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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 GROUP RETURN

Doing Business As

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

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

D Employer identification number
91-1883466

E Telephone number
(703) 313-9600

G Gross receipts $ 17,543,763

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 ▶ 9372

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
THE MISSION OF THE ARMED SERVICES YMCA OF THE USA- SEE SCH O FOR CONTINUATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	254
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	253
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	711
6	Total number of volunteers (estimate if necessary)	**6**	18,415
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	43,125
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	37,912

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,279,707	8,148,160
	9 Program service revenue (Part VIII, line 2g)	6,160,619	6,385,755
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,444	87,741
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,947,389	2,262,098
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,503,159	16,883,754
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,520,068	0
	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)	9,126,745	8,735,907
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶730,692		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,749,449	7,003,363
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,396,262	15,739,270
	19 Revenue less expenses Subtract line 18 from line 12	-1,893,103	1,144,484

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	13,372,754	14,677,954
	21 Total liabilities (Part X, line 26)	2,229,670	2,416,108
	22 Net assets or fund balances Subtract line 21 from line 20	11,143,084	12,261,846

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 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 $ 5,588,514 including grants of $) (Revenue $ 2,554,302)

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 $ 4,889,950 including grants of $) (Revenue $ 2,235,014)

CHILD CARE PROGRAMS DAYCARE AND LATCHKEY SERVICES TO MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT ZERO OR REDUCED COST AT ASYMCA BRANCHES AND AFFILIATES

4c (Code) (Expenses $ 2,095,693 including grants of $) (Revenue $ 957,863)

EDUCATIONAL ASSISTANCE PROGRAMS ASYMCA OFFERS A NUMBER OF EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS, RANGING FROM PROGRAMS OFFERED ON-SITE AT ASYMCA TO FINANCIAL ASSISTANCE TO SUPPORT ONGOING LEARNING LOCAL PROGRAMS/SERVICES OFFERED INCLUDE O PRESCHOOLO SPECIAL INTEREST CLASSES FOR ADULTSO FINANCIAL MANAGEMENT CLASSESO CHILD LITERACY PROGRAMO BEFORE- AND AFTER-SCHOOL TUTORINGO OPERATION HEROO SIGN LANGUAGE CLASSESO TUITION ASSISTANCEO AFTER SCHOOL ENRICHMENTO COMPUTER CLASSESO ABCS AND 123SO GENERAL EDUCATION DIPLOMA O ENGLISH AS SECOND LANGUAGENATIONALLY, ONE OF ASYMCA'S KEYSTONE PROGRAMS IS OPERATION HERO, A PROGRAM THAT AIDS CHILDREN FROM SIX TO 12 YEARS OF AGE WHO ARE EXPERIENCING TEMPORARY DIFFICULTY IN SCHOOL, BOTH SOCIALLY AND ACADEMICALLY OFTEN THESE DIFFICULTIES ARE CAUSED BY FREQUENT MOVES AND FAMILY DISRUPTION DUE TO DEPLOYMENTS REFERRED BY TEACHERS, PARENTS, OR SCHOOL OFFICIALS, THE SEMESTER-LONG PROGRAM PROVIDES AFTER-SCHOOL TUTORING AND MENTORING ASSISTANCE IN A SMALL GROUP WITH CERTIFIED TEACHERS OPERATION HERO FACILITATES A POSITIVE ENVIRONMENT, ENCOURAGES RESPONSIBLE BEHAVIOR, AND GETS CHILDREN BACK ON TRACK IN SCHOOL, BOTH ACADEMICALLY AND SOCIALLY TWELVE HUNDRED STUDENTS PER YEAR PARTICIPATE IN OPERATION HERO, WITH 5000 PARTICIPATING SINCE INCEPTION

(Code) (Expenses $ 1,397,128 including grants of $) (Revenue $ 638,576)

OTHER PROGRAMS LTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDSASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO JUNIOR-ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES, RANGING FROM FINANCIAL ASSISTANCE FOR EYEGLASSES TO BABYSITTING SO THAT MOMS AND DADS CAN ATTEND MEDICAL APPOINTMENTS ASYMCA EVEN OFFERS NON-MEDICAL ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING INFORMATION ABOUT INFANT CHILDCARE PROGRAMS OFFERED AT LOCAL BRANCHES INCLUDE O RECREATION THERAPY O VOLUNTEERS IN PEDIATRICSO INFANT IMMUNIZATION FOLLOW-UP O CHILDREN'S PRE-OPERATING PROGRAMO NEONATAL INTENSIVE CARE REUNION O SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDSO HEALING HEARTSO AQUACISE (AQUATICS PROGRAM)O BREAST CANCER AWARENESS GROUP O ACTIVE DUTY PREGNANCY CLASSESO RESPITE CARE O CPR TRAINING/FIRST AIDO DISCOUNT VISION SERVICE/FREE EYE EXAMS ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND MAINTAIN A HEALTHY LIFESTYLE WE OFFER A VARIETY OF PROGRAMS DESIGNED TO MEET THE SPECIFIC NEEDS OF EACH BRANCH IN SAN DIEGO, ASYMCA OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR HOSPITAL PATIENTS TO ENJOY RECREATION ACTIVITIES SUCH AS TRIPS WITH GREAT SEATS TO PADRE GAMES, THERAPY DOG VISITATION, AND AQUATICS CLASSES OUR BRANCH IN TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE PARENTS USE BASE FITNESS EQUIPMENT OR ATTEND YOGA CLASSES OTHER LOCAL BRANCH PROGRAMS INCLUDE O DANCE CLASSESO TAE KWON DOO PILATES/YOGAO WALKING GROUPSO SELF-WORTH WORKSHOPSO NUTRITION PROGRAMO HEALTHY LIFESTYLES CLASSESO YOUTH SPORTS, CAMPS, AND AQUATICSO GOLF TOURNAMENTSO 10K RACES O CERTIFIED AEROBICS CLASSESO ALL SERVICES ENLISTED BASEBALLRESIDENCE PROGRAM PROVIDES OVERNIGHT LODGING AT REDUCED PRICES EACH YEAR AT A LUNCHEON IN WASHINGTON, D C , THE ARMED SERVICES YMCA PRESENTS SEVERAL AWARDS TO INDIVIDUALS AND BRANCHES WHOSE EFFORTS BEST EXEMPLIFY THE ASYMCA MISSION OF ENRICHING THE QUALITY OF LIFE OF MILITARY PERSONNEL AND THEIR FAMILIES EXEMPLIFY THE ASYMCA MISSION OF ENRICHING THE QUALITY OF LIFE OF MILITARY PERSONNEL AND THEIR FAMILIES AT THIS YEAR'S AWARDS LUNCHEON, SPONSORED BY GENERAL DYNAMICS, THE ASYMCA ALSO ANNOUNCED THE WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES

4d Other program services (Describe in Schedule O)

(Expenses $ 1,397,128 including grants of $) (Revenue $ 638,576)

4e **Total program service expenses** ▶ $ 13,971,285

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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
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**	56		
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**	711			
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**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
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	254		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	253		
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)** . . . . . ▶								1,905,099	0	268,618

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 ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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	329,140				
	b	Membership dues	94,210				
	c	Fundraising events					
	d	Related organizations	2,269,425				
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	5,455,385				
	g	Noncash contributions included in lines 1a-1f $ 2,181,460					
	h	**Total.** Add lines 1a-1f		8,148,160			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900099	4,420,578	4,420,578		
	b	FEES & CONTRACTS FROM	900099	1,328,704	1,328,704		
	c	RESIDENCE & RELATED SE	900099	636,473	636,473		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		6,385,755			
	3	Investment income (including dividends, interest and other similar amounts)		59,253			59,253
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,295,375 /				
	b	Less rental expenses	/				
	c	Rental income or (loss)	1,295,375 /				
	d	Net rental income or (loss)		1,295,375			1,295,375
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	24,688 / 3,800				
	b	Less cost or other basis and sales expenses	/				
	c	Gain or (loss)	24,688 / 3,800				
	d	Net gain or (loss)		28,488			28,488
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a 1,295,443					
	b	Less direct expenses b 582,858					
	c	Net income or (loss) from fundraising events		712,585			712,585
	9a	Gross income from gaming activities See Part IV, line 19 a 80,799					
	b	Less direct expenses b 37,674					
	c	Net income or (loss) from gaming activities		43,125		43,125	
	10a	Gross sales of inventory, less returns and allowances a 247,151					
	b	Less cost of goods sold b 39,477					
	c	Net income or (loss) from sales of inventory		207,674			207,674
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900099	3,339			3,339
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		3,339			
	12	**Total revenue.** See Instructions		16,883,754	6,385,755	43,125	2,306,714

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	2,110,781	1,862,209	161,928	86,644
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,479,731	4,864,961	410,851	203,919
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	317,023	264,545	42,439	10,039
9	Other employee benefits	109,454	86,671	14,450	8,333
10	Payroll taxes	718,918	650,450	39,458	29,010
11	Fees for services (non-employees)				
a	Management				
b	Legal	22,517	18,033	4,462	22
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	13,368		13,368	
g	Other	337,540	191,069	22,686	123,785
12	Advertising and promotion	108,832	76,726	21,403	10,703
13	Office expenses	4,272,239	4,145,152	82,990	44,097
14	Information technology	34,777	30,049	3,751	977
15	Royalties . .				
16	Occupancy	422,064	390,287	25,214	6,563
17	Travel	93,864	77,912	11,713	4,239
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60,770	21,753	37,707	1,310
20	Interest	32,635	24,687	7,948	
21	Payments to affiliates	306,889	292,168	10,153	4,568
22	Depreciation, depletion, and amortization	567,043	475,743	76,476	14,824
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	TAXES	6,132	2,075	4,057	
b	RENTALS, REPAIRS & MAIN	325,696	296,365	26,074	3,257
c	PROGRAM EVENTS	245,167	69,611	318	175,238
d	GIFTS	62,405	55,239	7,057	109
e					
f	All other expenses	91,425	75,580	12,790	3,055
25	**Total functional expenses.** Add lines 1 through 24f	15,739,270	13,971,285	1,037,293	730,692
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		1,338,393	1	2,225,305
	2	Savings and temporary cash investments		2,464,090	2	2,633,847
	3	Pledges and grants receivable, net		60,474	3	12,957
	4	Accounts receivable, net		89,468	4	124,718
	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		1,209	8	1,149
	9	Prepaid expenses and deferred charges		49,417	9	4,994
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 13,698,697			
	b	Less accumulated depreciation	10b 8,674,035	5,164,837	10c	5,024,662
	11	Investments—publicly traded securities		1,373,367	11	1,515,446
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,831,499	15	3,134,876
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,372,754	16	14,677,954
Liabilities	17	Accounts payable and accrued expenses		581,617	17	739,133
	18	Grants payable			18	
	19	Deferred revenue		183,609	19	260,102
	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		187,113	23	195,674
	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		1,277,331	25	1,221,199
	26	**Total liabilities.** Add lines 17 through 25		2,229,670	26	2,416,108
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		10,461,467	27	11,522,946
	28	Temporarily restricted net assets		358,766	28	405,551
	29	Permanently restricted net assets		322,851	29	333,349
		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		11,143,084	33	12,261,846
	34	Total liabilities and net assets/fund balances		13,372,754	34	14,677,954

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	16,883,754
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,739,270
3	Revenue less expenses Subtract line 2 from line 1	3	1,144,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,143,084
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-25,722
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	12,261,846

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 GROUP RETURN

Employer identification number
91-1883466

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 ")	7,433,718	8,702,647	8,249,804	7,279,707	8,148,160	39,814,036
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	7,433,718	8,702,647	8,249,804	7,279,707	8,148,160	39,814,036
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						39,814,036

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	7,433,718	8,702,647	8,249,804	7,279,707	8,148,160	39,814,036
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,366,034	1,449,494	1,388,129	1,344,941	1,354,628	6,903,226
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						46,717,262

12	Gross receipts from related activities, etc (See instructions)	12	34,256,219

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	85 220 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	84 830 %

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: 91-1883466
Name: ARMED SERVICES YMCA OF THE USA GROUP RETURN

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 $ 1,397,128 including grants of $) (Revenue $ 638,576)

OTHER PROGRAMS LTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDSASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO JUNIOR-ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES, RANGING FROM FINANCIAL ASSISTANCE FOR EYEGLASSES TO BABYSITTING SO THAT MOMS AND DADS CAN ATTEND MEDICAL APPOINTMENTS ASYMCA EVEN OFFERS NON-MEDICAL ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING INFORMATION ABOUT INFANT CHILDCARE PROGRAMS OFFERED AT LOCAL BRANCHES INCLUDE O RECREATION THERAPY O VOLUNTEERS IN PEDIATRICSO INFANT IMMUNIZATION FOLLOW-UP O CHILDREN'S PRE-OPERATING PROGRAMO NEONATAL INTENSIVE CARE REUNION O SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDSO HEALING HEARTSO AQUACISE (AQUATICS PROGRAM)O BREAST CANCER AWARENESS GROUP O ACTIVE DUTY PREGNANCY CLASSESO RESPITE CARE O CPR TRAINING/FIRST AIDO DISCOUNT VISION SERVICE/FREE EYE EXAMS ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND MAINTAIN A HEALTHY LIFESTYLE WE OFFER A VARIETY OF PROGRAMS DESIGNED TO MEET THE SPECIFIC NEEDS OF EACH BRANCH IN SAN DIEGO, ASYMCA OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR HOSPITAL PATIENTS TO ENJOY RECREATION ACTIVITIES SUCH AS TRIPS WITH GREAT SEATS TO PADRE GAMES, THERAPY DOG VISITATION, AND AQUATICS CLASSES OUR BRANCH IN TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE PARENTS USE BASE FITNESS EQUIPMENT OR ATTEND YOGA CLASSES OTHER LOCAL BRANCH PROGRAMS INCLUDE O DANCE CLASSESO TAE KWON DOO PILATES/YOGAO WALKING GROUPSO SELF-WORTH WORKSHOPSO NUTRITION PROGRAMO HEALTHY LIFESTYLES CLASSESO YOUTH SPORTS, CAMPS, AND AQUATICSO GOLF TOURNAMENTSO 10K RACES O CERTIFIED AEROBICS CLASSESO ALL SERVICES ENLISTED BASEBALLRESIDENCE PROGRAM PROVIDES OVERNIGHT LODGING AT REDUCED PRICES EACH YEAR AT A LUNCHEON IN WASHINGTON, D C , THE ARMED SERVICES YMCA PRESENTS SEVERAL AWARDS TO INDIVIDUALS AND BRANCHES WHOSE EFFORTS BEST EXEMPLIFY THE ASYMCA MISSION OF ENRICHING THE QUALITY OF LIFE OF MILITARY PERSONNEL AND THEIR FAMILIES EXEMPLIFY THE ASYMCA MISSION OF ENRICHING THE QUALITY OF LIFE OF MILITARY PERSONNEL AND THEIR FAMILIES AT THIS YEAR'S AWARDS LUNCHEON, SPONSORED BY GENERAL DYNAMICS, THE ASYMCA ALSO ANNOUNCED THE WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE J LINGLE - ALTUS CHAIRMAN OF THE BOARD	25 00	X		X				0	0	0
STEPHAN FRANCIS - ALTUS VICE CHAIRMAN OF THE BOARD	25 00	X		X				0	0	0
GLEN GOFORTH - ALTUS BOARD TREASURER	25 00	X		X				0	0	0
GAIL DESNOYER - ALTUS BOARD SECRETARY	25 00	X		X				0	0	0
DAVID HUEY - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
RANDY CUMBY - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
MATT LITSCH - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
NORM WEBER - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
KENTON MCKNIGHT - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
NANCY WALL - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
JOHN HORSCHLER - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
DARRYL KNOWLES - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
LINDA WOOD - ALTUS BOARD DIRECTOR	5 00	X						0	0	0
JOAN WILCOXEN - ALTUS EXECUTIVE DIRECTOR	40 00	X		X				38,499	0	8,399
JOHN PARROTT - ANCHORAGE CHAIRMAN OF THE BOARD	5 00	X		X				0	0	0
LARRY SUTTERER - ANCHORAGE FIRST VICE CHAIR	3 00	X		X				0	0	0
ERIK LIND - ANCHORAGE SECOND VICE CHAIR	3 00	X		X				0	0	0
CHRIS BLOCK - ANCHORAGE SECRETARY	2 00	X		X				0	0	0
INGRID KARN - ANCHORAGE TREASURER	4 00	X		X				0	0	0
RANDY BECKER - ANCHORAGE BOARD MEMBER	1 00	X						0	0	0
JD MECHEM - ANCHORAGE BOARD MEMBER	4 00	X						0	0	0
NICK BRORSON - ANCHORAGE BOARD MEMBER	1 00	X						0	0	0
JACK CROCKETT - ANCHORAGE BOARD MEMBER	1 00	X						0	0	0
JIM LEE - ANCHORAGE BOARD MEMBER	3 00	X						0	0	0
BARBARA FULLMER - ANCHORAGE BOARD MEMBER	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL GONZALEZ - ANCHORAGE BOARD MEMBER	2 00	X						0	0	0
ALICE PALUMBO - ANCHORAGE BOARD MEMBER	2 00	X						0	0	0
SUSAN MACK - ANCHORAGE BOARD MEMBER	1 00	X						0	0	0
KEITH MANTERNACH - ANCHORAGE BOARD MEMBER	10 00	X						0	0	0
GREG MILLER - ANCHORAGE BOARD MEMBER	1 00	X						0	0	0
JIM WOLF - ANCHORAGE BOARD MEMBER	2 00	X						0	0	0
JOHN M DIBENEDETTO - EL PASO CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
STAN ROBETS 1SG RET - EL PASO VICE CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
ELVIN R HOBBS SGM RET - EL PASO BOARD TREASURER	2 00	X		X				0	0	0
JAN ANDERS - EL PASO BOARD SECRETARY	2 00	X		X				0	0	0
STEVEN CHEATUM CSM RET - EL PASO BOARD MEMBER	1 00	X						0	0	0
MINERVA CHEATUM - EL PASO BOARD MEMBER	1 00	X						0	0	0
MONICA MERRIWEATHER - EL PASO BOARD MEMBER	2 00	X						0	0	0
CAROL BUTLER - EL PASO BOARD MEMBER	2 00	X						0	0	0
RANDY KOEHN - EL PASO BOARD MEMBER	2 00	X						0	0	0
TOM THOMAS - EL PASO BOARD MEMBER	1 00	X						0	0	0
VON WASHINGTON - EL PASO BOARD MEMBER	1 00	X						0	0	0
JOSEPHINE MILLER - FAYETTEVILLE BOARD PRESIDENT	3 00	X		X				0	0	0
JO GEHRES - FAYETTEVILLE BOARD TREASURER	5 00	X		X				0	0	0
LIBBY CRIPPS - FAYETTEVILLE SECRETARY	3 00	X		X				0	0	0
STEPHEN MILBURN - FAYETTEVILLE PAST PRESIDENT	1 00	X		X				0	0	0
JACK COX - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
KIMBERLY DURDEN - FAYETTEVILLE BOARD MEMBER	2 00	X						0	0	0
CRIS NUNEZ - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
JOAN MANSFIELD - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0

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(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			
TODD MANSFIELD - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
JOE ZEMA - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
JANELLE NESBIT - FAYETTEVILLE BOARD MEMBER	2 00	X						0	0	0
DR LANA BASTIN - FORT CAMPBELL CHAIRMAN OF THE BOARD	2 00	X		X				0	0	0
COLLEEN OCHS - FORT CAMPBELL BOARD TREASURER	2 00	X		X				0	0	0
KAREN GRIMSLEY - FORT CAMPBELL BOARD SECRETARY	2 00	X		X				0	0	0
BRANDT LYON - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
MAYME HICKMAN - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
SANDRA COOPER - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
MARLA SCHROEDER - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
ROYCE STEVENS - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
KAREN STANLEY - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
DANA CHANGO - FORT CAMPBELL BOARD DIRECTOR	2 00	X						0	0	0
MICHAEL BRAME - FT LEONARD WOOD BOARD CHAIR	2 00	X		X				0	0	0
STEVEN LYNCH - FT LEONARD WOOD VICE CHAIR	2 00	X		X				0	0	0
LINDA DOWELL - FT LEONARD WOOD VICE CHAIR	1 00	X		X				0	0	0
VICKI WHITES - FT LEONARD WOOD BOARD SECRETARY	2 00	X		X				0	0	0
CONNIE ELLZEY - FT LEONARD WOOD BOARD TREASURER	2 00	X		X				0	0	0
JANET ROWELL - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
COL FRANK RANGEL - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
GAIL HUFFMAN - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
SCOTT JOHN - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
JOE HAYES - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
LINDALL MOSTAJO - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
RADM MICHAEL R GROOTHOUSEN - HAMPTO CHAIRMAN OF THE BOARD	3 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC STAFFORD - HAMPTON VICE CHAIRMAN OF THE BOARD	3 00	X						0	0	0
SALLY SLEDGE - HAMPTON BOARD TREASURER	2 00	X						0	0	0
ROBERT KIRK - HAMPTON BOARD SECRETARY	2 00	X						0	0	0
JEFF GERACI - HAMPTON BOARD MEMBER	3 00	X						0	0	0
PHIL GRATHWOL - HAMPTON BOARD MEMBER	2 00	X						0	0	0
MEYERA OBERNDORF - HAMPTON BOARD MEMBER	2 00	X						0	0	0
THERESA SOSKA - HAMPTON BOARD MEMBER	2 00	X						0	0	0
DOUGLAS THIRY - HAMPTON BOARD MEMBER	2 00	X						0	0	0
HEATHER TACE - HAMPTON BOARD MEMBER	2 00	X						0	0	0
EDWIN CAPPS - HAMPTON BOARD MEMBER	2 00	X						0	0	0
LINDELL G RUTHERFORD USN RET - HA BOARD MEMBER	2 00	X						0	0	0
RANDI KLEIN - HAMPTON BOARD MEMBER	3 00	X						0	0	0
MARION PAT PLEMMONS - HAMPTON BOARD MEMBER	2 00	X						0	0	0
DAVID WALLER - HONOLULU CHAIRMAN OF THE BOARD	10 00	X		X				0	0	0
DON ANDERSON - HONOLULU VICE CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
SARAH FARGO - HONOLULU BOARD TREASURER	3 00	X		X				0	0	0
ALICE TUCKER - HONOLULU BOARD SECRETARY	3 00	X		X				0	0	0
KRAIG KENNEDY - HONOLULU PAST CHAIRMAN	5 00	X		X				0	0	0
MILDRED COURTNEY - HONOLULU BOARD MEMBER	3 00	X						0	0	0
CAROLYN BERRY - HONOLULU BOARD MEMBER	3 00	X						0	0	0
PATRICK SHIN - HONOLULU BOARD MEMBER	3 00	X						0	0	0
TED WONG - HONOLULU BOARD MEMBER	3 00	X						0	0	0
MICHAEL LILLY - HONOLULU BOARD MEMBER	3 00	X						0	0	0
REESE LIGGETT - HONOLULU BOARD MEMBER	3 00	X						0	0	0
KARL KIYOKAWA - HONOLULU BOARD MEMBER	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BONNY HANEY - HONOLULU BOARD MEMBER	3 00	X						0	0	0
AUGUST YEE - HONOLULU BOARD MEMBER	3 00	X						0	0	0
SALLY MIST - HONOLULU BOARD MEMBER	3 00	X						0	0	0
VIVIEN STACKPOLE - HONOLULU BOARD MEMBER	3 00	X						0	0	0
JEANINI WIERCINSKI - HONOLULU BOARD MEMBER	3 00	X						0	0	0
SHELLY NORTH - HONOLULU BOARD MEMBER	3 00	X						0	0	0
JERRY RAUCKHORST - HONOLULU BOARD MEMBER	3 00	X						0	0	0
LYNN THIESSEN - HONOLULU BOARD MEMBER	3 00	X						0	0	0
DONNA RAY - HONOLULU BOARD MEMBER	3 00	X						0	0	0
DONNA CONNELL- KILLEEN BOARD CHAIRPERSON	2 00	X		X				0	0	0
LARRY LINDER- KILLEEN VICE BOARD CHAIRMAN	2 00	X		X				0	0	0
CINDY DAVIS- KILLEEN PAST BOARD CHAIR	2 00	X		X				0	0	0
GARY YOUNG- KILLEEN PAST BOARD CHAIR	2 00	X		X				0	0	0
TERRY THOMPSON- KILLEEN BOARD TREASURER	2 00	X		X				0	0	0
DONALD SCOTT- KILLEEN BOARD SECRETARY	2 00	X		X				0	0	0
JACKELINE FOUNTAIN CSMR-KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
WILL ADAMS- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
DR JAMES R ANDERSON PH D-KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
DEBRA HULL- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
RICK KEAGLE- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
BILL KOZLIK- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
ROMY MORTEL- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
MARTY SMITH- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
PAUL STRINGFELLOW CFP- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
BOB SYKES- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYD WEST- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
JERRY BARK- KILLEEN BOARD DIRECTOR	2 00	X						0	0	0
CSM RET WILLIE BYRD - LAWTON PRESIDENT, BOARD OF TRUSTEES	3 00	X		X				0	0	0
COL-RET ROB CLINE - LAWTON 1ST VICE PRESIDENT	3 00	X		X				0	0	0
COL RET JIM RIKARD - LAWTON 2ND VICE PRESIDENT	3 00	X		X				0	0	0
JOSH DEAVOURS - LAWTON BOARD TREASURER	3 00	X		X				0	0	0
LTCR MIKE DOOLEY - LAWTON PAST PRESIDENT	3 00	X		X				0	0	0
ZOE DURANT - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
TOM LINVILLE - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
CSMR DENNIS MEYER - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
ANITA LOVE - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
TOMMY HENDERSON - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
BURL RAGLAND - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
DENNIS CLIPPINGER - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
MARILYN JANOSKO - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
BETTY CERRONE - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
GENE LOVE - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
RANDY DOLLARHITE - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
JIM CUNNINGHAM - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
JOHN NOEL - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
CYNTHIA SOSA - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
DAVID POPE - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
RON SMITH - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
KIM THOMAS - LAWTON ADVISOR TO THE BOARD	1 00	X						0	0	0
BRENDA SPENCER - LAWTON ADVISOR TO THE BOARD	3 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE DOOLEY - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
ZOE DURANT - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
KIM FURRH - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
GEORGE GREEN - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
NAHAN JOHNSON - LAWTON BOARD OF TRUSTEES	3 00	X						0	0	0
MIKE ANDERSON - LAWTON BOARD ADVISOR	3 00	X						0	0	0
KAREN HALVERSON - LAWTON BOARD ADVISOR	3 00	X						0	0	0
CONNIE MATTHEWS - LAWTON BOARD ADVISOR	3 00	X						0	0	0
MR CHRIS BRAUN - OAK HARBOR CHAIRMAN	1 00	X		X				0	0	0
PAMELA PRICE - OAK HARBOR VICE CHAIR	1 00	X		X				0	0	0
RENEE STONE - OAK HARBOR TREASURER	1 00	X		X				0	0	0
SANDE MULKEY - OAK HARBOR BOARD SECRETARY	1 00	X		X				0	0	0
DOUG PALKO - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
DAVID BOCKMAN - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
BARBARA BOCKMAN - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
FRANCIS BAGARELLA - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
RICK ROSE - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
SHERRY YATES - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
JONATHON STONE - OAK HARBOR BOARD DIRECTOR	1 00	X						0	0	0
MCPO GINO WOLFE - OAK HARBOR ADVISORY BOARD	1 00	X						0	0	0
MCPO MIKE PEACH - OAK HARBOR ADVISORY BOARD	1 00	X						0	0	0
INGO HENTSCHEL - CAMP PENDLETON CHAIRMAN OF THE BOARD	4 00	X		X				0	0	0
LIZ RHEA - CAMP PENDLETON VICE CHAIRMAN OF THE BOARD	4 00	X		X				0	0	0
LONNIE LONG SGT MAJ USMC RET - CA BOARD TREASURER	4 00	X		X				0	0	0
ROBERT DOWNS - CAMP PENDLETON BOARD SECRETARY	4 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE BELL - CAMP PENDLETON BOARD PARLIAMENTARIAN	4 00	X						0	0	0
ERIC AGUILERA - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
DAWN BAKER - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
STEVE BROWNE - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
RICHARD DINSE - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
TODD EMERSON - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
MIKE FLEMING - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
ROBERT GLEISBERG - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
BEVERLY LEE - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
TAMI MARANO - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
RICHARD MARSHACK - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
NANCY MAVAR - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
ED MIXON - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
CLIFFORD MEYERS - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
JAVIER NICHOLAS - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
JOE PAPAY - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
HELEN HOLMES PEAK - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
JOSE PEREZ - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
DAVID ROBBINS - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
JOHN RYAN - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
FILOMENA SPIESE - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
GEORGE YOUNG - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
KEVIN BURG CMDCM USN - CAMP PENDLET BOARD DIRECTOR	2 00	X						0	0	0
RAMONA COOK SGTMAJ USMC - CAMP PEND BOARD DIRECTOR	2 00	X						0	0	0
OLLIS MOZON JR CAPT USN - CAMP PEND BOARD DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRISH SPENCER - CAMP PENDLETON BOARD DIRECTOR	2 00	X						0	0	0
KATHIE ZORTMAN - SD CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
DAVID R GUEBERT CAPT USNR - SD 1ST VICE CHAIR	3 00	X		X				0	0	0
SANDRA DAVIDSON CDR USN RET - SD 2ND VICE CHAIR	3 00	X		X				0	0	0
PHYLLIS BARBER - SD BOARD SECRETARY	3 00	X		X				0	0	0
TIMOTHY LAFLEUR VADM USN RET - SD TREASURER	3 00	X		X				0	0	0
JOHN BAER - SD BOARD DIRECTOR	3 00	X						0	0	0
MARK BALMERT RADM USNRET - SD BOARD DIRECTOR	3 00	X						0	0	0
HENRY J BEDINGER - SD BOARD DIRECTOR	3 00	X						0	0	0
ELAINE BOLAND - SD BOARD DIRECTOR	3 00	X						0	0	0
JUDGE EARL CANTOS - SD BOARD DIRECTOR	3 00	X						0	0	0
MICHAEL CARUSO CAPT USNRET - SD BOARD DIRECTOR	3 00	X						0	0	0
JIM CHATFIELD II - SD BOARD DIRECTOR	3 00	X						0	0	0
BEV CONANT - SD BOARD DIRECTOR	3 00	X						0	0	0
FRANCIS A DERBY - SD BOARD DIRECTOR	3 00	X						0	0	0
ANN EVANS - SD BOARD DIRECTOR	3 00	X						0	0	0
RICHARD EVENT CAPTUSNRET - SD BOARD DIRECTOR	3 00	X						0	0	0
MONILA FRENCH - SD BOARD DIRECTOR	3 00	X						0	0	0
DR NED GARRIGUES - SD BOARD DIRECTOR	3 00	X						0	0	0
JUDGE DAVID GILL - SD BOARD DIRECTOR	3 00	X						0	0	0
E MILES HARVEY - SD BOARD DIRECTOR	3 00	X						0	0	0
PETER HEDLEY CAPTUSNRET - SD BOARD DIRECTOR	3 00	X						0	0	0
LEN HERING RADM USNRET - SD BOARD DIRECTOR	3 00	X						0	0	0
DR WILLILAM HEROMAN - SD BOARD DIRECTOR	3 00	X						0	0	0
JOSI HUNT - SD 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			
GREG JOHNS - SD BOARD DIRECTOR	3 00	X						0	0	0
MIKE MADIGAN - SD BOARD DIRECTOR	3 00	X						0	0	0
RUSSELL E MCCREERY LTCOL USMC R BOARD DIRECTOR	3 00	X						0	0	0
AYNN MCGUIRE - SD BOARD DIRECTOR	3 00	X						0	0	0
SAM MERRICK - SD BOARD DIRECTOR	3 00	X						0	0	0
JUDITH MYERS - SD BOARD DIRECTOR	3 00	X						0	0	0
DAVID NEER - SD BOARD DIRECTOR	3 00	X						0	0	0
JOHN W NYQUIST VADM USNRET - SD BOARD DIRECTOR	3 00	X						0	0	0
KAREN O'CONNOR FORCM USN RET - SD BOARD DIRECTOR	3 00	X						0	0	0
TIM O'RELLY - SD BOARD DIRECTOR	3 00	X						0	0	0
PETER OPSAL CAPT USN RET - SD BOARD DIRECTOR	3 00	X						0	0	0
VICTOR PEREZ - SD BOARD DIRECTOR	3 00	X						0	0	0
CHRISTOPHER PIERCE - SD BOARD DIRECTOR	3 00	X						0	0	0
DALE PURSEL - SD BOARD DIRECTOR	3 00	X						0	0	0
JOHN G REBELO JR - SD BOARD DIRECTOR	3 00	X						0	0	0
ROBERT SCHMIDT - SD BOARD DIRECTOR	3 00	X						0	0	0
LARI SHEEHAN - SD BOARD DIRECTOR	3 00	X						0	0	0
MICHAEL TURNER - SD BOARD DIRECTOR	3 00	X						0	0	0
EARL WETHERBROOK COL USMC RET - SD BOARD DIRECTOR	3 00	X						0	0	0
PATTIE WELLBORN - SD BOARD DIRECTOR	3 00	X						0	0	0
GUY ZELLER RADM USN RET - SD BOARD DIRECTOR	3 00	X						0	0	0
ALAN ZUCKERMAN - SD BOARD DIRECTOR	3 00	X						0	0	0
DOMINIC WESTFALL - 29 CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
ALAN DUYFF - 29 VICE CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
JANICE WESTFALL - 29 BOARD TREASURER	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TONI RIPLEY - 29 BOARD SECRETARY	1 00	X		X				0	0	0
SARAH POTTER - 29 BOARD OF MANAGEMENT	1 00	X						0	0	0
SHERRI BEVAN - 29 BOARD OF MANAGEMENT	1 00	X						0	0	0
GENEVIEVE SALISBURY - 29 BOARD OF MANAGEMENT	1 00	X						0	0	0
MARI JO IMIG - ANCHORAGE EXECUTIVE DIRECTOR	40 00			X				68,012	0	5,903
OMAYRA ARROYO - ANCHORAGE ACCOUNTING MANAGER	40 00			X				23,554	0	71
DIANA FRAYNE - ANCHORAGE DEPUTY DIRECTOR	40 00			X				52,691	0	15
WENDY PRIEST - ANCHORAGE ACCOUNTING MANAGER	40 00			X				22,015	0	2,642
CLIFF PENN - ANCHORAGE PROGRAM DIRECTOR	40 00			X				47,775	0	5,733
JOSE MELENDEZ JR - EL PASO EXECUTIVE DIRECTOR	40 00			X				65,943	0	8,304
GUADALUPE T SHIELDS - EL PASO ACCOUNTING MANAGER	40 00			X				43,095	0	5,530
LYNNE M GRATES - FAYETTEVILLE EXECUTIVE DIRECTOR	37 50			X				69,769	0	8,366
MELANIE SPANGLER - FAYETTEVILLE BOOKKEEPER/HR DIRECTOR	40 00			X				46,308	0	8,963
SHIRLEY WEST - FORT CAMPBELL EXECUTIVE DIRECTOR	40 00			X				47,210	0	5,676
LINDA BRIGHT - FT LEONARD WOOD SR PROGRAM DIR	40 00			X				43,864	0	5,702
ROBERT A DUETSCH - HAMPTON EXECUTIVE DIRECTOR	40 00			X				58,015	0	117
RUSSELL ARIZA - HAMPTON EXECUTIVE DIRECTOR	40 00			X				1,212	0	0
STAN LUM - HONOLULU EXECUTIVE DIRECTOR	40 00			X				75,633	0	9,496
ANNE LISE PEACOCK - HONOLULU OUTREACH DIRECTOR	40 00			X				43,907	0	5,269
JOSEPH CHANG - HONOLULU BOOKKEEPER	40 00			X				36,009	0	4,265
ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40 00			X				88,915	0	19,676
LIONEL COLLINS - KILLEEN ASSOCIATE EXECUTIVE DIRECT	40 00			X				59,189	0	7,109
TRAVIS KNIGHT - KILLEEN BOOKEEPER	40 00			X				45,579	0	14,250
DENISE CHAMBER - KILLEEN FINANCIAL MANAGER	40 00			X				45,760	0	10,519
PAUL BRITTON - KILLEEN PROGRAM DIRECTOR	40 00			X				42,849	0	20,337

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			
BILL VAUGHN - LAWTON EXECUTIVE DIRECTOR	40 00			X				32,181	0	4,078
VIRGINIA HATCHER - LAWTON CENTER DIRECTOR	40 00			X				35,084	0	11,414
DANIEL FARRELL - LAWTON OUTREACH PROGRAM DIRECTOR	40 00			X				30,750	0	169
KATE SWANSON - LAWTON DEVELOPMENT DIRECTOR	40 00			X				23,926	0	787
BRIANA TRUSDELL - LAWTON OFFICE MANAGER	40 00			X				22,104	0	110
MAJOR W LAURION - OAK HARBOR EXECUTIVE DIRECTOR	50 00			X				48,595	0	5,831
GEORGE BROWN - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			X				85,202	0	5,108
SAMANTHA HOLT - CAMP PENDLETON FAMILY PROGRAMS DIRECTOR	40 00			X				53,923	0	6,740
SHELA BULARAN - CAMP PENDLETON BUSINESS MANAGER/ HR	40 00			X				46,596	0	8,382
SUZANNE TABRUM - CAMP PENDLETON EVENT DIRECTOR/COMMUNITY RELATIONS	40 00			X				38,077	0	4,569
CHRISTINE KISSEL - CAMP PENDLETON PRESCHOOL TEACHER	38 00			X				34,629	0	4,263
PAUL STEFFENS - SAN DIEGO EXECUTIVE DIRECTOR	40 00			X				86,423	0	10,589
LOREE SOWDEN - SAN DIEGO BUSINESS MANAGER	40 00			X				66,140	0	12,163
CHERRI BARNSWELL GASE - SAN DIEGO EXECUTIVE ASSISTANT (OFFICE OF THE EXE DIR)	40 00			X				64,395	0	9,801
PHYLLIS BARBER - SAN DIEGO SENIOR PROGRAM DIRECTOR	40 00			X				51,076	0	6,279
BRITTANY CATTON - SAN DIEGO DIRECTOR, PR AND DEVELOPMENT	40 00			X				49,531	0	7,544
ANITA NEU-FULTZ - 29 PALMS EXECUTIVE DIRECTOR	40 00			X				38,919	0	13,170
DAWN CLARK - 29 PALMS BUSINESS MANAGER	40 00			X				31,745	0	1,279

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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 GROUP RETURN

Employer identification number
91-1883466

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	687,578	785,776	887,402	768,950	
b Contributions	223,676	182,463	113,332	316,800	
c Investment earnings or losses	-8,478	34,091			
d Grants or scholarships					
e Other expenditures for facilities and programs	157,915	314,752	214,958	198,348	
f Administrative expenses					
g End of year balance	744,861	687,578	785,776	887,402	

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

- a Board designated or quasi-endowment ▶ 0 800 %
- b Permanent endowment ▶ 44 750 %
- c Term endowment ▶ 54 450 %

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		2,184,808		2,184,808
b Buildings		8,300,051	6,119,023	2,181,028
c Leasehold improvements		536,473	440,834	95,639
d Equipment		933,741	764,600	169,141
e Other		1,743,624	1,349,578	394,046
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,024,662

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

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

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

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

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

(a) Description	(b) Book value
(1) DEFERRED RENT RECEIVABLE	3,134,876
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,134,876

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSITS ON SALE OF BUILDING	715,841
DUE TO HEADQUARTERS	505,358
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,221,199

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	16,883,754
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,739,270
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,144,484
4	Net unrealized gains (losses) on investments	4	-25,722
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	-25,722
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,118,762

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	-25,722		
b	Donated services and use of facilities	2b	3,764,718		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,170,658		
e	Add lines **2a** through **2d**			2e	5,909,654
3	Subtract line **2e** from line **1**			3	17,543,763
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	-660,009		
c	Add lines **4a** and **4b**			4c	-660,009
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	16,883,754

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	3,764,718		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	3,516,167		
e	Add lines **2a** through **2d**			2e	7,280,885
3	Subtract line **2e** from line **1**			3	15,739,270
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	15,739,270

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	THE PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS CREATED ON BEHALF OF THE BRANCHES AND INVESTMENTS HELD BY LOCAL COMMUNITY FOUNDATIONS THESE ARE THE LAWTON COMMUNITY FOUNDATION, SAN DIEGO FOUNDATION AND EL PASO COMMUNITY FOUNDATION THE PURPOSE OF THESE FOUNDATION IS TO ENSURE THE CONTINUED SOCIAL, RECREATIONAL, EDUCATIONAL AND SPIRITUAL SERVICES TO TO MILITARY MEMBERS AND FAMILIES IN THE RESPECTIVE AREAS/BRANCHES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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		AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 2,170,658
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON LINE 8B -582,858 COST OF GOODS SOLD REPORTED ON LINE 10B -39,477 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B -37,674
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON LINE 8B 582,858 COST OF GOODS SOLD REPORTED ON LINE 10B 39,477 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B 37,674 AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 2,856,158

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
91-1883466

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

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

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

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 MUD RUN (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	626,433	564,898	104,112	1,295,443
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	626,433	564,898	104,112	1,295,443
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	331,376	220,208	31,274	582,858
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(582,858)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				712,585

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue		80,799		80,799
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		37,674		37,674
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(37,674)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				43,125

9 Enter the state(s) in which the organization operates gaming activities AK

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	100 000 %

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

Name ▶ WENDY PRIEST

Address ▶ PO BOX 6272
ELMENDORF AFB, AK 99506

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ DAVE GOMEZ

Gaming manager compensation ▶ $

Description of services provided ▶ CHARITABLE GAMING PULLTABS

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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Name of the organization
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Employer identification number
91-1883466

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		1,052,519	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	534	132,853	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (TOYS)	X	848	573,121	FMV
26	Other ▸ (GAME TICKETS)	X	149	422,967	FMV
27	Other ▸ ( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation

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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 GROUP RETURN

Employer identification number
91-1883466

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE IRS 990 IS REVIEWED AT THE MAY NATIONAL BOARD MEETING EACH YEAR THE COMPLETED 990 IS REVIEWED BY THE COMPENSATION COMMITTEE AND THE AUDIT COMMITTEE BEFORE IT IS SIGNED BY THE CEO IN THE PAST THE COMMITTEES HAVE ENSURED THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSE, EXECUTIVE COMPENSATION AND MISSION ACCOMPLISHMENT THE COMMITTEE HAS BEEN CONCERNED THAT THE STATED FUNCTIONAL EXPENSES AGREE ON BOTH DOCUMENTS, THAT THE STATED EXECUTIVE COMPENSATION IS PROPERLY RECORDED, AND THAT THE MISSION DESCRIPTIONS AND EXPENSES HAVE BEEN CONSISTENT WITH THE ORGANIZATIONAL MISSION THIS YEAR THEY WILL SPECIFICALLY FOCUS ON THOSE AREAS AS WELL AS THE NEW GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 TO ENSURE THEY ARE ALL PROPERLY DOCUMENTED THIS DOCUMENT IS MADE AVAILABLE TO THE ENTIRE NATIONAL BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND TO RESOLVE ANY QUESTIONS THEY MAY HAVE

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) ALSO COMPLETE THE CONFLICT OF INTEREST FORMS THE EXECUTIVE DIRECTORS OF EACH ASYMCA BRANCH ALSO COMPLETE A NEW FORM EACH YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COO GATHERS ALL COMPARABILITY DATA FROM THE YMCA OF THE USA AND OUTSIDE NON-PROFIT ORGANIZATIONS OF LIKED SIZE AND SCOPE. THE CEO'S PAY IS COMPARED AGAINST YMCA ORGANIZATION AND OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE, TABULATES THE DATA AND CREATES A BOARD RECOMMENDATION FOR THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPOSED OF THE PAST BOARD CHAIRMAN AND THE EXECUTIVE COMMITTEE AND THEY EACH DO AN INDEPENDENT EVALUATION OF THE CEO BASED ON THE CRITERIA IN HIS EVALUATION FROM THE PREVIOUS YEAR AND HIS GOALS FOR THE NEW YEAR. THESE EVALUATIONS ARE COMPILED INTO ONE DOCUMENT WHICH CONTAINS THE EVALUATION AND THE RECOMMENDATION FOR COMPENSATION FOR THE NEW YEAR. THE COMPENSATION COMMITTEE MEETS IN NOVEMBER EACH YEAR TO REVIEW THE EVALUATIONS, THE COMPENSATION COMPARABILITY DATA AND THEY MAKE THE DETERMINATION THAT THE RECOMMENDED COMPENSATION IS NOT EXCESSIVE. THEY MEET WITHOUT STAFF PRESENT AND KEEP A SET OF COMMITTEE MINUTES TO REVIEW WITH THE ENTIRE BOARD OF DIRECTORS. ALL COMMITTEE AND BOARD MEMBERS ARE INDEPENDENT. THE COMPENSATION COMMITTEE MAKES THEIR REPORT TO THE ENTIRE BOARD AND THE BOARD OF DIRECTORS VOTES ON THE EXECUTIVE COMPENSATION PACKAGE AFTER THE DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE. FOR THE COO AND CFO, THE EXECUTIVE DIRECTOR PREPARES THE COMPENSATION PACKAGES FOR THE COMPENSATION COMMITTEE AND THEY CONCUR IN HIS RECOMMENDATION FOR THE COMPENSATION OF THE COO AND THE CFO. ALL OF THE COMPARABILITY DATA FROM THE YMCA OF THE USA AND OTHER NON-PROFITS OF SIMILAR SIZE AND SCOPE ARE COMPARED TO ENSURE THE COMPENSATION FOR THE OFFICERS IS NOT EXCESSIVE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THROUGH OUR WEBSITE HTTP 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 -25,722