 00			x x x x x				58,082 41,277 26,256 23,622 86,484 57,800	(5,288 1,197 117 10,975
ASSOCIATE EXECUTIVE DIRECTOR 282) DENISE CHAMBER - KILLEEN FINANCIAL MANAGER 283) BILL VAUGHN - LAWTON EXECUTIVE DIRECTOR 284) VIRGINIA HATCHER - LAWTON CENTER DIRECTOR 285) BRIANA TRUSDELL - LAWTON DEFICE MANAGER 286) MAJOR W LAURION - OAK HARBOR	40 00 40 00 40 00 40 00 40 00 40 00			x x x x x				57,800 41,911 62,549 34,228 8,771 47,642	(7,386 7,535 11,411
EXECUTIVE DIRECTOR (287) GEORGE BROWN - CAMP PENDLETON EXECUTIVE DIRECTOR (288) SAMANTHA HOLT - CAMP PENDLETON FAMILY PROGRAMS DIRECTOR (289) SHELA BULARAN - CAMP PENDLETON BUSINESS MANAGER/ HR (290) PAUL STEFFENS - SAN DIEGO EXECUTIVE DIRECTOR (291) LOREE SOWDEN - SAN DIEGO BUSINESS MANAGER	40 00 40 00 40 00 40 00 40 00			x x x x				47,642 82,858 52,000 44,000 89,588 65,250	(9,912 3,261 3,079
(292) ANITA NEU-FULTZ - 29 PALMS EXECUTIVE DIRECTOR (293) DAWN CLARK - 29 PALMS BUSINESS MANAGER (294) JANE ERLANDSEN - BREMERTON ASSOCIATE EXECUTIVE DIRECTOR (295) MARY PITTS - BREMERTON CHILDREN DIRECTOR (296) KRISTA WOODRING - BREMERTON FINANCE DIRECTOR	40 00 40 00 40 00 40 00 40 00			x x x x			P -	37,639 31,200 26,867 22,176 19,225	(8,574 0 6,490 0 6,030
to tal from continuation sheets to Total (add lines 1b and 1c)	Part VII, Section of the control of	ted to the ganizati	nose lon ⊢ :	liste 1	d ab	ove)	who	highest compensa	ated employee	207,577 Yes No
on line 1a? If "Yes," complete Scheood For any individual listed on line 1a organization and related organization individual Did any person listed on line 1a re services rendered to the organizat	dule J for such in , is the sum of rons greater than	eportab n \$150 	le co ,000 	mpe? If	nsat " <i>Yes</i> •	ion a ," con	nd o nplet nrela	ther compensation e Schedule J for suc • • • • • ated organization o	r individual for	3 No 4 Yes 5 No
Section B. Independent Contr 1 Complete this table for your five his \$100,000 of compensation from the Name	ghest compens		leper	nden	t coi	ntract	tors		e than (B) uption of services	(C) Compensation
2 Total number of independent contrac \$100,000 in compensation from the			lımıt	ed t	o the	ose li	sted	above) who receiv	ed more than	Form 990 (2010)

Form 9							Pa	age 9
Part	A111	Statement of Reven	ие		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
								512, 513, or 514
nts	1a	Federated campaigns	1a	408,134				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	488,751				
£, E He	С	Fundraising events	. 1c					
등	d	Related organizations	. 1d					
Si.	е	Government grants (contributions)	1e					
Fer F	f	All other contributions, gifts, grants, similar amounts not included above	, and 1f	6,382,822				
를 등 다 등	g	Noncash contributions included in li	nes 1a-1f \$	1,609,590				
S #	h	Total. Add lines 1a-1f			7,279,707			
				Business Code				
Program Serwce Revenue	2a	PROGRAM SERVICE FEES		900099	4,625,562	4.625.562		
æ	ь			900099	967,685			
MCe	С	RESIDENCE & RELATED SE		900099	567,372	567,372		
Š	d							
Ta E	e f	All other program service rev	wenue					
ွှဲ								
		Total. Add lines 2a-2f			6,160,619			
	3	Investment income (includin and other similar amounts)			88,818			88,818
	4	Income from investment of tax-ex-						
	5	Royalties						
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental	1,256,123					
	-	expenses Rental income	1,256,123					
		or (loss)			1,256,123			1,256,123
	a	Net rental income or (loss)	(ı) Securities	(II) O ther	1,230,123			1,230,123
	7a	Gross amount from sales of assets other than inventory	446,133	(ii) o ciici				
	ь	Less cost or other basis and	419,507					
	_	sales expenses Gain or (loss)	26,626					
		Net gain or (loss)	<u> </u>		26,626			26,626
Other Revenue		Gross income from fundraisii (not including						
<u>\$</u>		of contributions reported on See Part IV, line 18						
4			a	914,848				
듇		Less direct expenses		483,597				
		Net income or (loss) from fur			431,251			431,251
		Less direct expenses	ctivities See Part IV, line 19 . a	90,417 b 42,408				
		Net income or (loss) from ga		12,100	48,009		48,009	1
	10a	Gross sales of inventory, les	S					
		returns and allowances .	a	201,558				
	ь	Less cost of goods sold .	. ь	49,417				
	С	Net income or (loss) from sa	les of inventory 🟲		152,141			152,141
		Miscellaneous Revenue		Business Code	E0 94E			E0 965
		OTHER	<u></u>	900099	59,865			59,865
	6							<u> </u>
	6	al All other revenue						<u> </u>
		Total. Add lines 11a-11d .						
			▶		59,865			
	12	Total revenue. See Instruction	ons		15,503,159			2,014,824
						6,160,619		

	990 (2010)				Page 10
Part	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c	-		(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,520,068	expenses 1,520,068		expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,320,000	1,320,000		
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	2,079,969	1,799,700	167,396	112,873
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	5,785,043	5,278,622	400,521	105,900
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	373,255	345,543	25,542	2,170
9	Other employee benefits	136,529	115,617	12,544	8,368
10	Payroll taxes	751,949	676,085	54,380	21,484
а	Fees for services (non-employees) Management				
b	Legal	8,980	1,760	7,220	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,583		1,583	
g	Other	276,106	140,945	19,825	115,336
12	Advertising and promotion	109,458	83,464	17,537	8,457
13	Office expenses	3,516,522	3,383,162	67,958	65,402
14	Information technology	41,880	37,085	3,900	895
15	Royalties				
16	Occupancy	507,620	473,078	27,796	6,746
17	Travel	83,070	65,828	10,999	6,243
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,667	28,969	18,394	2,304
20	Interest	33,611	24,763	8,848	
21	Payments to affiliates	314,195	314,195		
22	Depreciation, depletion, and amortization	830,112	726,956	88,195	14,961
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	RENTALS, REPAIRS & MAIN	420,305	390,207	26,574	3,524
b	PROGRAM EVENTS	301,631	137,802	3,675	160,154
c	GIFTS	188,014	183,445	2,647	1,922
d	MEMBERSHIP DUES	21,760	13,377	7,025	1,358
e	STAFFTRAINING	21,236	20,454	119	663
f	All other expenses	23,699	23,221	427	51
25	Total functional expenses. Add lines 1 through 24f	17,396,262	15,784,346	973,105	638,811
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	organization reported in column (B) joint costs from a				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,783,580	1	1,338,393
	2	Savings and temporary cash investments			2	2,464,090	
	3	Pledges and grants receivable, net			299,818	3	60,474
	4	Accounts receivable, net				4	89,468
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	mploy	ers, and			
÷.		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			14,338	8	1,209
	9	Prepaid expenses and deferred charges			7,123	9	49,417
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	13,564,541			
	ь	Less accumulated depreciation	10b	8,399,704	7,062,864	10c	5,164,837
	11	Investments—publicly traded securities			1,580,162	11	1,373,367
	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			2,518,886	15	2,831,499
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			15,266,771	16	13,372,754
	17	Accounts payable and accrued expenses .			835,334	17	581,617
	18	Grants payable		18			
	19	Deferred revenue		101,081	19	183,609	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV of Schedul		21	_		
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			139,729	23	187,113
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,162,762	25	1,277,331
	26	Total liabilities. Add lines 17 through 25			2,238,906	26	2,229,670
es		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	olet e I	ines 27			
g.	27	Unrestricted net assets			12,258,893	27	10,461,467
<u>10</u>	28	Temporarily restricted net assets			465,401	28	358,766
=	29	Permanently restricted net assets		303,571	29	322,851	
Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	ıd com	nplet e	,		,
0.F		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
AS	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			13,027,865	33	11,143,084
Z	34	Total liabilities and net assets/fund balances			15,266,771	34	13,372,754
. ——	<u> </u>				1		

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,5	503,159
2	Total expenses (must equal Part IX, column (A), line 25)	2			396,262
3	Revenue less expenses Subtract line 2 from line 1	3		-1,8	393,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,0	27,865
5	Other changes in net assets or fund balances (explain in Schedule O)	5			8,322
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		11,1	L43,084
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				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
Ь	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 taudit, 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	า			
	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 in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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)

DLN: 93493126012011

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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.

Inspection

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN **Employer identification number**

91-1883466

			I			1	1	1		I			
				(see instructions))	Yes	No	Yes	No	Yes	No			
(i) Name suppor organiza		Type of Is the organization in col (i) listed in orted EIN lines 1-9 above your governing		Did you no organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support				
				(iii)	(iv)								
h		(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)									<u> </u>		
		-								1g(ii)			
			•	governing body of th		_	zation?			<u> </u>	11g(i)		
				rectly or indirectly co	ontrols, eithe	er alone or	together with	persons de	escribed in (ii)			Yes	No
g			ugust 17, 2 g persons?	1006, has the organi	zatıon accep	ted any gr	ft or contributi	on from an	y of the				
f			rganızatıon	received a written de	termination	from the I	RS that it is a	Туре І, Ту	pe II or Type II	II suppo	orting o	rganız	ation,
e	Γ	other th	_	ox, I certify that the on managers and oth	-								
		the box											
11	_									carry o	ut the	ourpos	ses of
10	\vdash	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).											
		its support from gross investment income and unrelated business taxable income (less section 511 to 2001).						ax) from businesses					
				ities related to its ex									
9	Γ	Anorga	nızatıon tha	at normally receives	(1) more th	an 331/3%	of its support	from conti	rıbutıons, meml	pership 1	fees, ar	nd gro	s s
8	Γ			described in section		A)(vi) (Co	mplete Part II	()					
		describ section		A)(vi) (Complete Pa	art II)								
7		_		nt normally receives	a substantıa	l part of its	s support from	a governm	nental unit or fro	om the g	eneral	public	:
6	Γ	A feder	al, state, or	local government or	government	al unit des	cribed in sect i	ion 170(b)((1)(A)(v).				
•	'			A)(iv). (Complete Pa		or univers	only owned or o	perated by	a governmente	ar unit u	escribe	u III	
5	_	Δ n orga	nization on	erated for the benefit	of a college	orunivars	ity owned or o	nerated by	a governments	al unit de	as criba	<u></u>	
	'			ty, and state	ea iii conjan	CCIOII WICH	a nospital des	ciibea iii s	20011 170(15)(1	. /(A /(III). Linte	i tile	
-	<u> </u>	-		perative hospital ser 1 organization operat	=					\/ A \/ iii	\ Ento	rtha	
4								470/13/4					
2 3 4	J	A scho	ol described	in section 170(b)(1)(A)(ii). (At	tach Sche	dule E)						

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

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

	under Part III. If the	eorganization	rails to qualify u	nder the tests i	istea below, pie	ease co	mpiete i	art III.)
	ection A. Public Support endar year (or fiscal year beginning							
Car	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	7,148,49	0 7,433,718	8,702,647	8,249,804	7	7,279,707	38,814,366
2	grants ") 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							
	Total. Add lines 1 through 3	7,148,49	7,433,718	8,702,647	8,249,804	7	,279,707	38,814,366
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							38,814,366
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	7,148,490	7,433,718	8,702,647	8,249,804	7	,279,707	38,814,366
8	Gross income from interest,							
	dividends, payments received on	1,392,289	1,366,034	1,449,494	1,388,129	1	,344,941	6,940,887
	securities loans, rents, royalties and income from similar	1,352,205	1,300,034	1,445,454	1,500,125	_	,544,541	0,540,007
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	IV)							
11	Total support (Add lines 7 through 10)							45,755,253
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		32,124,961
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶┌
S	ection C. Computation of Pub	olic Support F	Percentage					
14	Public Support Percentage for 2010			11 column (f))		14		84 830 %
15	Public Support Percentage for 2009	9 Schedule A , Pa	rt II, line 14			15		85 830 %
16a	33 1/3% support test—2010. If the	_		•	ine 14 is 33 1/3%	or more	, check t	his box ► ✓
b	and stop here. The organization qua 33 1/3% support test—2009. If the	•	• • • •		a, and line 15 is 3	3 3 1/3%	or more.	
_	box and stop here. The organization				u, u 20 10 2	1,5,5	,	▶ ┌
17a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organiza in Part IV how the organization mee			· ·		-	•	۵d
	organization	its the facts and	a circumstances	test The organize	ation quanties as t	и ривпет	y support	ັ▶⊏
b	10%-facts-and-circumstances test-	_						
	15 is 10% or more, and if the organ Explain in Part IV how the organiza							
	supported organization	cion ineets the T	acts and Circuilist	ances test ille	organization qual	es as (а равнету	▶ ┌
18	Private Foundation If the organizat	ıon dıd not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	box and	see	·
	ınstructıons							▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126012011

OMB No 1545-0047

Open to Public Inspection

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.

	CES YMCA OF THE USA GROUP RETURN			Empi	oyer identific	ation number	-
				91-1	883466		
	Organizations Maintaining Donor A oorganization answered "Yes" to Form 99		her Similar Fu	nds d	r Accounts	s. Complete	e if th
	-	(a) Donor advis	sed funds	(1	b) Funds and	other accoun	ts
Total nu	umber at end of year						
Aggrega	ate contributions to (during year)						
Aggrega	ate grants from (during year)						
Aggrega	ate value at end of year						
	organization inform all donors and donor advire the organization's property, subject to the	_		radvis	sed	☐ Yes	□No
used or	organization inform all grantees, donors, and nly for charitable purposes and not for the ben ing impermissible private benefit			•		┌ Yes	┌ No
rt II (Conservation Easements. Complete	ıf the organization ar	nswered "Yes" to	Form	990, Part I	V, line 7.	
☐ Pre☐ Pre☐ Comple	e(s) of conservation easements held by the o eservation of land for public use (e g , recreati otection of natural habitat eservation of open space ete lines 2a-2d if the organization held a qual	on or pleasure) F	Preservation of an l	ertıfıed	historic struc	•	
cuscino	the fast day of the tax year		Γ		Held at the	End of the	Year
Total ni	umber of conservation easements			2a			
Totalad	creage restricted by conservation easements		-	2b			
	r of conservation easements on a certified his		ın (a)	2c			
	r of conservation easements included in (c) a			2d			
the taxa	r of conservation easements modified, transfe able year ▶	, , ,	,	·	e organization	during	
	r of states where property subject to conserva			_			
	ne organization have a written policy regarding ment of the conservation easements it holds?		g, inspection, hand	ling of	violations, an	^d	┌ No
Staff an	nd volunteer hours devoted to monitoring, insp	pecting and enforcing co	nservation easeme	ents du	ring the year	-	
A mount	t of expenses incurred in monitoring, inspecti	ng, and enforcing consei	rvation easements	during	the year 🟲 \$		
	ach conservation easement reported on line 2 (4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the re	quirements of sect	ion		☐ Yes	┌ No
balance	XIV, describe how the organization reports costs sheet, and include, if applicable, the text of the anization's accounting for conservation easer	the footnote to the orgar		•			
	Organizations Maintaining Collectio Complete if the organization answered '			r Oth	er Similar	Assets.	
art, hist	rganization elected, as permitted under SFAS torical treasures, or other similar assets held , in Part XIV, the text of the footnote to its fir	for public exhibition, ed	ucation or researc	h ın fur			,
hıstorıc	rganization elected, as permitted under SFAS al treasures, or other similar assets held for the following amounts relating to these items	public exhibition, educat				•	
(i) Rev	enues included in Form 990, Part VIII, line 1				► \$		
	ets included in Form 990, Part X				<u></u> -		
If the o	rganization received or held works of art, hist g amounts required to be reported under SFA			r financ	r + ial gain, prov	ıde the	
	es included in Form 990, Part VIII, line 1	-			F \$		
11010114	100 111014404 111 1 01111 3 3 0 , 1 411 1 1 1 1 1 1 1 1 1 1						

Assets included in Form 990, Part X

ar	Organizations Maintaining Co	ollections of Art	, Hist	toric	cal Tr	<u>easu</u>	res, or (<u> 2the</u>	<u>er Simila</u>	<u>r Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e follo	owing t	hat ar	e a sıgnıfıc	ant ı	use of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan	prexch	nange prog	rams	;			
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
1	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they	furthe	r the o	rganızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,					nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	ed "\	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary	for co	ntribut	tions c	or other as	sets	not	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng ta	ble							
										A mou	unt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	/										
°a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)F	Prior Ye		(c) Tw	o Years Back	_)Three Years	Back (e	e)Four Ye	ears Back
a	Beginning of year balance	309,532			291,826		277,8	_		-+		
b	Contributions	19,280			17,706		13,9	58		-+		
C	Investment earnings or losses							_		-+		
d	Grants or scholarships							_		-		
е	Other expenditures for facilities and programs											
f	Administrative expenses									$\overline{}$		
g	End of year balance	328,812		3	309,532		291,8	26		_		
	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment	2 000 %										
b	Permanent endowment > 98 000 %											
	remanent endowment P											
c la	Term endowment ► Are there endowment funds not in the posse	ssion of the organize	ation t	hat a	ra hald	and a	dministers	d for	the			
_	organization by	John of the organize	u (1011 (u	i di ilidia	unu u	4111111151010				Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organization							•		3b		N o
	Describe in Part XIV the intended uses of the											
'a	t VI Investments—Land, Building	s, and Equipme	nt. Se									
	Description of investment				Cost or (invest		(b)Cost or basis (oth		(c) Accum deprecia		(d) Boo	ok value
a	Land						2,18	4,808			2	2,184,808
b	Buildings						8,15	7,571	5,	702,293	2	2,455,278
c	Leasehold improvements		•				49	1,546		425,757		65,789
d	Equipment						94	1,642		696,968		244,674
e	Other						1,78	8,974	1,	574,686		214,288

5,164,837

(a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of elia-o	i-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,	<u>▶</u>		
(a) Desci			(b) Book value
(1) DEFERRED RENT RECEIVABLE			2,831,499
Total. (Column (b) should equal Form 990, Part X, col.(B) line	. 15.)		2,831,499
Part X Other Liabilities. See Form 990, Part			, ,
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEPOSITS ON SALE OF BUILDING	623,064		
DUE TO HEADQUARTERS	654,267		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,277,331		

000	alo 5 (10111 550) 2010		r age -
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,503,159
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,396,262
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,893,103
4	Net unrealized gains (losses) on investments	4	8,322
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	8,322
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,884,781
_	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	23,088,379
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments	:	
ь	Donated services and use of facilities	:	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d 3,271,618		
e	Add lines 2a through 2d	2e	7,009,798
3	Subtract line 2e from line 1	3	16,078,581
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -575,422		
c	Add lines 4a and 4b	4c	-575,422
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	15,503,159
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn
1	Total expenses and losses per audited financial	1	24,965,567
2	statements	 • 	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	-	
d	Other (Describe in Part XIV)	7	
e	Add lines 2a through 2d		7,569,305
3	Subtract line 2e from line 1	3	17,396,262
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	7	
С	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,396,262

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,

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, ASYMCA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, ASYMCA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007
PART XII, LINE 2D - OTHER ADJUSTMENTS		AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 3,271,618
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE -483,597 COST OF GOODS SOLD -49,417 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES -42,408
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE 483,597 COST OF GOODS SOLD 49,417 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES 42,408 AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 3,264,025

In-person solicitations

DLN: 93493126012011

OMB No 1545-0047

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.

Inspection

Name of the organization **Employer identification number** ARMED SERVICES YMCA OF THE USA GROUP RETURN 91-1883466 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 MUD RUN (event type)	(c) O ther Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable	515,966	354,370	44,512	914,848
<u>~</u>	3	contributions Gross income (line 1 minus line 2)	515,966	354,370	44,512	914,848
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages	beverages			
Direct	8	Entertainment				
ā	9	Other direct expenses .	336,550	125,140	21,907	483,597
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	483,597
	11	Net income summary Combine li	nes 3 and 10 in column (d)	•	431,251
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
_	1	Gross revenue		90,417		90,417
မှ မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses		42,408		42,408
	6	Volunteer labor	Γ Yes % Γ No	「Yes % ドNo	┌ Yes % ┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		42,408
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)		48,009
_	_					J
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			. V _{Yes} No
10a b		re any of the organization's gaming Yes," Explain			the tax year?	「Yes 「No

11	Does the organization operate g	aming activities with nonmembers? .			▼ Yes
12	Is the organization a grantor, be	eneficiary or trustee of a trust or a mem	ber of a partnership or other entity		
	formed to administer charitable	gamıng?			┌ _{Yes} ┌ _{No}
13	Indicate the percentage of gam	ing activity operated in			
а	The organization's facility .			13a	
b	An outside facility			13b	100 000 %
14	Provide the name and address of records	of the person who prepares the organiza	tion's gaming/special events book	s and	
	records				
	Name WENDY PRIEST				
	_				
	Address PO BOX 6272 ELMENDORF AF	B AK 99506			
	ELMENDORI AT	B, AR 99300			
15a	Does the organization have a co	ontract with a third party from whom the	organization receives gaming		
	revenue?				┌ _{Yes} ┌ _{No}
b	If "Yes," enter the amount of ga	ming revenue received by the organiza	tion 🟲 \$ an	d the	
	amount of gaming revenue retai	ned by the third party 🟲 \$			
С	If "Yes," enter name and addres	SS			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name ▶ DAVE GOMEZ				
	Name F 57.12 551.22				
	Gaming manager compensation	▶ \$			
		. •			
	Description of services provide	d ► CHARITABLE GAMING PULLTAE	35		
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
	•	ler state law to make charitable distribi	itions from the gaming proceeds to		
	retain the state gaming license?	,			Ves □No
ь	Enter the amount of distribution	s required under state law distributed t	o other exempt organizations or sp	ent	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ın the organization's own exemp	t activities during the tax year 🟲 💲			
Par	·	provide additional information for	responses to question on Sch	edule G (s	ee
_	instructions.)		T		
	Identifier	ReturnReference	Explana	tion	

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493126012011

OMB No 1545-0047

Schedule I **Grants and Other Assistance to Organizations.** (Form 990) Governments and Individuals in the United States

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

Open to Public

Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number ARMED SERVICES YMCA OF THE USA GROUP RETURN 91-1883466 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance orassistance (book, FMV, appraisal, assistance or government other) 91-0565562 1.520.068 BOOK (1) YMCA OF PIERCE AND 501(C)(3) TRANSFER OF TRANSFER OF BREMERTON KITSAP COUNTIES 1614 S BREMERTON MILDRED STREET SUITE 1 ASSETS ASSETS TACOMA, WA 98465

Ident if ier

Return Reference

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

Explanation

Schedule I (Form 990) 2010

DLN: 93493126012011

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number
	91-1883466
Part I Questions Regarding Compensation	

990	Part VII, Section A, line 1a Complete Part III to First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account	imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a? In uses to establish the compensation of the	1b 2		
b If a rein 2 Did	First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account ny of the boxes in line 1a are checked, did the organizement or provision of all the expenses describute organization require substantiation prior to refers, directors, trustees, and the CEO/Executive Director Check all tha Compensation committee	Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) anization follow a written policy regarding payment or bed above? If "No," complete Part III to explain imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a?			
rein 2 Did	Travel for companions Tax idemnification and gross-up payments Discretionary spending account In yof the boxes in line 1a are checked, did the organizement or provision of all the expenses describute organization require substantiation prior to refers, directors, trustees, and the CEO/Executive Director Check all tha Compensation committee	Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) anization follow a written policy regarding payment or bed above? If "No," complete Part III to explain imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a?			
rein 2 Did	Tax idemnification and gross-up payments Discretionary spending account ny of the boxes in line 1a are checked, did the organisement orprovision of all the expenses described the organization require substantiation prior to refers, directors, trustees, and the CEO/Executive Exercises, directors, of the following the organization anization's CEO/Executive Director Check all tha Compensation committee	Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) anization follow a written policy regarding payment or bed above? If "No," complete Part III to explain imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a?			
rein 2 Did	Discretionary spending account ny of the boxes in line 1a are checked, did the organization of all the expenses described the organization require substantiation prior to refers, directors, trustees, and the CEO/Executive Excate which, if any, of the following the organization anization's CEO/Executive Director Check all tha Compensation committee	Personal services (e g , maid, chauffeur, chef) anization follow a written policy regarding payment or bed above? If "No," complete Part III to explain imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a?			
rein 2 Did	ny of the boxes in line 1a are checked, did the organization of all the expenses describute organization require substantiation prior to refers, directors, trustees, and the CEO/Executive Excate which, if any, of the following the organization anization's CEO/Executive Director Check all tha Compensation committee	anization follow a written policy regarding payment or bed above? If "No," complete Part III to explain imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a?			
rein 2 Did	the organization require substantiation prior to release, directors, trustees, and the CEO/Executive Excate which, if any, of the following the organization anization's CEO/Executive Director Check all that Compensation committee	bed above? If "No," complete Part III to explain imbursing or allowing expenses incurred by all Director, regarding the items checked in line 1a? In uses to establish the compensation of the			
	ers, directors, trustees, and the CEO/Executive Director, if any, of the following the organization anization's CEO/Executive Director Check all tha Compensation committee	Director, regarding the items checked in line 1a? n uses to establish the compensation of the	2		
	anization's CEO/Executive Director Check all tha Compensation committee	·			
	·				
	Independent compensation consultant	Written employment contract			
		Compensation survey or study			
Г	Form 990 of other organizations	Approval by the board or compensation committee			
	ing the year, did any person listed in Form 990, Pa related organization	art VII, Section A, line 1a with respect to the filing organization			
a Rec	eive a severance payment or change-of-control pa	ayment from the organization or a related organization?	4a	Yes	
b Par	ticipate in, or receive payment from, a supplement	tal nonqualified retirement plan?	4b		Νο
c Par	ticipate in, or receive payment from, an equity-bas	sed compensation arrangement?	4c		Νo
If"	Yes" to any of lines 4a-c, list the persons and prov	vide the applicable amounts for each item in Part III			
Onl	y 501(c)(3) and 501(c)(4) organizations only must	t complete lines 5-9.			
	persons listed in form 990, Part VII, Section A, linpensation contingent on the revenues of	ne 1a, did the organization pay or accrue any			
a The	organization?		5a		Νo
b Any	related organization?		5b		Νo
If"	Yes," to line 5a or 5b, describe in Part III				
	persons listed in form 990, Part VII, Section A, li pensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any			
a The	organization?		6a		Νo
b Any	related organization?		6b		Νo
If"	Yes," to line 6a or 6b, describe in Part III				
	persons listed in Form 990, Part VII, Section A , l ments not described in lines 5 and 6? If "Yes," de		7		Νο
sub	e any amounts reported in Form 990, Part VII, pa ject to the initial contract exception described in F art III	nid or accured pursuant to a contract that was Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
	res" to line 8, did the organization also follow the i	rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) GLEN GODFREY - BREMERTON	(1) (11)	43,112 0	0	174,088 0	5,164 0	178 0	222,542 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		GLEN GODFREY RETIRED 6/30/10 AS REQUIRED BY THE ACQUISITION OF THE BREMERTON FAMILY YMCA EFF 7/1/10 MR GODREY RECEIVED SERVERENCE PAY IN THE AMOUNT OF \$174,088

Schedule J (Form 990) 2010

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

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

Pa	rt I Types of Property				91-1883466			
	Types of Freperty	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ntributi	ion
_	Art—Works of art Art—Historical treasures Art—Fractional interests			*9				
4	Books and publications							
5	Clothing and household	×		605 105				
good				695,105	FMV			
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous	<u> </u>						
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	474	95,540	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts .							
25	Other ► (TOYS)	Х	933	501,724	FMV			
26	GAME Other►(<u>TICKETS</u>)	×	41	317,219	FMV			
27	Other ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received b	y the org	anızatıon durıng the tax ye:	ar for contributions				
	for which the organization complete	ed Form 8	3283, Part IV , Donee Ackr	owledgement	29			
					_		Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	late of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	erıod?			30a		No
b	If "Yes," describe the arrangement	t ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t		es or related organizations	to solicit, process, or sell	non-cash · · · · ·	32a		No
	If "Yes," describe in Part II If the organization did not report re	avanuec i	n column (c) for a type of n	roperty for which column (a) is chacked			
	describe in Part II	.venues l	columni (c) for a type of p	Toperty for which column (a	, is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493126012011

OMB No 1545-0047

Open to Public

Inspect ion

(Form 990 or 990-EZ)

ARMED SERVICES YMCA OF THE USA GROUP RETURN

Liquidation, Termination, Dissolution or Significant Disposition of Assets ► Complete if the organization answered "Yes" to Form 990. Part IV. lines 31 or 32 or Form 990-EZ. line 36.

► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE N

Employer identification number

91-1883466

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

	a) Description of asset(s) stributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
ASSETS, LI OF THE BR BRANCH	IABILITIES, AND NET ASSETS EMERTON, WASHINGTON	07-01-2010	1,520,068	BOOK VALUE	91-0565562	YMCA OF PIERCE & KITSAP COUNTIES 1614 S MILDRED STREET SUITE 1 TACOMA, WA 98465	501(C)(3)
			•				Yes No

2 Did or will any officer, director, trustee, or key employee of the organizatio	2	Did or will any o	officer, director,	trustee, or key	employee of th	e organization
--	---	-------------------	--------------------	-----------------	----------------	----------------

- Become a director or trustee of a successor or transferee organization?
- Become an employee of, or independent contractor for, a successor or transferee organization? Become a direct or indirect owner of a successor or transferee organization?
- Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🕨

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

2a

2b

2c

Yes

2d Yes

Νo

Νo

Part I Liquidation, Termination or Dissolution (continued)

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? If Yes, describe in Part III how the organization defeased or otherwise settled these liabilities. If No. 'explain in Part III Part III Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Ves" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed. I (a)Description of asset(s) (b)Date or distribution of distributed or transaction expenses to a set of distributed or transaction expenses to set of distributed or transaction expenses to a set of distributed or transaction expenses to the part of th		Note. If the organization distributed al	of its assets duri	ng the tax year, then For	m 990, Part X, column (I	B) should equal -0-			Yes	No
b (f'Yes,"did the organization incorded such natices" 5 of the organization discharge or pay all labilities in accordance with state laws? 5 of the organization discharge or pay all labilities in accordance with the Internal Revenue Code and state laws? 5 of the organization discharge or pay all labilities in accordance with the Internal Revenue Code and state laws? 5 of the organization discharge or defease tax-exempt bond labilities in accordance with the Internal Revenue Code and state laws? 5 of the Organization discharge or defease tax-exempt bond labilities in accordance with the Internal Revenue Code and state laws? 5 of the Organization discharge or defease tax-exempt bond labilities in accordance with the Internal Revenue Code and state laws? 6 of the Organization discharge or defease tax-exempt bond labilities in accordance with the Internal Revenue Code and state laws? 6 of the Organization discharge or defease tax-exempt bond labilities in accordance with the Internal Revenue Code and state laws? 6 of the Organization assets laws? 6 of the Organization Part III. 8 of the Organization of Sasets. Complete if the organization is a section of the Organization of Sasets. Complete if the organization is series where the Organization of the	3	Did the organization distribute its asse	ts in accordance	with its governing instrur	nent(s)? If "No," describ	e ın Part III		. 3	Yes	
Solid the organization discharge or pay all liabilities in accordance with state laws? Solid the organization discharge or pay all liabilities in accordance with the Internal Revenue Code and state laws? Solid the Organization of these organization declared or of deficiency in the part of the Organization of the Part III how the organization declared or other transfer or More Than 25% of the Organization Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-Part III additional space is needed. 1	4a	Is the organization required to notify the	ne attorney genera	al or other appropriate sta	ate official of its intent to	o dissolve, liquidate, oi	r terminate?	. 4a	Yes	
50 bits the organization discharge or pay all liabilities in accordance with state laws? 5 we leave the properties of the properties	b	If "Yes," did the organization provide s	uch notice? .					41	Yes	
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state lows? 6 If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities II "No," explain in Part III Part III Sale, Exchange, Disposition or Other Transfer of More Than 25% of them 25% of t									Yes	
If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III Part III Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to From 990, Part IVI, line 32, or From 990-RZ, IVI, li	6a	Did the organization have any tax-exe	mpt bonds outstar	nding during the year?				. 6a	.	No
Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-Ez, line 36. Use Part III if additional space is needed. (a)Description of asset(s) distributed or transaction expenses paid (b)Date of distributed or set(s) distributed or expenses or transaction expenses. (c)EIN of recipient (f)Name and address of recipient in or recipient(s) (f) Name and address of recipient in the complete or distributed or expenses. (a)EIN of recipient (f)Name and address of recipient in the complete or distributed or expenses. (a)EIN of recipient (f)Name and address of recipient in the complete or distributed or expenses. (b) Expenses (ii) Address of the organization in the complete or transaction expenses. (c) EIN of recipient (f)Name and address of recipient in the complete or distributed or transaction expenses. (c) EIN of recipient (f)Name and address of recipient in the complete or distributed or transaction expenses. (c) EIN of recipient (f)Name and address of recipient in the complete or distributed or transaction expenses. (c) EIN of recipient (f)Name and address of recipient in the complete or distributed or transaction expenses. (d) EXEMINION (iii) Address of the complete or distributed or transaction expenses. (e) EIN of recipient (f)Name and address of recipient (iii) Address of	b	Did the organization discharge or defea	ase tax-exempt bo	ond liabilities in accordan	ice with the Internal Rev	enue Code and state I	aws?	. 61	,	No
Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed. (a)Description of asset(s) (b)Date of distribution of introduction expenses paid	c	If "Yes," describe in Part III how the o	rganızatıon defeas	ed or otherwise settled t	hese liabilities If "No," e	explain in Part III				
distributed or transaction expenses paid as selfs distributed or amount of transaction expenses in tra	Par						s. Complete if the organization a	nswere	d "Yes	" to
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?	1	distributed or transaction	1 ' '	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or	(e)EIN of recipient	(f)Name and address of recipient	of re	ecipient(s (empt) oi) (ıf
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
c Become a direct or indirect owner of a successor or transferee organization?	a	Become a director or trustee of a succ	essor or transfere	e organization?				-	<u> </u>	No
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		, , , , ,	•		-			• —	-	+
Receive, or become entitled to, compensation or other similar payments as a result of the organization of significant disposition of assets.				•					-	+
									res	<u> </u>

Supplemental Information. Complete to provide the information required by Parts I and II, and any additional information.

Ident if ier	Return Reference	Explanation
		PART I, LINE 2E ITEM B - JANE ERLANDSEN, MARY PITTS, AND KRISTA WOODRING ALL BECAME EMPLOYEES OF YMCA OF PIERCE & KITSAP COUNTIES
		PART I, LINE 2E ITEM D - GLEN GODFREY RECEIVED SEVERENCE PAY OF \$174,088 \$34,088 WAS PAID BY ASYMCA BREMERTON \$140,0000 WAS PAID THE SUCESSOR ORGANZATION, YMCA OF PIERCE & KITSAP COUNTIES YMCA OF PIERCE & KITSAP COUNTIES IS NOT COVERED UNDER THE ASYMCA GROUP EXEMPTION

Schedule N (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126012011

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Employer identification number

91-1883466

ldentifier	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

ldentifier	Return Reference	Explanation
	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

ldentifier	Return Reference	Explanation
	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 CEO'S 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 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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THROUGH OUR WEBSITE HTTP WWW ASYMCA ORG

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 8,322

Software ID: Software Version:

EIN: 91-1883466

Name: ARMED SERVICES YMCA OF THE USA GROUP RETURN

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
LESLIE J LINGLE - ALTUS CHAIRMAN OF THE BOARD	25 00	Х		х				0	0	0	
STEPHAN FRANCIS - ALTUS VICE CHAIRMAN OF THE BOARD	25 00	Х		x				0	0	0	
GLEN GOFORTH - ALTUS BOARD TREASURER	25 00	Х		х				0	0	0	
GAIL DESNOYER - ALTUS BOARD SECRETARY	25 00	Х		х				0	0	0	
DAVID HUEY - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
RANDY CUMBY - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
MATT LITSCH - ALTUS BOARD DIRECTOR	5 00	х						0	0	0	
NORM WEBER - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
KENTON MCKNIGHT - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
NANCY WALL - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
JOHN HORSCHLER - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
DARRYL KNOWLES - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
LINDA WOOD - ALTUS BOARD DIRECTOR	5 00	Х						0	0	0	
JOAN WILCOXEN - ALTUS EXECUTIVE DIRECTOR	40 00	х		х				35,721	0	4,413	
JAMES D MECHEM - ANCHORAGE CHAIRMAN OF THE BOARD	10 00	Х						0	0	0	
JOHN PARROTT - ANCHORAGE FIRST VICE CHAIR	3 00	Х		х				0	0	0	
LARRY SUTTERER - ANCHORAGE SECOND VICE CHAIR	3 00	Х		х				0	0	0	
BERNARD JACKSON - ANCHORAGE SECRETARY	2 00	Х		х				0	0	0	
INGRID KARN - ANCHORAGE TREASURER	3 00	Х		х				0	0	0	
RANDY BECKER - ANCHORAGE BOARD MEMBER	1 00	Х						0	0	0	
CHRIS BLOCK - ANCHORAGE BOARD MEMBER	1 00	Х						0	0	0	
NICK BRORSON - ANCHORAGE BOARD MEMBER	1 00	Х						0	0	0	
JACK CROCKETT - ANCHORAGE BOARD MEMBER	3 00	Х						0	0	0	
CANDI DIERENFIELD - ANCHORAGE BOARD MEMBER	3 00	Х						0	0	0	
BARBARA FULLMER - ANCHORAGE BOARD MEMBER	1 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
MIKE LASHER - ANCHORAGE	1 00	Х						0	0	0	
BOARD MEMBER ERIK LIND - ANCHORAGE BOARD MEMBER	1 00	Х						0	0	0	
SUSAN MACK - ANCHORAGE BOARD MEMBER	2 00	Х						0	0	0	
KEITH MANTERNACH - ANCHORAGE BOARD MEMBER	7 00	Х						0	0	0	
GREG MILLER - ANCHORAGE BOARD MEMBER	1 00	Х						0	0	0	
JIM WOLF - ANCHORAGE BOARD MEMBER	2 00	Х						0	0	0	
PATRICK BOYLE - BREMERTON CHAIRMAN OF THE BOARD	4 00	Х		х				0	0	0	
SAM BOSSERT - BREMERTON VICE CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0	
BILL WALGREN - BREMERTON VICE CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0	
LAURA LYON - BREMERTON BOARD TREASURER	1 00	Х		х				0	0	0	
CYNTHIA ENGELGAU - BREMERTON BOARD SECRETARY	1 00	Х		x				0	0	0	
MATT BERG - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
AARON CAPPS - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
TERRY HALVORSEN - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
CHARLES HENDERSON - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
CHRIS LEMKE - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
SCARLETTE SLOAN - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
JOHN STANLEY MD - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
ODETTE VACHON - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
ROB FORBES - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
KEN HILLS - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
CLARKE WHITNEY - BREMERTON BOARD DIRECTOR	1 00	Х						0	0	0	
JOHN M DIBENEDETTO - EL PASO CHAIRMAN OF THE BOARD	5 00	Х		х				0	0	0	
STAN ROBETS 1SG RET - EL PASO VICE CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0	
ELVIN R HOBBS SGM RET - EL PASO BOARD TREASURER	3 00	Х		х				0	0	0	

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
JAN ANDERS - EL PASO BOARD SECRETARY	3 00	х		Х				0	0	0		
STEVEN CHEATUM CSM RET - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
MINERVA CHEATUM - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
MONICA MERRIWEATHER - EL PASO BOARD MEMBER	5 00	Х						0	0	0		
CLAUDIA DAVENPORT - EL PASO BOARD MEMBER	7 00	Х						0	0	0		
VON WASHINGTON - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
CAROL BUTLER - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
RANDY KOEHN - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
TOM THOMAS - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
SCOTT SHERRETZ - EL PASO BOARD MEMBER	2 00	Х						0	0	0		
JOSEPHINE MILLER - FAYETTEVILLE BOARD PRESIDENT	2 00	X		X				0	0	0		
BRITTANY WILLIAMS - FAYETTEVILLE BOARD TREASURER	2 00	Х		х				0	0	0		
ANNMARIE ADAMS - FAYETTEVILLE BOARD MEMBER	1 00	Х						0	0	0		
STEPHEN MILBURN - FAYETTEVILLE PAST PRESIDENT	1 00	Х		х				0	0	0		
JACK COX - FAYETTEVILLE BOARD MEMBER	1 00	Х						0	0	0		
KELLY DOUGLAS - FAYETTEVILLE BOARD MEMBER	1 00	Х						0	0	0		
CRIS NUNEZ - FAYETTEVILLE BOARD MEMBER	1 00	Х						0	0	0		
ROBYN WOMAC - FAYETTEVILLE BOARD MEMBER	1 00	Х						0	0	0		
LIZ SCRUGGS - FAYETTEVILLE BOARD MEMBER	1 00	Х						0	0	0		
DR LANA BASTIN - FORT CAMPBELL CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0		
COLLEEN OCHS - FORT CAMPBELL BOARD TREASURER	2 00	Х		х				0	0	0		
KAREN GRIMSLEY - FORT CAMPBELL BOARD SECRETARY	2 00	Х		Х				0	0	0		
BRANDT LYON - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0		
SYLVIA PHIPPS - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0		
SANDRA COOPER - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0		

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	(C) Position (check that apply)				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MARLA SCHROEDER - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0	
MARC BARKER - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0	
ROYCE STEVENS - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0	
DANA CHANGO - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0	
KAREN STANLEY - FORT CAMPBELL BOARD DIRECTOR	2 00	Х						0	0	0	
MICHAEL BRAME - FT LEONARD WOOD BOARD CHAIR	2 00	Х		х				0	0	0	
STEVEN LYNCH - FT LEONARD WOOD VICE CHAIR	2 00	Х		х				0	0	0	
LINDA DOWELL - FT LEONARD WOOD VICE CHAIR	2 00	Х		х				0	0	0	
VICKI WHITES - FT LEONARD WOOD BOARD SECRETARY	2 00	Х		х				0	0	0	
CONNIE ELLZEY - FT LEONARD WOOD BOARD TREASURER	2 00	Х		х				0	0	0	
AMANDA LARSEN - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
COL FRANK RANGEL - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
GAIL HUFFMAN - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
ASHLEY HALSTEAD - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
SCOTT JOHN - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
LINDA GIFFORD - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
JOE HAYES - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
LINDALL MOSTAJO - FT LEONARD WOOD BOARD MEMBER	1 00	Х						0	0	0	
LINDELL G RUTHERFORD USN RET - HA CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0	
RADM MICHAEL R GROOTHOUSEN - HAMPTO VICE CHAIRMAN OF THE BOARD	1 00	Х		х				0	0	0	
SALLY SLEDGE - HAMPTON RDS BOARD TREASURER	1 00	Х		х				0	0	0	
ROBERT KIRK - HAMPTON RDS BOARD SECRETARY	1 00	Х		Х				0	0	0	
JEFF GERACI - HAMPTON RDS BOARD MEMBER	1 00	Х						0	0	0	
PHIL GRATHWOL - HAMPTON RDS BOARD MEMBER	1 00	Х						0	0	0	
MEYERA OBERNDORF - HAMPTON RDS BOARD MEMBER	1 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
THERESA SOSKA - HAMPTON RDS BOARD MEMBER	1 00	×						0	0	0	
DOUGLAS THIRY - HAMPTON RDS BOARD MEMBER	1 00	Х						0	0	0	
HEATHER TACE - HAMPTON RDS BOARD MEMBER	1 00	Х						0	0	0	
EDWARD CAPPS - HAMPTON RDS BOARD MEMBER	1 00	Х						0	0	0	
MARION PAT PLEMMONS - HAMPTON RDS BOARD MEMBER	1 00	X						0	0	0	
LCDR DAVID BOISELLEUSNRET MSHRM M BOARD MEMBER	1 00	X						0	0	0	
CDR JAMES J WHITUS USNRET - HAMPT BOARD MEMBER	1 00	Х						0	0	0	
DAVID WALLWE - HONOLULU CHAIRMAN OF THE BOARD	10 00	Х		х				0	0	0	
DON ANDERSON - HONOLULU VICE CHAIRMAN OF THE BOARD	3 00	X		x				0	0	0	
SARAH FARGO - HONOLULU BOARD TREASURER	3 00	X		х				0	0	0	
ALICE TUCKER - HONOLULU BOARD SECRETARY	3 00	Х		х				0	0	0	
KRAIG KENNEDY - HONOLULU BOARD DIRECTOR	5 00	Х						0	0	0	
MILDRED COURTNEY - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
CAROLYN BERRY - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
ANDY WALSH - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
TED WONG - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
MICHELLE LILLY - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
RHONDA MIXON - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
KARL KIYOKAWA - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
CHUCK COTTON - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
AUGUST YEE - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
SALLY MIST - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
VIVIEN STACKPOLE - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
DONNA RAY - HONOLULU BOARD DIRECTOR	3 00	Х						0	0	0	
GARY YOUNG - KILLEEN CHAIRMAN OF THE BOARD	2 00	×		х				0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	week	individual trustee or director	Institutional Trustee	Highest compensated organization (W-2/1099-MISC) Officel Officel Formula (W-2/1099-MISC) Officel Officel Formula (W-2/1099-MISC)	organizations (W- 2/1099-	compensation from the organization and related organizations					
DONNA CONNELL - KILLEEN VICE CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0	
TERRY THOMPSON - KILLEEN BOARD TREASURER	2 00	Х		х				0	0	0	
JACKELINE FOUNTAIN CSMR - KILLEEN BOARD SECRETARY	2 00	х		х				0	0	0	
CINDY DAVIS - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
WILL ADAMS - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
DR JAMES RANDERSON PH D - KILLEE BOARD DIRECTOR	2 00	Х						0	0	0	
CARI STARRITT-BURNETT - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
DONALD R FELT CSM - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
DEBRA HULL - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
RICK KEAGLE - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
BILL KOZLIK - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
LARRY LINDER - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
ROMY MORTEL - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
DONALD SCOTT - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
MARTY SMITH - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
PAUL STRINGFELLOW CFP - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
BOB SYKES - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
CYD WEST - KILLEEN BOARD DIRECTOR	2 00	Х						0	0	0	
KIMBERLY THOMAS - LAWTON PRESIDENT, BOARD OF TRUSTEES	3 00	Х		х				0	0	0	
CSMR WILLIE BYRD - LAWTON 1ST VICE PRESIDENT	3 00	Х		х				0	0	0	
COLR ROB CLINE - LAWTON 2ND VICE PRESIDENT	3 00	Х		х				0	0	0	
BILL KING - LAWTON BOARD TREASURER	3 00	Х		х				0	0	0	
LTCR MIKE DOOLEY - LAWTON PAST PRESIDENT	3 00	Х		х				0	0	0	
ZOE DURANT - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0	
TOM LINVILLE - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0	

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours		tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
CSMR DENNIS MEYER - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
ANITA LOVE - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
JEFF HENDERSON - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
BURL RAGLAND - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
DENNIS CLIPPINGER - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
MARILYN JANOSKO - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
KERI DENNIS - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
GENE LOVE - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
MIKE ANDERSON - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
KELLY RUFFRIDGE - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
JOHN NOEL - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
JIM CUNNINGHAM - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
KIM LODEWICK - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
LTCR JIM RIKARD - LAWTON BOARD OF TRUSTEES	3 00	Х						0	0	0		
CHAPLAIN JOHN ALEXANDER - LAWTON BOARD OF TRUSTEES	1 00	Х						0	0	0		
BRENDA SPENCER - LAWTON ADVISOR TO THE BOARD	3 00	Х		х				0	0	0		
MR CHRIS BRAUN - OAK HARBOR CHAIRMAN OF THE BOARD	1 00	Х		х				0	0	0		
MS PAMELA PRICE - OAK HARBOR VICE CHAIRMAN OF THE BOARD	1 00	Х		х				0	0	0		
MS BETTY GLEIN - OAK HARBOR BOARD TREASURER	1 00	Х		х				0	0	0		
MS SANDE MULKEY - OAK HARBOR BOARD SECRETARY	1 00	Х		х				0	0	0		
MR DOUG PALKO - OAK HARBOR BOARD DIRECTOR	1 00	Х						0	0	0		
MS BARBARA BENEDICT - OAK HARBOR BOARD DIRECTOR	1 00	Х						0	0	0		
MR DAVID BOCKMAN - OAK HARBOR BOARD DIRECTOR	1 00	Х						0	0	0		
MRS BARBARA BOCKMAN - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0		
MR FRANCIS BAGARELLA - OAK HARBOR BOARD DIRECTOR	1 00	х						0	0	0		

Compensated Employees, and I										
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	
MR RICK ROSE - OAK HARBOR BOARD DIRECTOR	1 00	Х						0	0	0
CMDC DARIN HAND - OAK HARBOR BOARD DIRECTOR	1 00	Х						0	0	0
CMDCH TRACYE SHERRILL - OAK HARBOR BOARD DIRECTOR	1 00	Х						0	0	0
HONORABLE JOHN E RYAN - CAMP PENDLE CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0
INGO HENTSCHEL - CAMP PENDLETON VICE CHAIRMAN OF THE BOARD	2 00	Х		х				0	0	0
LONNIE LONG SGTMAJ USMC RET - CAM BOARD TREASURER	2 00	×		x				0	0	0
LIZ RHEA - CAMP PENDLETON BOARD SECRETARY	2 00	Х		х				0	0	0
JAIME FAZICA - CAMP PENDLETON BOARD PARLIAMENTARIAN	2 00	Х		х				0	0	0
ERIC AGUILERA - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
DAWN BAKER - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
WAYNE BELL SGTMAJ USMC RET - CAMP BOARD DIRECTOR	2 00	×						0	0	0
STEVE BROWNE - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
RICHARD DINSE MSGT USMC RET - CAM BOARD DIRECTOR	2 00	х						0	0	0
ROBERT DOWNS CWO USMC RET - CAMP BOARD DIRECTOR	2 00	×						0	0	0
TODD EMERSON - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
MIKE FLEMING - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
MICHAEL ISSA - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
BEVERLY LEE COL USAFR RET - CAMP BOARD DIRECTOR	2 00	Х						0	0	0
TAMI MARANO - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
RICHARD MARSHACK - CAMP PENDLETON BOARD DIRECTOR	2 00	×						0	0	0
PAT MILLS - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
ED MIXON - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
JAVIER NICHOLAS SGTMAJ USMC RET - BOARD DIRECTOR	2 00	X						0	0	0
DAVID NYDEGGER - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0
JOE PAPAY LTCOL USMC RET - CAMP P BOARD DIRECTOR	2 00	Х						0	0	0

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	cheo	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
HELEN HOLMES PEAK - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0	
JOSE PEREZ - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0	
DON ROBBINS MGYSGT USMC RET - CAM BOARD DIRECTOR	2 00	×						0	0	0	
DEBORAH ROMERO - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0	
RALPH SANCHEZ CMCUSN RET - CAMP P BOARD DIRECTOR	2 00	х						0	0	0	
DAVID SMITH - CAMP PENDLETON BOARD DIRECTOR	2 00	х						0	0	0	
GEORGE YOUNG - CAMP PENDLETON BOARD DIRECTOR	2 00	Х						0	0	0	
PETER OPSAL - SD CHAIRMAN OF THE BOARD	3 00	Х		х				0	0	0	
KATHIE ZORTMAN - SD FIRST VICE CHAIR	3 00	Х		х				0	0	0	
DAVID R GUEBERT CAPT USNR - SD SECOND VICE CHAIR	3 00	Х		х				0	0	0	
BARBARA PALLEN - SD BOARD SECRETARY	3 00	Х		x				0	0	0	
TIMOTHY LAFLEUR VADM USN RET - SD TREASURER	3 00	×		х				0	0	0	
IRIS BACHMAN - SD BOARD DIRECTOR	3 00	Х						0	0	0	
JOHN BAER - SD BOARD DIRECTOR	3 00	Х						0	0	0	
WILLIAM R BALL COL USMC RET - SD BOARD DIRECTOR	3 00	Х						0	0	0	
MARK BALMERT RADN USNRET - SD BOARD DIRECTOR	3 00	Х						0	0	0	
BOARD DIRECTOR	3 00	Х						0	0	0	
JUDGE EARL CANTOS - SD BOARD DIRECTOR	3 00	Х						0	0	0	
MICHAEL CARUSSO CAPT USNRET - SD BOARD DIRECTOR	3 00	Х						0	0	0	
JIM CHATFIELD II - SD BOARD DIRECTOR	3 00	Х						0	0	0	
BEV CONANT - SD BOARD DIRECTOR	3 00	Х						0	0	0	
SANDRA DAVIDSON - SD BOARD DIRECTOR	3 00	Х						0	0	0	
ANN EVANS - SD BOARD DIRECTOR	3 00	Х						0	0	0	
RICHARD EVENT CAPTUSNRET - SD BOARD DIRECTOR	3 00	Х						0	0	0	
MONILA FRENCH - SD BOARD DIRECTOR	3 00	×						0	0	0	

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che)			(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
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
DR NED GARRIGUES - SD BOARD DIRECTOR	3 00	Х						0	0	0
JUDGE DAVID GILL - SD BOARD DIRECTOR	3 00	Х						0	0	0
E MILES HARVEY - SD BOARD DIRECTOR	3 00	Х						0	0	0
LEN HERING RADM USNRET - SD BOARD DIRECTOR	3 00	Х						0	0	0
WILLAIM HEROMAN - SD BOARD DIRECTOR	3 00	Х						0	0	0
JOEL HUNT - SD BOARD DIRECTOR	3 00	Х						0	0	0
DEB KILCLINE - SD BOARD DIRECTOR	3 00	Х						0	0	0
WILLIAM KOWBA RADM SC USNRET - SD BOARD DIRECTOR	3 00	Х						0	0	0
BRIAN LAWLER - SD BOARD DIRECTOR	3 00	Х						0	0	0
MIKE MADIGAN - SD BOARD DIRECTOR	3 00	Х						0	0	0
RUSSELL E MCCREERY LTCOL USMC R BOARD DIRECTOR	3 00	Х						0	0	0
AYNN MCGUIRE - SD BOARD DIRECTOR	3 00	Х						0	0	0
SAM MERRICK - SD BOARD DIRECTOR	3 00	Х						0	0	0
DAVID NEER - SD BOARD DIRECTOR	3 00	Х						0	0	0
JOHN W NYGIST USNRET - SD BOARD DIRECTOR	3 00	Х						0	0	0
KAREN O'CONNOR - SD BOARD DIRECTOR	3 00	Х						0	0	0
TIM O'RELLY - SD BOARD DIRECTOR	3 00	Х						0	0	0
VICTOR PEREZ - SD BOARD DIRECTOR	3 00	Х						0	0	0
DALE PURSEL - SD BOARD DIRECTOR	3 00	Х						0	0	0
JOHN G REBELO JR - SD BOARD DIRECTOR	3 00	Х						0	0	0
ROBERT SCHMIDT - SD BOARD DIRECTOR	3 00	Х						0	0	0
MICHAEL TURNER - SD BOARD DIRECTOR	3 00	Х						0	0	0
EARL WETHERBROOK COL USMC RETO - SD BOARD DIRECTOR	3 00	Х						0	0	0
PATTIE WELLBORN - SD BOARD DIRECTOR	3 00	Х						0	0	0
GUY ZELLER RADMUSN RET - SD BOARD DIRECTOR	3 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ALLAN ZUCKERMAN - SD BOARD DIRECTOR	3 00	X						0	0	0
GUY ZELLER RADM USN RET - SD BOARD DIRECTOR	3 00	×						0	0	0
ALAN ZUCKERMAN - SD BOARD DIRECTOR	3 00	Х						0	0	0
GENIEVE SALSIBURY - 29 CHAIRMAN OF THE BOARD	3 00	Х		х				0	0	0
SARAH POTTER - 29 VICE CHAIRMAN OF THE BOARD	3 00	Х		х				0	0	0
JUDY RICH - 29 BOARD TREASURER	3 00	Х		х				0	0	0
TONI RIPLEY - 29 BOARD SECRETARY	3 00	Х		х				0	0	0
ALAN DUYFF - 29 BOARD DIRECTOR	3 00	Х						0	0	0
JOHN POTTER - 29 BOARD DIRECTOR	3 00	Х						0	0	0
DAVID R GOMEZ - ANCHORAGE EXECUTIVE DIRECTOR	40 00			х				41,208	0	4,934
MARI JO IMIG - ANCHORAGE DEPUTY DIRECTOR	40 00			х				33,265	0	5,410
DIANA FRAYNE - ANCHORAGE DEPUTY DIRECTOR	40 00			х				16,474	0	48
WENDY PRIEST - ANCHORAGE ACCOUNTING MANAGER	40 00			х				40,866	0	8,922
CLIFF PENN - ANCHORAGE PROGRAM DIRECTOR	40 00			х				43,106	0	5,162
GLEN GODFREY - BREMERTON EXECUTIVE DIRECTOR	40 00			х				217,200	0	5,164
ANGELA RODRIGUEZ - CAMP LEJEUNE EXECUTIVE DIRECTOR	40 00			х				31,445	0	3,054
JOSE MELENDEZ JR - EL PASO EXECUTIVE DIRECTOR	40 00			х				65,026	0	7,150
GUADALUPE T SHIELDS - EL PASO ACCOUNTING MANAGER	40 00			х				41,040	0	5,156
LYNNE M GRATES - FAYETTEVILLE EXECUTIVE DIRECTOR	40 00			x				66,016	0	7,912
MELANIE SPANGLER - FAYETTEVILLE BOOKKEEPER/HR DIRECTOR	40 00			х				43,756	0	8,976
SHIRLEY WEST - FORT CAMPBELL EXECUTIVE DIRECTOR	40 00			Х				43,000	0	5,160
LINDA BRIGHT - FT LEONARD WOOD SR PROGRAM DIR	40 00			Х				41,702	0	5,004
ROBERT A DUETSCH - HAMPTON EXECUTIVE DIRECTOR	40 00			Х				60,540	0	7,381
JOY F GREGOIRE - HAMPTON BUSINESS MANAGER	40 00			Х				27,000	0	3,357
JOHN BATES - HONOLULU EXECUTIVE DIRECTOR	40 00			Х				12,290	0	1,471

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours that apply) per							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
STAN LUM - HONOLULU EXECUTIVE DIRECTOR	40 00			x				58,082	0	0
ANNE LISE PEACOCK - HONOLULU OUTREACH DIRECTOR	40 00			х				41,277	0	5,288
TAMMY RAY - HONOLULU OUTREACH DIRECTOR	40 00			х				26,256	0	1,197
JOSEPH CHANG - HONOLULU BOOKKEEPER	40 00			х				23,622	0	117
ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40 00			х				86,484	0	10,975
LIONEL COLLINS - KILLEEN ASSOCIATE EXECUTIVE DIRECTOR	40 00			х				57,800	0	6,946
DENISE CHAMBER - KILLEEN FINANCIAL MANAGER	40 00			х				41,911	0	7,386
BILL VAUGHN - LAWTON EXECUTIVE DIRECTOR	40 00			х				62,549	0	7,535
VIRGINIA HATCHER - LAWTON CENTER DIRECTOR	40 00			х				34,228	0	11,411
BRIANA TRUSDELL - LAWTON OFFICE MANAGER	40 00			х				8,771	0	0
MAJOR W LAURION - OAK HARBOR EXECUTIVE DIRECTOR	40 00			х				47,642	0	5,834
GEORGE BROWN - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			х				82,858	0	9,912
SAMANTHA HOLT - CAMP PENDLETON FAMILY PROGRAMS DIRECTOR	40 00			х				52,000	0	3,261
SHELA BULARAN - CAMP PENDLETON BUSINESS MANAGER/HR	40 00			х				44,000	0	3,079
PAUL STEFFENS - SAN DIEGO EXECUTIVE DIRECTOR	40 00			х				89,588	0	10,685
LOREE SOWDEN - SAN DIEGO BUSINESS MANAGER	40 00			х				65,250	0	11,783
ANITA NEU-FULTZ - 29 PALMS EXECUTIVE DIRECTOR	40 00			х				37,639	0	8,574
DAWN CLARK - 29 PALMS BUSINESS MANAGER	40 00			х				31,200	0	0
JANE ERLANDSEN - BREMERTON ASSOCIATE EXECUTIVE DIRECTOR	40 00			x				26,867	0	6,490
MARY PITTS - BREMERTON CHILDREN DIRECTOR	40 00			х				22,176	0	6,030
KRISTA WOODRING - BREMERTON FINANCE DIRECTOR	40 00			x				19,225	0	2,400

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

WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES

4d. Other program services

) (Expenses \$ 152,007) (Revenue \$ (Code 1.578.435 including grants of \$ 462,556) 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