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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

7405 ALBAN STATION COURT SUITE B215 NO B215

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SPRINGFIELD, VA 221502318

F Name and address of principal officer

WILLIAM D FRENCH
7405 ALBAN STATION COURT SUITE B215
NO B21
SPRINGFIELD,VA 221502318

H(a) Is this a group return for subordinates?

☒ Yes ☐ No

H(b) Are all subordinates included?

☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

9372

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.ASYMCA.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation

M State of legal domicile

Part I	Summary																																
Activities & Governance	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																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>179</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>179</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>647</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>13,870</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>45,162</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>44,162</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	179	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	179	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	647	6	Total number of volunteers (estimate if necessary)	6	13,870	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,162	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	44,162								
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Revenue	<table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>9,854,035</td><td>16,261,968</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>5,318,774</td><td>4,969,947</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>208,983</td><td>111,369</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>2,446,685</td><td>1,586,025</td></tr><tr><td>12</td><td></td><td>17,828,477</td><td>22,929,309</td></tr></table>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9	Program service revenue (Part VIII, line 2g)	9,854,035	16,261,968	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,318,774	4,969,947	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	208,983	111,369	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,446,685	1,586,025	12		17,828,477	22,929,309								
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>0</td><td>3,995,210</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>8,471,908</td><td>8,032,220</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>16b</td><td>Total fundraising expenses (Part IX, column (D), line 25) ☐421,943</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>6,809,498</td><td>6,747,014</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>15,281,406</td><td>18,774,444</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>2,547,071</td><td>4,154,865</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	3,995,210	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)	8,471,908	8,032,220	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	16b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 421,943			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,809,498	6,747,014	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,281,406	18,774,444	19	Revenue less expenses Subtract line 18 from line 12	2,547,071	4,154,865
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Net Assets or Fund Balances	<table><tr><td></td><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>19,613,874</td><td>22,837,153</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>2,403,322</td><td>1,923,688</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>17,210,552</td><td>20,913,465</td></tr></table>			Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	19,613,874	22,837,153	21	Total liabilities (Part X, line 26)	2,403,322	1,923,688	22	Net assets or fund balances Subtract line 21 from line 20	17,210,552	20,913,465																
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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

Signature of officer

2015-06-29

Date

WILLIAM D FRENCH PRESIDENT AND CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

WILLIAM E TURCO CPA

Preparer's signature

WILLIAM E TURCO CPA

Date

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)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 6,837,284 including grants of \$ 1,624,228) (Revenue \$ 1,027,431)

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 READINESS OF MILITARY UNITS, PROVIDING CONFIDENCE AND PEACE OF MIND HIGHLIGHTS OF LOCAL PROGRAMS INCLUDE O EMERGENCY FOOD SUPPLIES O YOUNG FAMILY SUPPORT O FAMILY UNITY O PARENT AND TOTS TIMEO SHARING CARING MOMS O FAMILY GRAMSO PARENT & ME O FOOD FOR FAMILIESO FAMILY ABUSE SHELTER O CHILD ABUSE PREVENTIONO PARENTING WORKSHOPS O INFANT CAR SEAT LOANPROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES & FAMILIESO PARENT/DAUGHTER TEA O OPERATION KID COMFORTO CAMPING (DAY & RESIDENT) O PARENT DAUGHTER DANCESO WOUNDED WARRIOR FEW 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 \$ 5,103,546 including grants of \$ 1,212,371) (Revenue \$ 3,535,762)

CHILD CARE PROGRAMS DAYCARE AND BEFORE AND AFTER SCHOOL CARE SERVICES TO MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT LOW OR NO COST AT ASYMCA BRANCHES AND AFFILIATES

4c

(Code) (Expenses \$ 2,522,711 including grants of \$ 599,282) (Revenue \$ 62,449)

EDUCATIONAL ASSISTANCE PROGRAMS ASYMCA OFFERS A NUMBER OF EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS, RANGING FROM PROGRAMS OFFERED ON-SITE AT ASYMCA'S TO FINANCIAL ASSISTANCE TO SUPPORT ONGOING EDUCATION LOCAL PROGRAMS/SERVICES OFFERED INCLUDE O PRESCHOOLO SPECIAL INTEREST CLASSES FOR ADULTSO FINANCIAL MANAGEMENT CLASSES CHILD LITERACY PROGRAMO BEFORE- AND AFTER-SCHOOL TUTORINGO OPERATION HEROO SIGN LANGUAGE CLASSES EDUCATIONAL ASSISTANCE PROGRAMSO TUITION ASSISTANCEO AFTER SCHOOL ENRICHMENTO COMPUTER CLASSES ABCS AND 123SO GENERAL EDUCATION DIPLOMA O ENGLISH AS SECOND LANGUAGEATIONALLY, 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 FIFTEEN HUNDRED STUDENTS PER YEAR PARTICIPATE IN OPERATION HERO, WITH 10,000 PARTICIPATING SINCE INCEPTION

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,354,529 including grants of \$ 559,329) (Revenue \$ 344,305)

4e

Total program service expenses

16,818,070

Form 990 (2014)

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	No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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	179	
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	179	
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, address, and telephone number of the person who possesses the organization's books and records	MYRNA RAMOS CONTROLLER

Part VII

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

Check if Schedule O contains a response or note to any line 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			

Part VII

(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)	1,613,855	0	191,252

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 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
CDBL PO BOX 485 LAWTON, OK 73502	CONSTRUCTION MGMT	291,626
AE CONSTRUCTION 713 NW 46TH STREET LAWTON, OK 73505	CONSTRUCTION	245,954
PATCO 1301 S HWY 81 DUNCAN, OK 73533	ELECTRICAL	198,722
JC CONSTRUCTION 5008 SE 210TH STREET LAWTON, OK 73501	CONSTRUCTION	111,961
PIPPIN BROTHERS PO BOX 2707 LAWTON, OK 73502	PLUMBING, HVAC	110,937

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 ▶5

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	243,920					
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d	2,713,157					
	e	Government grants (contributions)	1e	174,794					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,130,097					
	g	Noncash contributions included in lines 1a-1f \$		2,544,405					
	h	Total. Add lines 1a-1f						16,261,968	
Program Service Revenue	2a	PROGRAM SERVICE FEES	Business Code	900099	4,071,190	4,071,190			
	b	GOVERNMENT CONTRACTS		900099	609,173	609,173			
	c	RESIDENCE & RELATED SE		900099	225,537	225,537			
	d	MEMBERSHIP DUES		900099	64,047	64,047			
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			4,969,947				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		94,260			94,260	
4		Income from investment of tax-exempt bond proceeds . .							
5		Royalties							
6a		(i) Real		(ii) Personal	669,403			669,403	
		669,403							
		Less rental expenses		0					
		Rental income or (loss)		669,403					
d		Net rental income or (loss)		669,403					
7a		(i) Securities		(ii) Other	17,109			17,109	
		16,860		249					
		Less cost or other basis and sales expenses		0					0
		Gain or (loss)		16,860					249
d		Net gain or (loss)		17,109					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .		1,285,262	593,720			593,720	
		b	Less direct expenses						691,542
		c	Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19		86,527	45,162		45,162		
		b	Less direct expenses						41,365
		c	Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances		300,260	270,981			270,981	
	b	Less cost of goods sold	29,279						
	c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code							
11a	OTHER		900099	6,759			6,759		
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d			6,759					
12	Total revenue. See Instructions			22,929,309	4,969,947	45,162	1,652,232		

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	3,995,210	3,995,210		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,231,903	1,970,057	173,128	88,718
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.	4,646,010	3,976,967	537,284	131,759
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	338,078	276,243	59,015	2,820
9	Other employee benefits.	295,475	264,361	23,838	7,276
10	Payroll taxes.	520,754	424,664	85,366	10,724
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	13,874	1,187	12,687	
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	21,217		21,217	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	333,310	206,631	85,260	41,419
12	Advertising and promotion.	67,276	46,855	20,421	
13	Office expenses.	4,296,185	4,055,182	154,518	86,485
14	Information technology.	52,057	44,552	6,076	1,429
15	Royalties.				
16	Occupancy.	324,434	277,463	32,596	14,375
17	Travel.	61,780	41,579	19,654	547
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	62,789	37,656	24,711	422
20	Interest.	34,951	23,800	11,151	
21	Payments to affiliates.	288,193	251,679	33,214	3,300
22	Depreciation, depletion, and amortization.	293,525	262,897	28,145	2,483
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	PROGRAM EVENTS	512,330	359,140	134,633	18,557
c	RENTALS, REPAIRS & MAIN	248,351	205,150	37,575	5,626
d	GIFTS & CONTRIBUTIONS	50,094	35,948	13,709	437
e	All other expenses	82,648	60,849	20,233	1,566
25	Total functional expenses. Add lines 1 through 24e.	18,774,444	16,818,070	1,534,431	421,943
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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,263,175	1	4,949,272
	2	Savings and temporary cash investments		2,286,470	2	3,787,752
	3	Pledges and grants receivable, net		3,055,779	3	5,026,266
	4	Accounts receivable, net		123,957	4	59,797
	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		62,745	9	32,696
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a12,119,282			
	b	Less accumulated depreciation	10b7,154,530	4,529,586	10c	4,964,752
	11	Investments—publicly traded securities		2,573,555	11	4,015,469
	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		3,717,458	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		19,613,874	16	22,837,153
Liabilities	17	Accounts payable and accrued expenses		810,844	17	1,017,720
	18	Grants payable			18	
	19	Deferred revenue		147,786	19	200,030
	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		84,635	23	107,108
	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		1,360,057	25	598,830
	26	Total liabilities. Add lines 17 through 25		2,403,322	26	1,923,688
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		12,403,925	27	10,053,073
	28	Temporarily restricted net assets		4,420,608	28	10,474,373
	29	Permanently restricted net assets		386,019	29	386,019
	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		17,210,552	33	20,913,465
	34	Total liabilities and net assets/fund balances		19,613,874	34	22,837,153

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,929,309
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,774,444
3	Revenue less expenses Subtract line 2 from line 1	3	4,154,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,210,552
5	Net unrealized gains (losses) on investments	5	-451,952
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	20,913,465

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

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

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

(Code	) (Expenses \$	2,354,529	including grants of \$	559,329) (Revenue \$	344,305)
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 CLASSES O RESPITE CARE O CPR TRAINING/FIRST AIDO HOSPITAL WARRIOR ROOMSO BABY BUNDLES 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 CLASSES O TAE KWON DOO PILATES/YOGAO WALKING GROUPSO SELF-WORTH WORKSHOPSO NUTRITION PROGRAMO HEALTHY LIFESTYLES CLASSES O YOUTH SPORTS, CAMPS, AND AQUATICSO GOLF TOURNAMENTSO 10K RACES O CERTIFIED AEROBICS CLASSES O ALL SERVICES ENLISTED BASEBALLO KIDS OLYMPICSO HEALTHY KIDS DAYO SOAP BOX DERBYRESIDENCE PROGRAM PROVIDES OVERNIGHT LODGING AT REDUCED PRICES 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 FALL PART III, LINE 4D OTHER PROGRAMS TOTAL					

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			
(1) ERIK LIND - ALASKA BOARD CHAIR	1 00	X		X				0	0	0
(1) KEITH MANTERNACH - ALASKA VICE CHAIR	1 00	X		X				0	0	0
(2) MICHAEL GONZALEZ - ALASKA 2ND VICE CHAIR	1 00	X		X				0	0	0
(3) INGRID KARN - ALASKA TREASURER	1 00	X		X				0	0	0
(4) DEANTHA CROCKETT - ALASKA SECRETARY	1 00	X		X				0	0	0
(5) LARRY SUTTERER - ALASKA BOARD MEMBER	0 50	X						0	0	0
(6) JIM LEE - ALASKA BOARD MEMBER	0 50	X						0	0	0
(7) BARBARA FULLMER - ALASKA BOARD MEMBER	0 50	X						0	0	0
(8) GREG MILLER - ALASKA BOARD MEMBER	0 50	X						0	0	0
(9) MARK HALL - ALASKA BOARD MEMBER	0 50	X						0	0	0
(10) MARK JOHN - ALASKA BOARD MEMBER	0 50	X						0	0	0
(11) FRANK WILLIAMS - ALASKA BOARD MEMBER	0 50	X						0	0	0
(12) JOHN PARROTT - ALASKA BOARD MEMBER	0 50	X						0	0	0
(13) PAMELA GUERRERO - ALASKA BOARD MEMBER	0 50	X						0	0	0
(14) MAREEN O'MALLEY - ALASKA BOARD MEMBER	0 50	X						0	0	0
(15) ERIC CAMPBELL - ALASKA BOARD MEMBER	0 50	X						0	0	0
(16) JOHN HORSCHLER - ALTUS PRESIDENT	3 00	X		X				0	0	0
(17) CONNIE MCQUINN - ALTUS VICE PRESIDENT	5 00	X		X				0	0	0
(18) CATHY STONE - ALTUS SECRETARY	3 00	X		X				0	0	0
(19) PAUL WOOD - ALTUS TREASURER	3 00	X		X				0	0	0
(20) LINDA WOOD - ALTUS IMMEDIATE PAST PRESIDENT	10 00	X						0	0	0
(21) INGO HENTSCHEL - CAMP PENDLETON BOARD CHAIRMAN	4 00	X		X				0	0	0
(22) ELIZABETH RHEA - CAMP PENDLETON VICE BOARD CHAIRMAN	4 00	X		X				0	0	0
(23) CLIFFORD MYERS - CAMP PENDLETON BOARD TREASURER	4 00	X		X				0	0	0
(24) ROBERT DOWNS - CAMP PENDLETON BOARD SECRETARY	4 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ED MIXON - CAMP PENDLETON BOARD PARLIAMENTARIAN	4 00	X		X				0	0	0
(1) ERIC AGUILERA - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(2) DAWN BAKER - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(3) WAYNE BELL - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(4) STEVE BROWNE - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
(5) MARY COGLIANESE - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(6) TODD EMERSON - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(7) MIKE FLEMING - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
(8) ROBERT GLEISBERG - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(9) PHILIP KAMS - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(10) TAMI MARANO - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(11) JOE PAPAY - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(12) HELEN HOLMES PEAK - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(13) JOSE PEREZ - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
(14) JOHN RYAN - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
(15) FILOMENA SPIESE - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(16) GEORGE YOUNG - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
(17) STAN ROBERTS 1SG RET - EL PASO BOARD CHAIRMAN	2 00	X		X				0	0	0
(18) JAN ANDERS - EL PASO BOARD SECRETARY	2 00	X		X				0	0	0
(19) MONIA MERRIWEATHER - EL PASO BOARD MEMBER	1 00	X						0	0	0
(20) TOM THOMAS - EL PASO BOARD MEMBER	1 00	X						0	0	0
(21) KIMBERLY MCKEAN - EL PASO BOARD MEMBER	1 00	X						0	0	0
(22) CHAPLAIN ARTIE MAXWELL - EL PASO BOARD MEMBER	1 00	X						0	0	0
(23) MARGARITA SALAZAR - EL PASO BOARD MEMBER	1 00	X						0	0	0
(24) KARA GUNTER - EL PASO BOARD MEMBER	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) TERESA TANNER - FT BRAGG PRESIDENT	20 00	X		X				0	0	0
(1) JAY GOTHARD - FT BRAGG VICE PRESIDENT	10 00	X		X				0	0	0
(2) PATRICIA FERGUSON - FT BRAGG SECRETARY	10 00	X		X				0	0	0
(3) DAN HETZER - FT BRAGG BOARD MEMBER	5 00	X						0	0	0
(4) BOB TESTA - FT BRAGG BOARD MEMBER	5 00	X						0	0	0
(5) JANET WHITAKER - FT BRAGG BOARD MEMBER	5 00	X						0	0	0
(6) WILLIAM WINFORD - FT BRAGG BOARD MEMBER	5 00	X						0	0	0
(7) LANA BASTIN - FT CAMPBELL BOARD CHAIRMAN	1 00	X		X				0	0	0
(8) KAREN STANLEY - FT CAMPBELL VICE CHAIRMAN	1 00	X		X				0	0	0
(9) KAREN GRIMSLEY - FT CAMPBELL SECRETARY	1 00	X		X				0	0	0
(10) COLLEEN OCHS - FT CAMPBELL TREASURER	1 00	X		X				0	0	0
(11) SANDRA SMITH - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(12) WAYNE ST LOUIS - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(13) ROYCE STEVENS - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(14) DANA CHANGO - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(15) MIKE GOODWIN - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(16) O'BEE O'BRYANT - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(17) KELLI PENDLETON - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(18) YVONNE PICKERING - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(19) DEANNA YATES - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(20) KENSLEY MCLELLAN - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
(21) MICHAEL R GROOTHOUSEN - HAMPTON RDS CHAIRMAN	2 00	X		X				0	0	0
(22) ERIC STAFFORD - HAMPTON RDS VICE CHAIRMAN	1 00	X		X				0	0	0
(23) JAMES STUTZ - HAMPTON RDS TREASURER	0 50	X		X				0	0	0
(24) SALLY SLEDGE - HAMPTON RDS SECRETARY	0 50	X		X				0	0	0

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(76) SARAH FARGO - HONOLULU BOARD CHAIRMAN/TREASURER	0 60	X		X				0	0	0
(1) COL REESE LIGGETT USAF RET - HONOL BOARD VICE-CHAIRMAN	0 60	X		X				0	0	0
(2) ALICE TUCKER - HONOLULU BOARD SECRETARY	0 60	X		X				0	0	0
(3) DON ANDERSON - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(4) CAROLYN BERRY - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(5) BRUNI BRADLEY - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(6) CAROL BROOKS - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(7) GILLIAN CARLISLE - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(8) MILDRED COURTNEY - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(9) PADDY GRIGGS - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(10) KARL KIYOKAWA - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(11) CAPT MICHAEL LILLY USN RET - HONOL BOARD MEMBER	0 30	X						0	0	0
(12) SALLY MIST - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(13) JERRY RAUCKHORST - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(14) CATHE ROBLING - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(15) PATRICK SHIN - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(16) VIVIEN STACKPOLE - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(17) GARY THOMAS - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(18) DAVID WALLER - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(19) NANCY WHITE - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(20) JEANNINE WIERCINSKI - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(21) SUZY WILLIAMS - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(22) TED WONG - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(23) AUGUST YEE - HONOLULU BOARD MEMBER	0 30	X						0	0	0
(24) LARRRY LINDER - KILLEEN BOARD CHAIR	10 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(101) DONALD SCOTT - KILLEEN VICE BOARD CHAIR	10 00	X		X				0	0	0
(1) CYD WEST - KILLEEN TREASURER	10 00	X		X				0	0	0
(2) BILL KOZLIK - KILLEEN BOARD SECRETARY	10 00	X		X				0	0	0
(3) JIM RIKARD - LAWTON PRESIDENT	3 00	X		X				0	0	0
(4) JOSH DEAVOURS - LAWTON 1ST VICE PRESIDENT	3 00	X		X				0	0	0
(5) DENNIS CLIPPINGER - LAWTON 2ND VICE PRESIDENT	3 00	X		X				0	0	0
(6) ANITA LOVE - LAWTON TREASURER	3 00	X		X				0	0	0
(7) ROB CLINE - LAWTON PAST PRESIDENT	3 00	X						0	0	0
(8) BETTY CERRONE - LAWTON BOARD MEMBER	2 00	X						0	0	0
(9) DEANO COX - LAWTON BOARD MEMBER	2 00	X						0	0	0
(10) JOE DIAZ - LAWTON BOARD MEMBER	2 00	X						0	0	0
(11) RANDY DOLLARHITE - LAWTON BOARD MEMBER	2 00	X						0	0	0
(12) MIKE DOOLEY - LAWTON BOARD MEMBER	2 00	X						0	0	0
(13) KRISTI FIELDS - LAWTON BOARD MEMBER	2 00	X						0	0	0
(14) JOHN HAITHCOCK - LAWTON BOARD MEMBER	2 00	X						0	0	0
(15) TOMMY HENDERSON - LAWTON BOARD MEMBER	2 00	X						0	0	0
(16) MARILYN JANOSKO - LAWTON BOARD MEMBER	2 00	X						0	0	0
(17) SANDRA KUNZ - LAWTON BOARD MEMBER	2 00	X						0	0	0
(18) TOM LINVILLE - LAWTON BOARD MEMBER	2 00	X						0	0	0
(19) GENE LOVE - LAWTON BOARD MEMBER	2 00	X						0	0	0
(20) DENNIS MEYER - LAWTON BOARD MEMBER	2 00	X						0	0	0
(21) BURL RAGLAND - LAWTON BOARD MEMBER	2 00	X						0	0	0
(22) STEPHANIE RALSTON - LAWTON BOARD MEMBER	2 00	X						0	0	0
(23) BILL SCHNEIDER - LAWTON BOARD MEMBER	2 00	X						0	0	0
(24) CYNTHIA SOSA - LAWTON BOARD MEMBER	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(126) KIMBERLY THOMAS - LAWTON BOARD MEMBER	2 00	X						0	0	0
(1) LISA VAN BRUNT - LAWTON BOARD MEMBER	2 00	X						0	0	0
(2) TANNA VU - LAWTON BOARD MEMBER	2 00	X						0	0	0
(3) ANTHONY WILLIAMS - LAWTON BOARD MEMBER	2 00	X						0	0	0
(4) JOE HAYES - MISSOURI FTLW CHAIR	1 00	X		X				0	0	0
(5) SCOTT JOHN - MISSOURI FTLW CHAIR	3 00	X		X				0	0	0
(6) L LEATHERBERY - MISSOURI FTLW VICE CHAIR	3 00	X		X				0	0	0
(7) MIKE BRAME - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(8) JOSH DEAVOURS - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(9) ADAM DYE - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(10) CONNIE ELLZEY - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(11) GAIL HUFFMAN - MISSOURI FTLW BOARD MEMBER	3 00	X						0	0	0
(12) EILEEN MCWILLIAMS - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(13) LINDALL MOSTAJO - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(14) THERESA STEWARD - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
(15) CAPT DAVID R GUEBERT USNR RET - CHAIRMAN	1 00	X		X				0	0	0
(16) CDR SANDRA DAVIDSON USN RET - SAN 1ST VICE CHAIR	1 00	X		X				0	0	0
(17) RADM LEENDERT R HERING USN RET - 2ND VICE CHAIR	1 00	X		X				0	0	0
(18) VADM TIM LAFLEUR USN RET - SAN DIE TREASURER	1 00	X		X				0	0	0
(19) LARI SHEEHAN - SAN DIEGO SECRETARY	1 00	X		X				0	0	0
(20) JOHN W BAER JR - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(21) JIM BEDINGER - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(22) DEBORAH BELL - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(23) JAMES A CHATFIELD II - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(24) KRISTINE COSTA - SAN DIEGO BOARD MEMBER	0 00	X						0	0	0

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(151) SARA FARNSWORTH - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(1) CAPT PETER F HEDLEY USN RET - SAN BOARD MEMBER	1 00	X						0	0	0
(2) WILLIAM M HEROMAN MD - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(3) GREGORY JOHNS - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(4) RADM JOHN R LYONS III USN RET - S BOARD MEMBER	1 00	X						0	0	0
(5) AYNM MCGUIRE - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(6) CHRISTOPHER PIERCE - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(7) RADM HJT SEARS MC USN RET - S BOARD MEMBER	1 00	X						0	0	0
(8) JUSTIN SERRANO - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(9) CHRISTINE SKOCZEK - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(10) PATTIE WELLBORN - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
(11) ELAINE BOLAND - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(12) ANN EVANS - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(13) CAPT RICHARD EVERT USN RET - SAN D LIFE BOARD MEMBER	1 00	X						0	0	0
(14) JUDGE DAVID M GILL - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(15) E MILES HARVEY - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(16) MIKE MADIGAN - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(17) SAM MERRICK - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(18) VADM JOHN W NYQUIST USN RET - SAN LIFE BOARD MEMBER	1 00	X						0	0	0
(19) TM O'REILLY - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(20) JOHN G REBELO JR - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
(21) SARAH POTTER - 29 PALMS CHAIRMAN	2 00	X		X				0	0	0
(22) RICHARD STELK - 29 PALMS VICE CHARIMAN	2 00	X		X				0	0	0
(23) JAMES TODD - 29 PALMS TREASURER	10 00	X		X				0	0	0
(24) DAVID TEDROW - 29 PALMS SECRETARY	10 00	X		X				0	0	0

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(176) HAROLD MCLAUGHLIN - 29 PALMS MEMBER AT LARGE	5 00	X						0	0	0
(1) GENA TORO - 29 PALMS MEMBER AT LARGE	2 00	X						0	0	0
(2) PAT DUNLEAVY - 29 PALMS MEMBER AT LARGE	2 00	X						0	0	0
(3) MARY TRIMMONS - 29 PALMS MEMBER AT LARGE	2 00	X						0	0	0
(4) MARI JO IMIG - ALASKA EXECUTIVE DIRECTOR	40 00			X				61,275	0	16,392
(5) EARL WHITT III - ALASKA EXECUTIVE DIRECTOR	40 00			X				62,546	0	1,433
(6) OMayRA ARROYO-ANDUJAR - ALASKA ACCOUNTING MANAGER	40 00			X				52,839	0	7,036
(7) JOAN WILCOXEN - ALTUS EXECUTIVE DIRECTOR	38 00			X				50,541	0	4,718
(8) GEORGE BROWN - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			X				90,193	0	10,769
(9) SHELA BULARAN - CAMP PENDLETON BUSINESS MANAGER	40 00			X				54,415	0	6,647
(10) JOSE MELENDEZ JR - EL PASO EXECUTIVE DIRECTOR	40 00			X				73,028	0	8,763
(11) GUADALUPE SHIELDS - EL PASO BUSINESS MANAGER	40 00			X				44,265	0	5,312
(12) CHERIE BORTNICK - FAYETTVILLE EXECUTIVE DIRECTOR	50 00			X				21,250	0	0
(13) BONNIE AMANDA P MCMILLAN - FAYETTVI EXECUTIVE DIRECTOR	50 00			X				33,131	0	0
(14) MELANIE S PEREZ - FAYETTVILLE BOOKKEEPER/HR	40 00			X				29,570	0	2,049
(15) KAREN GRIMSLEY - FT CAMPBELL EXECUTIVE DIRECTOR	40 00			X				42,985	0	333
(16) LINDA BRIGHT - MISSOURI EXECUTIVE DIRECTOR	40 00			X				48,521	0	4,638
(17) RUSSELL ARIZA - HAMPTON ROADS EXECUTIVE DIRECTOR	40 00			X				72,089	0	194
(18) TYETHA GREEN - HAMPTON ROADS BOOKKEEPER	35 00			X				24,071	0	0
(19) STANLEY LUM - HONOLULU EXECUTIVE DIRECTOR	40 00			X				87,842	0	8,219
(20) LAURIE MOORE - HONOLULU EXECUTIVE DIRECTOR	40 00			X				7,519	0	169
(21) CAROL WEAR - HONOLULU CHIEF OF OPERATIONS/BRANCH	40 00			X				39,128	0	7,113
(22) GRETA WILLIAMS - HONOLULU BUSINESS MANAGER	30 00			X				18,750	0	0
(23) CARL CHU - HONOLULU BUSINESS MANAGER	35 00			X				12,861	0	0
(24) ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40 00			X				103,935	0	18,003

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(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			
(201) LIONEL COLLINS - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				64,821	0	7,779
(1) TRAVIS KNIGHT - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				57,230	0	16,823
(2) DENISE CHAMBERDS - KILLEEN FINANCIAL MANAGER	40 00			X				50,709	0	11,616
(3) PAUL BRITTON - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				49,736	0	11,499
(4) BILL VAUGHAN - LAWTON EXECUTIVE DIRECTOR	40 00			X				67,619	0	4,200
(5) KATHERINE WHITEHEAD - LAWTON DIR OF ADMIN/FINANCE	40 00			X				27,891	0	3,711
(6) TIM NEY - SAN DIEGO EXECUTIVE DIRECTOR	40 00			X				90,387	0	100
(7) PHYLLIS BARBER - SAN DIEGO ACCOUNTANT	40 00			X				57,558	0	6,907
(8) ANITA NEU-FULTZ - 29 PALMS EXECUTIVE DIRECTOR	50 00			X				62,186	0	16,933
(9) SAMUEL SMITH - 29 PALMS ASSOCIATE DIRECTOR	50 00			X				18,541	0	5,525
(10) DAWN CLARK - 29 PALMS BUSINESS MANAGER	50 00			X				36,423	0	4,371

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,279,707	8,148,160	11,453,695	9,986,466	16,261,968	53,129,996
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,279,707	8,148,160	11,453,695	9,986,466	16,261,968	53,129,996
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)						261,034
6 Public support. Subtract line 5 from line 4						52,868,962

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	7,279,707	8,148,160	11,453,695	9,986,466	16,261,968	53,129,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,344,941	1,354,628	1,410,091	1,444,965	763,663	6,318,288
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 VI)						
11 Total support Add lines 7 through 10						59,448,284
12 Gross receipts from related activities, etc (see instructions)					12	36,205,243
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	88 930 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	86 660 %
16a	33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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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 value of contributions to (during year)	
3	Aggregate value of 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	460,936	392,368	361,889	359,869	309,532
b Contributions		48,645	4,025	10,498	19,280
c Net investment earnings, gains, and losses	7,300	19,923	26,454	-8,478	31,057
d Grants or scholarships					
e Other expenditures for facilities and programs	5,961				
f Administrative expenses					
g End of year balance	462,275	460,936	392,368	361,889	359,869

- 2

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

Board designated or quasi-endowment

b

Permanent endowment

83 500 %

c

Temporarily restricted endowment

16 500 %

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
- (i) unrelated organizations

3a(i)

Yes

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,008,933		1,008,933
b Buildings		5,985,088	4,244,663	1,740,425
c Leasehold improvements		556,643	479,869	76,774
d Equipment		937,999	924,375	13,624
e Other		3,630,619	1,505,623	2,124,996
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,964,752

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	36,259,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-451,952
b	Donated services and use of facilities	2b	4,462,253
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	8,558,095
e	Add lines 2a through 2d	2e	12,568,396
3	Subtract line 2e from line 1	3	23,691,495
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	-762,186
c	Add lines 4a and 4b	4c	-762,186
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	22,929,309

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	22,866,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,462,253
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,624,849
e	Add lines 2a through 2d	2e	8,087,102
3	Subtract line 2e from line 1	3	14,779,234
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	3,995,210
c	Add lines 4a and 4b	4c	3,995,210
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	18,774,444

Part XIII

Supplemental Information

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.

Return Reference	Explanation
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.
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 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 8,558,095
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE REPORTED ON LINE 8B -691,542. COST OF GOODS SOLD REPORTED ON LINE 10B -29,279. EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B -41,365.
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 2,862,663. FUNDRAISING EXPENSE REPORTED ON LINE 8B 691,542. EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B 41,365. COST OF GOODS SOLD REPORTED ON LINE 10B 29,279.
PART XII, LINE 4B - OTHER ADJUSTMENTS	TRANSFER OF ACTIVITY FROM SALE OF BUILDING 3,995,210

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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

Employer identification number
91-1883466

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>GOLF TOURNAMENT</u>	<u>FESTIVAL OF TREES</u>	<u>6</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	743,483	157,235	384,544	1,285,262	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	743,483	157,235	384,544	1,285,262	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.	418,928	128,009	144,605	691,542
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(691,542)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					593,720

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	86,527		86,527
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .	41,365		41,365
	6	Volunteer labor ☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			41,365
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			45,162

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct 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 activities conducted 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

EARL WHITT III

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. 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 provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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Inspection

Employer identification number
91-1883466

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARMED SERVICES YMCA OF THE USA 7405 ALBAN STATION COURT STE B215 SPRINGFIELD, VA 221502318	36-3274346	501(C)(3)		3,807,745	FMV	TRANSFER OF ACTIVITY FROM SALE OF BUILDING FROM SAN DIEGO	CONTRIBUTION
(2) ARMED SERVICES YMCA OF THE USA 7405 ALBAN STATION COURT STE B215 SPRINGFIELD, VA 221502318	36-3274346	501(C)(3)		187,465	FMV	TRANSFER OF ACTIVITY FROM SALE OF BUILDING FROM OAK HARBOR	CONTRIBUTION

2

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

1

3

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE M (Form 990)	Noncash Contributions ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2014
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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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		495,839	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	977	454,907	FMV
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GAME TICKETS)	X	103	570,247	FMV
26 Other ▶ (HOUSEHOLD ITEMS)	X	447	530,055	FMV
27 Other ▶ (TOYS)	X	422	341,918	FMV
28 Other ▶ (SPECIALITY LESSONS/ACTIVITIES)	X	11	34,032	FMV
Other ▶ (ENTERTAINMENT TICKETS)	X	12	29,315	FMV
Other ▶ (GIFT CARDS)	X	25	23,652	FMV
Other ▶ (EQUIPMENT)	X	11	18,326	FMV
Other ▶ (EDUCATIONAL SUPPLIES)	X	9	13,942	FMV
Other ▶ (ATTRACTION TICKETS)	X	18	8,971	FMV
Other ▶ (BLANKETS)	X	18	7,394	FMV
Other ▶ (BABY ESSENTIALS)	X	12	6,156	FMV
Other ▶ (READING MATERIAL)	X	13	5,155	FMV
Other ▶ (RESTAURANTS CERTS/VOUCHERS)	X	9	1,975	FMV
Other ▶ (TRAVEL)	X	5	1,920	FMV
Other ▶ (GREETING CARDS)	X	8	600	FMV
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		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?				Yes 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?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				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 III

Supplemental Information. 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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
ARMED SERVICES YMCA OF THE USA GROUP RETURN**Employer identification number**

91-1883466

**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.
--	--

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ASYMCA CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FALL 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

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 AND GEOGRAPHIC LOCATION. THE COO PROVIDES THAT DATA, ALONG WITH THE Y-USA RECOMMENDED GENERAL SALARY INCREASE TO THE BRANCH BOARD CHAIRMAN FOR USE IN THEIR EVALUATION AND COMPENSATION REVIEW PROCESS. THE LOCAL BRANCH BOARDS EACH DO AN INDEPENDENT EVALUATION OF THE EXECUTIVE DIRECTOR BASED ON THE ED EVALUATION AND COMPENSATION PACKAGE PROVIDED BY THE COO. THESE EVALUATIONS ARE COMPILED INTO ONE DOCUMENT WHICH CONTAINS THE EVALUATION AND THE RECOMMENDATION FOR COMPENSATION FOR THE NEW YEAR. THE EVALUATIONS AND PAY RECOMMENDATIONS ARE SENT BACK TO HEADQUARTERS FOR REVIEW BY THE CEO AND THEN FILING IN THE OFFICIAL EMPLOYEE RECORD. AT A REGULAR MEETING OF THE LOCAL BOARD, THE BOARD OF DIRECTORS VOTE ON THE EXECUTIVE DIRECTOR COMPENSATION PACKAGE AND DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE. THE DETERMINATION THAT THE ED COMPENSATION IS NOT EXCESSIVE IS THEN DOCUMENTED IN THE MINUTES OF THE LOCAL BOARD MEETING.

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