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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135011053

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- [x] 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
7405 ALBAN STATION COURT NO B215

City or town, state or country, and ZIP + 4
SPRINGFIELD, VA 22150

D Employer identification number
91-1883466

E Telephone number
(703) 455-3986

G Gross receipts $ 20,659,986

F Name and address of principal officer
MIKE LANDERS
7405 ALBAN STATION COURT NO B215
SPRINGFIELD, VA 22150

H(a) Is this a group return for affiliates? [x] Yes [ ] No

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

H(c) Group exemption number ▶ 9372

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW ASYMCA ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶ | **L** Year of formation | **M** State of legal domicile

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	217
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	217
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	732
6	Total number of volunteers (estimate if necessary)	**6**	13,267
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	33,096
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	29,399

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,148,160	11,453,695
	9 Program service revenue (Part VIII, line 2g)	6,385,755	5,625,597
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,741	118,979
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,262,098	1,764,497
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,883,754	18,962,768
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	8,735,907	8,721,736
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶278,243		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,003,363	7,960,318
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,739,270	16,682,054
	19 Revenue less expenses Subtract line 18 from line 12	1,144,484	2,280,714

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	14,677,954	16,942,576
	21 Total liabilities (Part X, line 26)	2,416,108	2,333,785
	22 Net assets or fund balances Subtract line 21 from line 20	12,261,846	14,608,791

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

****** | 2013-05-14
Signature of officer | Date

MIKE LANDERS PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
WILLIAM E TURCO CPA				P00369217

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400
GAITHERSBURG, MD 208787340 | Phone no (301) 296-3600

May the IRS discuss this return with the preparer shown above? (see instructions) [x] 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,147,645 including grants of $) (Revenue $ 2,250,239)

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 COMFORTO CAMPING (DAY & RESIDENT) O FATHER DAUGHTER DANCESO WOUNDED WARRIORFEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF WORRYING ABOUT A SERVICE HUSBAND OR WIFE, ESPECIALLY ONE WHO IS DEPLOYED A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF JUNIOR-ENLISTED LEARN LIFE SKILLS, CARE FOR CHILDREN, AND EVEN MAKE ENDS MEET LOCAL PROGRAMS INCLUDE O SPOUSE SUPPORT AND CRAFT GROUPS O SEPARATE BUT TOGETHERO COUPLES NIGHT O ENLISTED WIVES CLUBO HOLIDAY DINNERS AND DANCES O ACTIVE DUTY PREGNANCY CLASSESO LATE NIGHT RECREATIONAL ACTIVITIES O PARENTING WORKSHOPS

4b (Code) (Expenses $ 5,379,189 including grants of $) (Revenue $ 1,968,959)

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

4c (Code) (Expenses $ 2,305,367 including grants of $) (Revenue $ 843,840)

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 8,000 PARTICIPATING SINCE INCEPTION

(Code) (Expenses $ 1,536,911 including grants of $) (Revenue $ 562,559)

OTHER PROGRAMS HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDSASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO JUNIOR-ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES, RANGING FROM FINANCIAL ASSISTANCE FOR EYEGLASSES TO BABYSITTING SO THAT MOMS AND DADS CAN ATTEND MEDICAL APPOINTMENTS ASYMCA EVEN OFFERS NON-MEDICAL ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING INFORMATION ABOUT INFANT CHILDCARE PROGRAMS OFFERED AT LOCAL BRANCHES INCLUDE O RECREATION THERAPY O VOLUNTEERS IN PEDIATRICSO INFANT IMMUNIZATION FOLLOW-UP O CHILDREN'S PRE-OPERATING PROGRAMO NEONATAL INTENSIVE CARE REUNION O SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDSO HEALING HEARTSO AQUACISE (AQUATICS PROGRAM)O BREAST CANCER AWARENESS GROUP O ACTIVE DUTY PREGNANCY CLASSESO RESPITE CARE O CPR TRAINING/FIRST AIDO DISCOUNT VISION SERVICE/FREE EYE EXAMS ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND MAINTAIN A HEALTHY LIFESTYLE WE OFFER A VARIETY OF PROGRAMS DESIGNED TO MEET THE SPECIFIC NEEDS OF EACH BRANCH IN SAN DIEGO, ASYMCA OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR WOUNDED WARRIORS 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 BASEBALL RESIDENCE PROGRAM PROVIDES OVERNIGHT LODGING AT REDUCED PRICES EACH YEAR 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 DINNER,THE ASYMCA ALSO ANNOUNCED THE WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES, SPONSORED BY SAIC AND RAYTHEON THE ANGELS OF THE BATTLEFIELD EVENT GALA IS AN ARMED SERVICES YMCA SIGNATURE EVENT THAT HIGHLIGHTS THE MEDICS, CORPSMEN AND PARARESCUEMEN ON THE FRONTLINES WHO ARE SAVING LIVES AND DEMONSTRATING EXTRAORDINARY COURAGE THIS MEMORABLE EVENT IS HELD EACH SPRING -

4d Other program services (Describe in Schedule O)

(Expenses $ 1,536,911 including grants of $) (Revenue $ 562,559)

4e **Total program service expenses** ▶ 15,369,112

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	59		
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	732		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
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.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response 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**	217		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	217		
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 this 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 ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MYRNA RAMOS CONTROLLER 7405 ALBAN STATION COURT NO B215 SPRINGFIELD, VA (703) 455-3986

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,938,492	0	239,200

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 287,773				
	b	Membership dues	1b 58,944				
	c	Fundraising events	1c				
	d	Related organizations	1d 1,988,768				
	e	Government grants (contributions)	1e 477,587				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,640,623				
	g	Noncash contributions included in lines 1a-1f $	3,337,121				
	h	**Total.** Add lines 1a-1f		11,453,695			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900099	4,372,292	4,372,292		
	b	FEES & CONTRACTS FROM	900099	845,308	845,308		
	c	RESIDENCE & RELATED SE	900099	407,997	407,997		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		5,625,597			
	3	Investment income (including dividends, interest, and other similar amounts)		93,395			93,395
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,316,696				
	b	Less rental expenses	0				
	c	Rental income or (loss)	1,316,696				
	d	Net rental income or (loss)		1,316,696			1,316,696
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	496,246 / 2,000				
	b	Less cost or other basis and sales expenses	472,662 / 0				
	c	Gain or (loss)	23,584 / 2,000				
	d	Net gain or (loss)		25,584			25,584
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 1,334,996				
	b	Less direct expenses	b 1,177,379				
	c	Net income or (loss) from fundraising events		157,617			157,617
	9a	Gross income from gaming activities See Part IV, line 19	a 53,412				
	b	Less direct expenses	b 20,316				
	c	Net income or (loss) from gaming activities		33,096		33,096	
	10a	Gross sales of inventory, less returns and allowances	a 275,905				
	b	Less cost of goods sold	b 26,861				
	c	Net income or (loss) from sales of inventory		249,044			249,044
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900099	8,044			8,044
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		8,044			
	12	**Total revenue.** See Instructions		18,962,768	5,625,597	33,096	1,850,380

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response 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	2,177,692	1,917,699	170,662	89,331
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	5,454,129	4,875,963	434,129	144,037
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	347,032	275,067	53,629	18,336
9 Other employee benefits	99,631	81,219	11,311	7,101
10 Payroll taxes	643,252	567,651	56,163	19,438
11 Fees for services (non-employees)				
a Management				
b Legal	7,360	4,134	3,226	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	11,279		11,279	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	354,172	330,410	23,762	
12 Advertising and promotion	106,610	92,937	13,673	
13 Office expenses	5,441,632	5,354,352	87,280	
14 Information technology	42,486	38,990	3,496	
15 Royalties . .				
16 Occupancy	319,412	298,437	20,975	
17 Travel	90,368	76,446	13,922	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,021	24,931	27,090	
20 Interest	31,874	24,535	7,339	
21 Payments to affiliates	301,332	286,894	14,438	
22 Depreciation, depletion, and amortization	386,539	362,995	23,544	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAXES	4,000	4,000		
b RENTALS, REPAIRS & MAIN	324,096	307,206	16,890	
c PROGRAM EVENTS	275,718	270,155	5,563	
d GIFTS & CONTRIBUTIONS	82,522	75,572	6,950	
e All other expenses	128,897	99,519	29,378	
25 **Total functional expenses.** Add lines 1 through 24e	16,682,054	15,369,112	1,034,699	278,243
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,225,305	1	1,963,595
	2	Savings and temporary cash investments		2,633,847	2	2,912,955
	3	Pledges and grants receivable, net		12,957	3	1,734,150
	4	Accounts receivable, net		124,718	4	95,975
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,149	8	1,149
	9	Prepaid expenses and deferred charges		4,994	9	29,600
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,836,845			
	b	Less accumulated depreciation	10b 9,074,563	5,024,662	10c	4,762,282
	11	Investments—publicly traded securities		1,515,446	11	2,010,853
	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		3,134,876	15	3,432,017
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,677,954	16	16,942,576
Liabilities	17	Accounts payable and accrued expenses		739,133	17	679,370
	18	Grants payable			18	
	19	Deferred revenue		260,102	19	204,222
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		195,674	23	186,185
	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		1,221,199	25	1,264,008
	26	**Total liabilities.** Add lines 17 through 25		2,416,108	26	2,333,785
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,522,946	27	11,622,908
	28	Temporarily restricted net assets		405,551	28	2,648,509
	29	Permanently restricted net assets		333,349	29	337,374
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,261,846	33	14,608,791
	34	Total liabilities and net assets/fund balances		14,677,954	34	16,942,576

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	18,962,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,682,054
3	Revenue less expenses Subtract line 2 from line 1	3	2,280,714
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,261,846
5	Net unrealized gains (losses) on investments	5	66,231
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,608,791

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135011053

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

2012

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 described in **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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,702,647	8,249,804	7,279,707	8,148,160	11,453,695	43,834,013
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	8,702,647	8,249,804	7,279,707	8,148,160	11,453,695	43,834,013
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						43,834,013

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,702,647	8,249,804	7,279,707	8,148,160	11,453,695	43,834,013
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,449,494	1,388,129	1,344,941	1,354,628	1,410,091	6,947,283
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						50,781,296

12	Gross receipts from related activities, etc (see instructions)	12	35,473,943

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 2012 (line 6, column (f) divided by line 11, column (f))	14	86 320 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	85 220 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135011053

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

		Held at the End of the Year
a	Total number of conservation easements	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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	744,861	687,578	785,776	887,402	768,950
b	Contributions	2,710,268	223,676	182,463	113,332	316,800
c	Net investment earnings, gains, and losses	-3,945	-8,478	34,091		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	459,340	157,915	314,752	214,958	198,348
f	Administrative expenses					
g	End of year balance	2,991,844	744,861	687,578	785,776	887,402

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

- a Board designated or quasi-endowment ▶ 0 200 %
- b Permanent endowment ▶ 88 520 %
- c Temporarily restricted endowment ▶ 11 280 %

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

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

		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 XIII 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		8,333,531	6,353,029	1,980,502
c Leasehold improvements		552,943	455,912	97,031
d Equipment		933,741	848,802	84,939
e Other		1,831,822	1,416,820	415,002
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,762,282

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) must 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) must 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	3,432,017
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,432,017

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEPOSITS ON SALE OF BUILDING	811,874
DUE TO HEADQUARTERS	452,134
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,264,008

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	27,352,553
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	66,231		
b	Donated services and use of facilities	2b	3,876,607		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	3,222,391		
e	Add lines **2a** through **2d**			2e	7,165,229
3	Subtract line **2e** from line **1**			3	20,187,324
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-1,224,556		
c	Add lines **4a** and **4b**			4c	-1,224,556
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	18,962,768

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

1	Total expenses and losses per audited financial statements			1	24,596,532
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,876,607		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	4,037,871		
e	Add lines **2a** through **2d**			2e	7,914,478
3	Subtract line **2e** from line **1**			3	16,682,054
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	16,682,054

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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% 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 CONSOLIDATED 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 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 3,222,391
PART XI, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON LINE 8B -1,177,379 COST OF GOODS SOLD REPORTED ON LINE 10B -26,861 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B -20,316
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE REPORTED ON LINE 8B 1,177,379 COST OF GOODS SOLD REPORTED ON LINE 10B 26,861 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B 20,316 AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 2,813,315

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135011053

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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	702,242	559,463	73,291	1,334,996
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	702,242	559,463	73,291	1,334,996
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	919,596	228,288	29,495	1,177,379
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,177,379)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				157,617

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		53,412		53,412
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		20,316		20,316
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				20,316
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				33,096

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

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

Name ▶ OMAYRA ARROYO

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ MARIJO IMIG

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135011053

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number
91-1883466

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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		2,388,992	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	436	171,479	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TOYS)	X	442	323,804	FMV
26	Other ▶ (GAME TICKETS)	X	114	452,846	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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135011053

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

2012

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN HORSCHLER - ALTUS PRESIDENT	2 00	X		X				0	0	0
CONNIE MCQUINN - ALTUS VICE PRESIDENT	2 00	X		X				0	0	0
PAUL WOOD - ALTUS TREASURER	2 00	X		X				0	0	0
CATHY STONE - ALTUS SECRETARY	2 00	X		X				0	0	0
LARRY SUTTERER - ANCHORAGE BOARD CHAIR	4 00	X		X				0	0	0
ERIK LIND - ANCHORAGE BOARD 1ST VICE	2 00	X		X				0	0	0
CHRIS BLOCK - ANCHORAGE BOARD 2ND VICE	1 00	X		X				0	0	0
KEITH MANTERNACH - ANCHORAGE BOARD SECRETARY	2 00	X		X				0	0	0
INGRID KARN - ANCHORAGE BOARD TREASURER	2 00	X		X				0	0	0
JOHN M DIBENEDETTO - EL PASO BOARD CHAIRMAN	3 00	X		X				0	0	0
STAN ROBERTS 1SG RET - EL PASO BOARD VICE-CHAIRMAN	2 00	X		X				0	0	0
ELVIN R HOBBS SGM RET - EL PASO BOARD TREASURER	1 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
MONIA MERRIWEATHER - EL PASO BOARD MEMBER	1 00	X						0	0	0
CAROL BUTLER - EL PASO BOARD MEMBER	1 00	X						0	0	0
RANDY KOEHN - EL PASO BOARD MEMBER	1 00	X						0	0	0
TOM THOMAS - EL PASO BOARD MEMBER	1 00	X						0	0	0
KIMBERLY MCKEAN - EL PASO BOARD MEMBER	1 00	X						0	0	0
CHAPLAIN ARTIE MAXWELL - EL PASO BOARD MEMBER	1 00	X						0	0	0
JOSEPHINE MILLER - FAYETTEVILLE PRESIDENT, BOARD	2 00	X		X				0	0	0
CRIS NUNEZ - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
KIMBERLY DURDEN - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
RICHARD ARMADING - FAYETTEVILLE BOARD MEMBER	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOB TESTA - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
ERIC NELSON - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
MANDY MCMILLAN - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
AUDRA WILLIAMS - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
LANA BASTIN - FT CAMPBELL BOARD CHAIRMAN	2 00	X		X				0	0	0
KAREN STANLEY - FT CAMPBELL BOARD VICE CHAIR	2 00	X		X				0	0	0
KAREN GRIMSLEY - FT CAMPBELL SECRETARY/TREASURER	2 50	X		X				0	0	0
COLLEEN OCHS - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
WAYNE ST LOUIS - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
ROYCE STEVENS - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
DANA CHANGO - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
MIKE GOODWIN - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
OBEE O'BRYANT - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
KELLI PENDLETON - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
YVONNE PICKERING - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
SANDRA SMITH - FT CAMPBELL BOARD MEMBER	2 00	X						0	0	0
DENISE LEWIS - FT CAMPBELL ADVISOR	2 00	X						0	0	0
SCOTT JOHN - FT LEONARD WOOD CHAIR	3 00	X		X				0	0	0
JOE HAYES - FT LEONARD WOOD VICE CHAIR	1 00	X		X				0	0	0
MIKE BRAME - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
ADAM DYE - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
GAIL HUFFMAN - FT LEONARD WOOD BOARD MEMBER	3 00	X						0	0	0
L LEATHERBERY - FT LEONARD WOOD BOARD MEMBER	3 00	X						0	0	0
LINDALL MOSTAJO - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
JANEL ROWELL - FT LEONARD WOOD BOARD MEMBER	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKI WHITES - FT LEONARD WOOD BOARD MEMBER	1 00	X						0	0	0
MICHAEL R GROOTHOUSEN - HAMPTON RDS CHAIRMAN	2 00	X		X				0	0	0
ERIC STAFFORD - HAMPTON RDS VICE CHAIRMAN	1 00	X		X				0	0	0
BERT KIRK - HAMPTON RDS SECRETARY	50	X		X				0	0	0
SALLY SLEDGE - HAMPTON RDS TREASURER	50	X		X				0	0	0
EDWARD CAPPS - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
JEFF GERACI - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
PHIL GRATHWOL - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
MEYERA OBERNDORF - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
THERESA SOSKA - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
DOUGLAS THIRY - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
HEATHER TACE - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
MARION PLEMMONS - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
LINDELL RUTHERFORD - HAMPTON RDS BOARD MEMBER	50	X						0	0	0
DAVID G WALLER - HONOLULU CHAIRMAN	3 00	X		X				0	0	0
DONALD ANDERSON - HONOLULU VICE-CHAIRMAN	2 00	X		X				0	0	0
ALICE TUCKER - HONOLULU SECRETARY	2 00	X		X				0	0	0
SARAH FARGO - HONOLULU TREASURER	2 00	X		X				0	0	0
COL REESE LIGGETT USAF RET - HONO EXEC COMMITTEE BOARD MEMBER	2 00	X						0	0	0
CAROLYN BERRY - HONOLULU BOARD MEMBER	1 00	X						0	0	0
GILLIAN CARLISLE - HONOLULU BOARD MEMBER	1 00	X						0	0	0
MILDRED COURTNEY - HONOLULU BOARD MEMBER	1 00	X						0	0	0
KARL KIYOKAWA - HONOLULU BOARD MEMBER	1 00	X						0	0	0
CAPT MICHAEL LILLY USN RET-HONOLU BOARD MEMBER	1 00	X						0	0	0
SALLY MIST - HONOLULU BOARD MEMBER	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY RAUCKHORST - HONOLULU BOARD MEMBER	1 00	X						0	0	0
DONNA RAY - HONOLULU BOARD MEMBER	1 00	X						0	0	0
CATHE ROBLING - HONOLULU BOARD MEMBER	1 00	X						0	0	0
PATRICK SHIN - HONOLULU BOARD MEMBER	1 00	X						0	0	0
VIVIEN STACKPOLE - HONOLULU BOARD MEMBER	1 00	X						0	0	0
JEANNINE WIERCINSKI - HONOLULU BOARD MEMBER	1 00	X						0	0	0
THEODORE WONG - HONOLULU BOARD MEMBER	1 00	X						0	0	0
AUGUST YEE - HONOLULU BOARD MEMBER	1 00	X						0	0	0
LARRY LINDER - KILLEEN BOARD CHAIRPERSON	10 00	X		X				0	0	0
DONALD SCOTT - KILLEEN VICE CHAIRPERSON	10 00	X		X				0	0	0
CYD WEST - KILLEEN TREASURER	10 00	X		X				0	0	0
BILL KOZLIK - KILLEEN SECRETARY	10 00	X		X				0	0	0
GARY YOUNG - KILLEEN FORMER CHAIR	5 00	X						0	0	0
DONNA CONNELL - KILLEEN FORMER CHAIR	10 00	X						0	0	0
CINDY DAVIS - KILLEEN FORMER CHAIR	10 00	X						0	0	0
WILL ADAMES - KILLEEN BOARD MEMBER	8 00	X						0	0	0
DR JAMES R ANDERSON - KILLEEN BOARD MEMBER	5 00	X						0	0	0
JERRY BARK - KILLEEN BOARD MEMBER	8 00	X						0	0	0
ZACHARY BOYD - KILLEEN BOARD MEMBER	8 00	X						0	0	0
CSM DOUGLAS R GAULT - KILLEEN BOARD MEMBER	5 00	X						0	0	0
TERRI JONES - KILLEEN BOARD MEMBER	8 00	X						0	0	0
RICH KAYE - KILLEEN BOARD MEMBER	8 00	X						0	0	0
RICK KAEGLE - KILLEEN BOARD MEMBER	8 00	X						0	0	0
DR JEFF KIRK - KILLEEN BOARD MEMBER	8 00	X						0	0	0
ANN MARIE MCKENNA - KILLEEN BOARD MEMBER	8 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA MILLER - KILLEEN BOARD MEMBER	8 00	X						0	0	0
ROMY MORTEL - KILLEEN BOARD MEMBER	8 00	X						0	0	0
BETTY PRICE - KILLEEN BOARD MEMBER	8 00	X						0	0	0
PAUL STRINGFELLOW - KILLEEN BOARD MEMBER	8 00	X						0	0	0
BOB SYKES - KILLEEN BOARD MEMBER	5 00	X						0	0	0
TERRY THOMPSON - KILLEEN BOARD MEMBER	8 00	X						0	0	0
ROBERT CLINE - LAWTON PRESIDENT	1 00	X		X				0	0	0
JAMES RIKARD - LAWTON 1ST VICE PRESIDENT	1 00	X		X				0	0	0
JOSH DEAVOURS - LAWTON 2ND VICE PRESIDENT	1 00	X		X				0	0	0
ANITA LOVE - LAWTON TREASURER	1 00	X		X				0	0	0
WILLIE BYRD - LAWTON BOARD MEMBER	1 00	X						0	0	0
BETTY CERRONE - LAWTON BOARD MEMBER	1 00	X						0	0	0
DENNIS CLIPPINGER - LAWTON BOARD MEMBER	1 00	X						0	0	0
DEANO COX - LAWTON BOARD MEMBER	1 00	X						0	0	0
JOE DIAZ - LAWTON BOARD MEMBER	1 00	X						0	0	0
RANDY DOLLARHITE - LAWTON BOARD MEMBER	1 00	X						0	0	0
MIKE DOOLEY - LAWTON BOARD MEMBER	1 00	X						0	0	0
KIMBERLY FURRH - LAWTON BOARD MEMBER	1 00	X						0	0	0
GEORGE GREEN - LAWTON BOARD MEMBER	1 00	X						0	0	0
JOHN HAITHCOCK - LAWTON BOARD MEMBER	1 00	X						0	0	0
TOMMY HENDERSON - LAWTON BOARD MEMBER	1 00	X						0	0	0
MARILYN JANOSKO - LAWTON BOARD MEMBER	1 00	X						0	0	0
NATHAN JOHNSON - LAWTON BOARD MEMBER	1 00	X						0	0	0
GENE LOVE - LAWTON BOARD MEMBER	1 00	X						0	0	0
DENNIN MEYER - LAWTON BOARD MEMBER	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN NOEL - LAWTON BOARD MEMBER	1 00	X						0	0	0
DAVID POPE - LAWTON BOARD MEMBER	1 00	X						0	0	0
BURL RAGLAND - LAWTON BOARD MEMBER	1 00	X						0	0	0
STEPHANIE RALSTON - LAWTON BOARD MEMBER	1 00	X						0	0	0
BILL SCHNEIDER - LAWTON BOARD MEMBER	1 00	X						0	0	0
CYNTHIA SOSA - LAWTON BOARD MEMBER	1 00	X						0	0	0
KIMBERLY THOMAS - LAWTON BOARD MEMBER	1 00	X						0	0	0
LISA VAN BRUNT - LAWTON BOARD MEMBER	1 00	X						0	0	0
ANTHONY WILLIAMS - LAWTON BOARD MEMBER	1 00	X						0	0	0
CHRIS BRAUN - OAK HARBOR BOARD CHAIR	2 00	X		X				0	0	0
PAMELA PRICE - OAK HARBOR BOARD VICE CHAIR	2 00	X		X				0	0	0
SANDE MULKEY - OAK HARBOR BOARD SECRETARY	2 00	X		X				0	0	0
RENEE STONE - OAK HARBOR BOARD TREASURER	2 00	X		X				0	0	0
DAVID BOCKMAN - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
BARBARA BOCKMAN - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
FRANCIS BAGARELLA - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
JONATHON STONE - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
SHERRY YATES - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
DOUG PALKO - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
RICK ROSE - OAK HARBOR BOARD MEMBER	2 00	X						0	0	0
INGO HENTSCHEL - CAMP PENDLETON BOARD CHAIR	4 00	X		X				0	0	0
ELIZABETH RHEA - CAMP PENDLETON BOARD VICE CHAIR	4 00	X		X				0	0	0
CLIFFORD MYERS - CAMP PENDLETON BOARD TREASURER	4 00	X		X				0	0	0
ROBERT DOWNS - CAMP PENDLETON BOARD SECRETARY	4 00	X		X				0	0	0
WAYNE BELL - CAMP PENDLETON BOARD PARLIAMENTARIAN	4 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC AGUILERA - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
DAWN BAKER - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
STEVE BROWNE - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
TODD EMERSON - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
RICHARD FLEMING - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
ROBERT GLEISBERG - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
BEVERLY LEE - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
LONNIE LONG - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
TAMI MARANO - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
RICHARD MARSHACK - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
NANCI MAVAR - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
ED MIXON - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
JAVIER NICHOLAS - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
JOE PAPAY - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
HELEN HOLMES PEAK - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
JOSE PEREZ - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
JOHN RYAN - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
FILOMENA SPIESE - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
TRISH SPENCER - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
GEORGE YOUNG - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
KATHIE ZORTMAN - SAN DIEGO CHAIRMAN	1 00	X		X				0	0	0
CAPT DAVE GUEBERT USNR RET - SAN D 1ST VICE CHAIR	1 00	X		X				0	0	0
CDR SANDRA DAVIDSON USN RET - SAN 2ND VICE CHAIR	1 00	X		X				0	0	0
VADM TIM LAFLEUR USN RET - SAN DIE TREASURER	1 00	X		X				0	0	0
JOHN BAER - SAN DIEGO BOARD MEMBER	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RADM MARK BALMERT USN RET - SAN DI BOARD MEMBER	1 00	X						0	0	0
HENRY J BEDINGER - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
ELAINE BOLAND - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
JIM CHATFIELD II - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
KRISTINE COSTA - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
FRANCIS A DERBY CLU CFP - SAN DIEG BOARD MEMBER	1 00	X						0	0	0
ANN EVANS - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
CAPT RICHARD EVERT USN RET - SAN D LIFE BOARD MEMBER	1 00	X						0	0	0
JUDGE DAVID GILL - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
E MILES HARVEY - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
CAPT PETER HEDLEY USN RET - SAN DI BOARD MEMBER	1 00	X						0	0	0
RADM LEN HERING USN RET - SAN DIEG BOARD MEMBER	1 00	X						0	0	0
CAPT WILLIAM HEROMAN USN RET - SAN BOARD MEMBER	1 00	X						0	0	0
JOSI HUNT - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
GREGORY JOHNS - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
MIKE MADIGAN - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
LTCOL RUSSELL MCCREERY USMC RET - LIFE BOARD MEMBER	1 00	X						0	0	0
AYNN MCGUIRE - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
SAM MERRICK - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
JUDITH MYERS - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
VADM JOHN NYQUIST USN RET - SAN DI LIFE BOARD MEMBER	1 00	X						0	0	0
TIM M O'REILLY - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
VICTOR PEREZ - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
CHRISTOPHER PIERCE - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
JOHN REBELO JR - SAN DIEGO LIFE BOARD MEMBER	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RADM HJ T SEARS USN RET - SAN D BOARD MEMBER	1 00	X						0	0	0
LARI SHEEHAN - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
CHRISTINE SKOCZEK - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
CDR MICHAEL TURNER USN RET - SAN D BOARD MEMBER	1 00	X						0	0	0
COL EARL WEDERBROOK USMC RET - SAN BOARD MEMBER	1 00	X						0	0	0
PATTIE WELLBORN - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
DOMINIC WESTFALL - 29 PALMS CHAIRMAN	1 00	X		X				0	0	0
ALAN DUYFF - 29 PALMS VICE CHAIRMAN	1 00	X		X				0	0	0
JANICE WESTFALL - 29 PALMS TREASURER	1 00	X		X				0	0	0
SARAH POTTER - 29 PALMS SECRETARY	1 00	X		X				0	0	0
MICHAEL TEMPLETON - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
SHERI BEVAN - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
GENEVIEVE SALISBURY - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
JACK MCLAUGHLIN - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
RICK STELK - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
DAVID TEDROW - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
JAMES TODD - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
JOAN WILCOXEN - ALTUS EXECUTIVE DIRECTOR	38 00			X				42,124	0	8,399
MARI JO IMIG - ANCHORAGE EXECUTIVE DIRECTOR	40 00			X				69,627	0	3,652
CLIFF PENN - ANCHORAGE PROGRAM DIRECTOR	40 00			X				46,782	0	135
DIANA FRAYNE - ANCHORAGE DEPUTY DIRECTOR	40 00			X				39,183	0	3,652
OMAYRA ARROYO-ANDUJAR - ANCHORAGE ACCOUNTING MANAGER	40 00			X				45,283	0	135
JOSE MELENDEZ JR - EL PASO EXECUTIVE DIRECTOR	40 00			X				71,000	0	8,519
GUADALUPE SHIELDS - EL PASO ACCOUNTING MANAGER	40 00			X				43,600	0	5,231
LYNNE GRATES - FAYETTEVILLE EXECUTIVE DIRECTOR	40 00			X				72,508	0	8,701

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELANIE SPANGLER - FAYETTEVILLE BOOKEEPER/HR DIR	40 00			X				48,197	0	7,658
SHIRLEY WEST - FT CAMPBELL EXECUTIVE DIRECTOR	37 50			X				48,719	0	5,846
LINDA BRIGHT - FT LEONARD WOOD SR PROGRAM DIRECTOR	38 00			X				46,184	0	5,542
RUSSELL ARIZA - HAMPTON ROADS EXECUTIVE DIRECTOR	40 00			X				63,000	0	117
STAN LUM - HONLULU EXECUTIVE DIRECTOR	40 00			X				83,444	0	11,180
IRISH KAUHANE - HONOLULU BOOKKEEPER	40 00			X				32,882	0	101
ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40 00			X				91,025	0	20,825
LIONEL COLLINS - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				60,692	0	7,283
TRAVIS KNIGHT - KILLEEN EXECUTIVE DIRECTOR	40 00			X				49,608	0	22,353
DENISE CHAMBERDS - KILLEEN FINANCIAL MANAGER	40 00			X				47,164	0	10,696
PAUL BRITTON - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				45,241	0	13,255
ANTIONETTE WIGGINS - KILLEEN PROGRAM DIRECTOR	40 00			X				47,106	0	5,653
BILL VAUGHAN - LAWTON EXECUTIVE DIRECTOR	40 00			X				64,363	0	4,078
VIRGINIA HATCHER - LAWTON CENTER DIRECTOR	40 00			X				35,084	0	2,712
KATE SWANSON - LAWTON DEVELOPMENT DIRECTOR	40 00			X				23,926	0	128
MAJOR W LAURION - OAK HARBOR EXECUTIVE DIRECTOR	40 00			X				48,595	0	5,831
GEORGE BROWN - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			X				87,505	0	4,825
SAMANTHA HOLT - CAMP PENDLETON PROGRAM DIRECTOR	40 00			X				55,923	0	6,654
SHELA BULARAN - CAMP PENDLETON BUSINESS MANAGER	40 00			X				47,442	0	5,591
SUZANNE TABRUM - CAMP PENDLETON DIR OF EVENTS & COMMUNITY RELATIONS	40 00			X				46,808	0	5,400
CHRISTINE KISSEL - CAMP PENDLETON PRESCHOOL TEACHER	40 00			X				37,624	0	4,448
PAUL B STEFFENS - SAN DIEGO EXECUTIVE DIRECTOR	40 00			X				88,928	0	10,589
LOREE SOWDEN - SAN DIEGO BUSINESS MANAGER	40 00			X				68,412	0	12,163
CHERRI BARNSWELL GASE - SAN DIEGO EXECUTIVE ASSISTANT	40 00			X				66,495	0	9,801
PHYLLIS BARBER - SAN DIEGO SENIOR PROGRAM DIRECTOR	40 00			X				53,124	0	6,279

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMANDA CROSS - SAN DIEGO ASSOC EXECUTIVE DIRECTOR	40 00			X				43,009	0	7,544
ANITA NEU-FULTZ - 29 PALMS EXECUTIVE DIRECTOR	38 00			X				45,105	0	4,044
DAWN CLARK - 29 PALMS BUSINESS MANAGER	38 00			X				32,780	0	180