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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

C Name of organization
ARMED SERVICES YMCA OF THE USA

Doing Business As

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

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

D Employer identification number
36-3274346

E Telephone number
(703) 313-9600

G Gross receipts $ 7,064,122

F Name and address of principal officer
MIKE LANDERS
6359 WALKER LANE NO 200
ALEXANDRIA, VA 22310

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ASYMCA ORG

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

L Year of formation 1983

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH VARIOUS PROGRAMS-SEE SCH O FOR CONTINUATION(S)

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	19
6	Total number of volunteers (estimate if necessary)	**6**	158
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,463,388	4,406,940
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,215	499,352
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,000	34,101
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,801,603	4,940,393
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,294,102	3,115,408
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,102,760	1,109,788
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶89,059		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,112,370	1,213,326
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,509,232	5,438,522
	19 Revenue less expenses Subtract line 18 from line 12	-707,629	-498,129

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	14,727,806	13,708,972
	21 Total liabilities (Part X, line 26)	444,475	111,143
	22 Net assets or fund balances Subtract line 21 from line 20	14,283,331	13,597,829

Part II Signature Block

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

Sign Here

****** 2012-05-11
Signature of officer — Date

MIKE LANDERS PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: WILLIAM E TURCO CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00369217

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGLADREY LLP, 9737 WASHINGTONIAN BLVD 400, GAITHERSBURG, MD 208787340 | EIN ▶ 42-0714325 | Phone no ▶ (301) 296-3600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE ARMED SERVICES YMCA OF THE USA, ON BEHALF OF THE NATIONAL COUNCIL OF THE YMCA OF THE USA, IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS PROGRAMS AND SERVICES FOR MILITARY PERSONNEL, BOTH SINGLE AND MARRIED AND THEIR FAMILY MEMBERS THIS MISSION IS CARRIED OUT IN COOPERATION WITH THE MILITARY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,934,863 including grants of $ 1,246,163) (Revenue $)

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 $ 1,693,005 including grants of $ 1,090,393) (Revenue $)

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 $ 725,574 including grants of $ 467,311) (Revenue $)

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 CLASSES O 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

(Code) (Expenses $ 483,715 including grants of $ 311,541) (Revenue $)

OTHER PROGRAMS MEDICAL AND HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS ASYMCA 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 THERAPYO VOLUNTEERS IN PEDIATRICSO INFANT IMMUNIZATION FOLLOW-UPO CHILDREN'S PRE-OPERATING PROGRAMO NEONATAL INTENSIVE CARE REUNIONO SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDSO HEALING HEARTSO AQUACISE (AQUATICS PROGRAM)O BREAST CANCER AWARENESS GROUPO ACTIVE DUTY PREGNANCY CLASSESO RESPITE CAREO CPR TRAINING/FIRST AIDO DISCOUNT VISION SERVICE/FREE EYE EXAMSASYMCA 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 AT THIS YEAR'S AWARDS LUNCHEON, SPONSORED BY GENERAL DYNAMICS, THE ASYMCA ALSO ANNOUNCED THE WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES

4d Other program services (Describe in Schedule O)

(Expenses $ 483,715 including grants of $ 311,541) (Revenue $)

4e **Total program service expenses** ▶ $ 4,837,157

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	7		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

MYRNA RAMOS CONTROLLER
6359 WALKER LANE NO 200
ALEXANDRIA, VA 22310
(703) 313-9600

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								568,329	0	59,340

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 33,236				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 1,723,792				
	e	Government grants (contributions) 1e 590,931				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,058,981				
	g	Noncash contributions included in lines 1a-1f $ 767				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,406,940			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	283,070			283,070
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 30,000				
	b	Less rental expenses				
	c	Rental income or (loss) 30,000				
	d	Net rental income or (loss) . . . . . ▶	30,000			30,000
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,328,500 / 11,511				
	b	Less cost or other basis and sales expenses 2,109,634 / 14,095				
	c	Gain or (loss) 218,866 / -2,584				
	d	Net gain or (loss) . . . . . ▶	216,282			216,282
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900099	4,101			4,101
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	4,101			
	12	**Total revenue.** See Instructions . . . ▶	4,940,393	0	0	533,453

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,115,408	3,115,408		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	589,511	413,333	140,400	35,778
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	361,136	293,986	59,563	7,587
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	88,632	41,291	41,148	6,193
9	Other employee benefits	16,985	10,676	5,172	1,137
10	Payroll taxes	53,524	33,619	16,790	3,115
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	47,750	13,475	29,650	4,625
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	62,827		62,827	
g	Other	39,905	22,412	15,784	1,709
12	Advertising and promotion	207,400	196,521	969	9,910
13	Office expenses	115,106	97,395	14,200	3,511
14	Information technology	14,856	10,685	3,065	1,106
15	Royalties . .				
16	Occupancy	134,881	90,345	32,917	11,619
17	Travel	74,419	50,802	23,617	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,592	12,100	5,492	
20	Interest				
21	Payments to affiliates	137,640	137,041	431	168
22	Depreciation, depletion, and amortization	108,228	67,993	39,409	826
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)				
a	PROGRAM EVENTS	135,265	135,265		
b	STAFF TRAINING	57,962	45,134	12,828	
c	AWARDS AND HONORARIA	31,190	31,190		
d	RENTALS, REPAIRS & MAIN	24,128	15,752	6,841	1,535
e					
f	All other expenses	4,177	2,734	1,203	240
25	**Total functional expenses.** Add lines 1 through 24f	5,438,522	4,837,157	512,306	89,059
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		593,907	1	378,285
	2	Savings and temporary cash investments		1,494,823	2	2,028,602
	3	Pledges and grants receivable, net		264,709	3	431,286
	4	Accounts receivable, net		244,698	4	168,940
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		456,772	9	464,339
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,252,041			
	b	Less accumulated depreciation	10b 667,410	667,436	10c	584,631
	11	Investments—publicly traded securities		10,193,425	11	6,279,137
	12	Investments—other securities See Part IV, line 11			12	2,675,500
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		812,036	15	698,252
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,727,806	16	13,708,972
Liabilities	17	Accounts payable and accrued expenses		328,600	17	101,143
	18	Grants payable			18	
	19	Deferred revenue		115,875	19	10,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		444,475	26	111,143
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		14,175,386	27	13,573,698
	28	Temporarily restricted net assets		107,945	28	24,131
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		14,283,331	33	13,597,829
	34	Total liabilities and net assets/fund balances		14,727,806	34	13,708,972

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,940,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,438,522
3	Revenue less expenses Subtract line 2 from line 1	3	-498,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	14,283,331
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-187,373
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	13,597,829

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA

Employer identification number
36-3274346

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,531,662	5,743,675	5,485,053	4,463,388	4,406,940	25,630,718
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,531,662	5,743,675	5,485,053	4,463,388	4,406,940	25,630,718
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)						2,732,906
6 **Public Support.** Subtract line 5 from line 4						22,897,812

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,531,662	5,743,675	5,485,053	4,463,388	4,406,940	25,630,718
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	242,970	189,357	223,215	303,866	313,070	1,272,478
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	19,109	6,028	6,232	5,000	4,101	40,470
11 **Total support** (Add lines 7 through 10)						26,943,666

12 Gross receipts from related activities, etc (See instructions)	12	4,504

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	84 980 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	86 980 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3274346
Name: ARMED SERVICES YMCA OF THE USA

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 483,715 including grants of $ 311,541) (Revenue $)

OTHER PROGRAMS MEDICAL AND HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS ASYMCA 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 THERAPYO VOLUNTEERS IN PEDIATRICSO INFANT IMMUNIZATION FOLLOW-UPO CHILDREN'S PRE-OPERATING PROGRAMO NEONATAL INTENSIVE CARE REUNIONO SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDSO HEALING HEARTSO AQUACISE (AQUATICS PROGRAM)O BREAST CANCER AWARENESS GROUPO ACTIVE DUTY PREGNANCY CLASSESO RESPITE CAREO CPR TRAINING/FIRST AIDO DISCOUNT VISION SERVICE/FREE EYE EXAMSASYMCA 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 AT THIS YEAR'S AWARDS LUNCHEON, SPONSORED BY GENERAL DYNAMICS, THE ASYMCA ALSO ANNOUNCED THE WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA

Employer identification number
36-3274346

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	275,352	519,773	609,490	510,328	
b	Contributions	89,742	705,547	1,176,032	1,228,872	
c	Investment earnings or losses	17,196	8,746	3,944	27,587	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	173,556	958,714	1,269,693	1,157,297	
f	Administrative expenses					
g	End of year balance	208,734	275,352	519,773	609,490	

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

- a Board designated or quasi-endowment ▶ 88 440 %
- b Permanent endowment ▶
- c Term endowment ▶ 11 560 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		42,000		42,000
b Buildings		69,980	66,195	3,785
c Leasehold improvements				
d Equipment		928,415	426,724	501,691
e Other		211,646	174,491	37,155
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				584,631

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 85,079 328 SHS PIMCO FDS PAC INVT	875,466	F
(B) 61,313 049 SHS TtempleTON FD INC TR	758,442	F
(C) 8,299 5376 SHS SPDR S&P 500 ETF TR	1,041,592	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	2,675,500	

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	610,956
(2) DEPOSIT	87,296
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	698,252

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,940,393
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,438,522
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-498,129
4	Net unrealized gains (losses) on investments	4	-187,373
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	-187,373
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-685,502

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

1	Total revenue, gains, and other support per audited financial statements			1	23,453,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-187,373		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	18,700,397		
e	Add lines **2a** through **2d**			2e	18,513,024
3	Subtract line **2e** from line **1**			3	4,940,393
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,940,393

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

1	Total expenses and losses per audited financial statements			1	23,020,155
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	17,581,633		
e	Add lines **2a** through **2d**			2e	17,581,633
3	Subtract line **2e** from line **1**			3	5,438,522
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,438,522

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	BOARD DESIGNATED NET ASSETS IS AN AMOUNT DESIGNATED BY THE ASYMCA BOARD OF DIRECTORS FOR PROPERTY MAINTENANCE TEMPORARILY RESTRICTED NET ASSETS CONSIST OF AMOUNTS THAT ARE SUBJECT TO DONOR-IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ASYMCA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARNED FROM UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) 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 U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		AFFILIATES ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 18,700,397
PART XIII, LINE 2D - OTHER ADJUSTMENTS		AFFILIATES ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 17,581,633

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA

Employer identification number
36-3274346

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 34

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

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

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

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-3274346
Name: ARMED SERVICES YMCA OF THE USA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMED SERVICES YMCA OF ALASKAPO BOX 6272 ELMENDORF AFB,AK 99506	92-0016680	501(C)(3)	240,500				PROGRAM SUPPORT
ALTUS ARMED SERVICES YMCA308 N FIRST STREET STE 1201 ALTUS AFB,OK 735235001	90-0246016	501(C)(3)	49,488				PROGRAM SUPPORT
EL PASO ASYMCA 7060 COMINGTON ST EL PASO,TX 79930	74-1146782	501(C)(3)	83,400				PROGRAM SUPPORT
FORT BRAGGPOPE AFB ASYMCA208 THORNCLIFF DRIVE FAYETTEVILLE,NC 28303	56-2159770	501(C)(3)	206,699				PROGRAM SUPPORT
KILLEEN ASYMCA 415 N 8TH ST KILLEEN,TX 76541	74-1902832	501(C)(3)	110,000				PROGRAM SUPPORT
LAWTON ASYMCA 201 SOUTH 4TH STREET LAWTON,OK 73501	73-0583931	501(C)(3)	128,600				PROGRAM SUPPORT
WHIDBEY ISLAND ASYMCA540 SOUTH EAST PIONEER WAY OAK HARBOR,WA 98277	91-0568715	501(C)(3)	54,672				PROGRAM SUPPORT
CAMP PENDELTON ASYMCABOX 555028 BLDG 16144 CAMP PENDLETON, CA 92055	95-2486118	501(C)(3)	156,188				PROGRAM SUPPORT
HAMPTON ROADS REGIONAL ASYMCA 1465 LAKESIDE ROAD VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	183,140				PROGRAM SUPPORT
PULASKI COUNTY ASYMCA(FT LEONARDWD)PO BOX 350 29 YOUNG ST FTLEONARD WOOD, MO 65473	43-1418023	501(C)(3)	84,771				PROGRAM SUPPORT
FT CAMPBELL BRANCHPO BOX 629 FORT CAMPBELL,KY 42223	62-0491361	501(C)(3)	163,726				PROGRAM SUPPORT
SAN DIEGO BRANCH 3293 SANTO ROAD SAN DIEGO,CA 92124	95-1679700	501(C)(3)	40,000				PROGRAM SUPPORT
CAMP LEJEUNE ASYMCAPO BOX 6085 MIDWAY PARK,NC 285440085	91-1932114	501(C)(3)	124,725				PROGRAM SUPPORT
TWENTYNINE PALMS ASYMCAPO BOX 6002 BLDG 696 TWENTYNINE PALMS,CA 92278	91-1883458	501(C)(3)	183,403				PROGRAM SUPPORT
HONOLULU ASYMCA PO BOX 29333 HONOLULU,HI 96820	99-0075037	501(C)(3)	462,728				PROGRAM SUPPORT
YMCA OF THE EAST BAY2330 BROADWAY OAKLAND,CA 964122415	94-1156317	501(C)(3)	60,478				PROGRAM SUPPORT
YMCA OF THE PIKES PEAK REGION2190 JET WING DRIVE COLORADO SPRINGS,CO 80916	84-0404266	501(C)(3)	55,696				PROGRAM SUPPORT
YMCA OF SNOHOMISH COUNTY2720 ROCKEFELLER AVENUE EVERRETT,WA 98201	91-0565561	501(C)(3)	26,000				PROGRAM SUPPORT
JUNCTION CITY FAMILY YMCAPO BOX 113 JUNCTION CITY,KS 66441	48-0677789	501(C)(3)	132,704				PROGRAM SUPPORT
LIBERTY COUNTY ARMED SERVICES YMCA201 MARY LOU DRIVE HINESVILLE,GA 31313	58-0603160	501(C)(3)	43,782				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WATERTOWN FAMILY YMCA119 WASHINGTON ST WATERTOWN,NY 13601	15-0559207	501(C)(3)	107,661				PROGRAM SUPPORT
AUGUSTA SOUTH FAMILY Y ARMED SERVICES2215 TOBACCO ROAD AUGUSTA,GA 30906	58-0566254	501(C)(3)	74,700				PROGRAM SUPPORT
GOLDEN STATE YMCAKINGS COUNTY1010 W GRANGEVILLE BLVD HANFORD,CA 93230	94-1218314	501(C)(3)	16,346				PROGRAM SUPPORT
YMCA OF GREATER OKLAHOMA500 NORTH BROADWAY STE 500 OKLAHOMA CITY,OK 73102	73-0579270	501(C)(3)	17,000				PROGRAM SUPPORT
EL CAMINO BRANCH 2400 GENG ROAD STE 120 PALO ALTO,CA 94303	94-1156318	501(C)(3)	30,000				PROGRAM SUPPORT
TRAVIS HERO60 MSS/DPFFAMILY SUPPORT CTR351 TRAVIS AVESTE 1 TRAVIS AFB,CA 94535	36-3274346	501(C)(3)	90,350				PROGRAM SUPPORT
FT BELVOIR HERO 5970 MEERS ROAD SLDG 1700 FT BELVOIR,VA 22060	36-3274346	501(C)(3)	6,115				PROGRAM SUPPORT
BEALE AFB 9SVS/SVYY 6249 C STREET BEALE AFB,CA 95903	94-1518880	501(C)(3)	46,250				PROGRAM SUPPORT
FT HUACHUCA SCHOOL AGE PROGRAM SCHOOLAGE PROGRAM CENTRAL ADMOFFICE ADMOFFICE FT HUACHUCA,AZ 85670	86-0101982	501(C)(3)	7,725				PROGRAM SUPPORT
FORT LEE SCHOOL AGE PROGRAM1100 LEE AVENUE FT LEE,VA 23801	03-0573899	501(C)(3)	22,660				PROGRAM SUPPORT
SAN JUAN MWR PUERTO RICOUS COAST GUARD STE 161 500 CARR 177 177 BAYAMON,PR 00959	54-6010204	501(C)(3)	24,401				PROGRAM SUPPORT
FT BENNING GA MWR IMWR PO BOX 51996 FT BENNING,GA 31905	58-1076275	501(C)(3)	9,000				PROGRAM SUPPORT
JOINT BASE CHARLSTON MWR FUND628 FSS/SVR 102 N DAVIS DRIVE JOINT BASE CHARLESTON,SC 29404	57-0406440	501(C)(3)	25,000				PROGRAM SUPPORT
MINOT AFB201 SUMMIT DR 1 MINOT AFB,ND 58705		501(C)(3)	20,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA

Employer identification number
36-3274346

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIKE LANDERS	(i)	223,816	0	0	26,751	1,162	251,729	0
	(ii)	0	0	0	0	0	0	0
(2) FRANK GALLO	(i)	154,044	0	0	19,463	562	174,069	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA

Employer identification number
36-3274346

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE REVIEW IS CONDUCTED BY THE AUDIT COMMITTEE BEFORE THE IRS 990 IS SIGNED BY THE CEO AND SUBMITTED TO THE IRS THE IRS 990 IS REVIEWED AT THE MAY NATIONAL BOARD MEETING EACH YEAR A PRELIMINARY REVIEW IS CONDUCTED IN MARCH OF EACH YEAR BEFORE THE IRS 990 IS COMPLETED THE VERBIAGE ON THE GOVERNANCE AND MANAGEMENT DISCLOSURES IS REVIEWED AND MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE REVIEWED FOR ACCURACY THE AUDIT COMMITTEE CONDUCTS THIS REVIEW BY EMAIL THE FINAL REVIEW ASSURES THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED FINANCIAL NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSES, EXECUTIVE COMPENSATION AND PROGRAM/MISSION ACCOMPLISHMENT, THAT THE ADMINISTRATIVE AND FUNDRAISING RATIOS FALL WITHIN APPROVED BOARD GUIDANCE, THAT ALL GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 ARE PROPERLY DOCUMENTED, AND THAT ALL PUBLIC DISCLOSURE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ASYMCA WEBSITE AND THAT THREE YEARS OF AUDITED FINANCIALS AND IRS 990'S ARE POSTED FOR PUBLIC REVIEW THE AUDIT COMMITTEE THEN BRIEFS THE ENTIRE BOARD OF DIRECTORS ON THEIR REVIEW OF THE CURRENT IRS 990 AND ANY DISCREPANCIES NOTED COPIES OF THE IRS 990 ARE MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND TO RESOLVE ANY QUESTIONS THEY MAY HAVE

Identifier	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) AS WELL AS THE BRANCH EXECUTIVE DIRECTORS ARE ALSO REQUIRED TO COMPLETE THE CONFLICT OF INTEREST FORMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	FOR THE PRESIDENT AND CEO THE COO ASSEMBLES THE ANNUAL COMPARABILITY DATA FROM THE YMCA'S ANNUAL SURVEY OF EXECUTIVE COMPENSATION (CONDUCTED BY SULLIVAN COTTER AND ASSOCIATES), THE ANNUAL YMCA SALARY ADMINISTRATION GUIDELINES AND RECOMMENDATIONS AND THE TAILORED CEO COMPENSATION REPORTS PROVIDED BY THE YMCA HR STAFF CONSULTANTS THE CEO'S COMPENSATION IS THEN COMPARED AGAINST YMCA EXECUTIVES AT YMCA'S OF EQUAL SIZE, SCOPE, AND REVENUE FROM THESE THREE INDEPENDENT SOURCES THE SALARIES ARE TABULATED AND THE DATA IS FORWARDED TO THE CHAIRMAN OF THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPOSED OF THE PAST BOARD CHAIRMAN AND THE EXECUTIVE COMMITTEE. EACH COMMITTEE MEMBER COMPLETES AN INDEPENDENT EVALUATION OF THE CEO BASED ON THE CRITERIA IN HIS EVALUATION FROM THE PREVIOUS YEAR AND HIS GOALS FOR THE NEXT YEAR THESE EVALUATIONS ARE COMBINED INTO ONE MASTER DOCUMENT WHICH CONTAINS THE OVERALL EVALUATION AND THE RECOMMENDATION FOR THE CEO'S COMPENSATION FOR THE NEW PERFORMANCE YEAR THE COMPENSATION COMMITTEE MEETS IN NOVEMBER EACH YEAR TO REVIEW THE EVALUATIONS, THE COMPENSATION COMPARABILITY DATA AND THEY MAKE THE FINAL DETERMINATION FOR THE ANNUAL COMPENSATION, ANY BONUS AND THE GOALS FOR THE NEXT YEAR 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 (IN EXECUTIVE SESSION WITHOUT STAFF PRESENT) AND THE BOARD OF DIRECTORS VOTES ON THE MOTION FOR THE EXECUTIVE COMPENSATION PACKAGE AFTER THEY DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE. FOR THE COO AND CFO THE CEO PREPARES THE COO AND CFO COMPENSATION PACKAGES FOR THE COMPENSATION COMMITTEE TO REVIEW USING THE SAME COMPARABILITY DATA MENTIONED ABOVE FOR THEIR INFORMATION AND CONCURRENCE. ALL OF THE COMPARABILITY DATA FROM THE YMCA OF THE USA AND OTHER NON-PROFITS OF SIMILAR SIZE AND SCOPE ARE COMPARED TO ENSURE THE COMPENSATION FOR THE OFFICERS IS NOT EXCESSIVE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	IT IS THE POLICY OF THE ARMED SERVICES YMCA TO ALLOW PUBLIC ACCESS TO THE ORGANIZATION'S FORM 990 AND THE AUDITED FINANCIAL RECORDS FOR THE MOST CURRENT THREE YEARS THESE RECORDS ALONG WITH THE ORGANIZATION'S BYLAWS AND CONSTITUTION AND CURRENT IRS DETERMINATION LETTER WILL BE MADE AVAILABLE FREE OF CHARGE ON THE ORGANIZATION'S WEBSITE AT WWW ASYMCA ORG

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -187,373

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMED SERVICES YMCA OF THE USA

Employer identification number
36-3274346

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) YMCA OF THE USA 101 NORTH WACKER DR CHICAGO, IL 60606 36-3258696	STRENGTHEN ITS MEMBER ASSOCIATIONS' ABILITY TO CARRY OUT YMCA MISSION	IL	501(C)(3)	LINE 9	N/A		No

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) YMCA OF THE USA	C	1,723,792	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD R INFANTE MG USA RET CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
JOHN J MAZACH VADM USN RET VICE CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
JAN VAN PROOYEN MGUSA RET BOARD SECRETARY	3 00	X		X				0	0	0
PAUL SULLIVAN BOARD TREASURER	3 00	X		X				0	0	0
MICHAEL C BAKER MCPO USN RET BOARD DIRECTOR	3 00	X						0	0	0
LEE BAXTER MG USA RET BOARD DIRECTOR	3 00	X						0	0	0
FRANK L BOWMAN ADM USN RET BOARD DIRECTOR	3 00	X						0	0	0
SCOTT K CELLEY BOARD DIRECTOR	3 00	X						0	0	0
MARTY CHANIK VADM USN RET BOARD DIRECTOR	3 00	X						0	0	0
ANNETTE CONWAY BOARD DIRECTOR	3 00	X						0	0	0
MICHAEL COWAN VADM USN RET BOARD DIRECTOR	3 00	X						0	0	0
MICHAEL DODSON LTG USA RET BOARD DIRECTOR	3 00	X						0	0	0
SHARON DUKE BOARD DIRECTOR	3 00	X						0	0	0
NANCY GILBRIDE BOARD DIRECTOR	3 00	X						0	0	0
MICHAEL GRADY BOARD DIRECTOR	3 00	X						0	0	0
EUGENE E HABIGER GEN USAF RET BOARD DIRECTOR	3 00	X						0	0	0
BOB HASTINGS BOARD DIRECTOR	3 00	X						0	0	0
VERNON B LEWIS JR MG USA RET BOARD DIRECTOR	3 00	X						0	0	0
ANNE E MCINERNEY BOARD DIRECTOR	3 00	X						0	0	0
SUE MANDRY BOARD DIRECTOR	3 00	X						0	0	0
RODERICK ROCKY MITCHELL BOARD DIRECTOR	3 00	X						0	0	0
MICHAEL MONAHAN BOARD DIRECTOR	3 00	X						0	0	0
KENDELL PEASE RADM USN RET BOARD DIRECTOR	3 00	X						0	0	0
JOHN PREIS BOARD DIRECTOR	3 00	X						0	0	0
JOHN G REBELO JR BOARD DIRECTOR	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HONORABLE JOE REEDER BOARD DIRECTOR	3 00	X						0	0	0
JOHN C ROOTS COL USMCR RET BOARD DIRECTOR	3 00	X						0	0	0
MATT STOVER BOARD DIRECTOR	3 00	X						0	0	0
GREG VERONE BOARD DIRECTOR	3 00	X						0	0	0
VERNON WALLACE BOARD DIRECTOR	3 00	X						0	0	0
MIKE LANDERS PRESIDENT AND CEO	60 00			X				223,816	0	26,868
FRANK GALLO FORMER NATIONAL EXEC DIRECTOR	60 00			X				154,044	0	19,580
HARVEY THOMAS LANDWERMEYER JR COO	60 00			X				91,548	0	260
MYRNA RAMOS CONTROLLER	50 00			X				98,921	0	12,632