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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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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) | Room/suite
7405 ALBAN STATION COURT NO B215

City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, VA 221502318

D Employer identification number
91-1883466

E Telephone number
(703) 313-9600

G Gross receipts $ 17,807,010

F Name and address of principal officer
WILLIAM D FRENCH
7405 ALBAN STATION COURT NO B215
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

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE ARMED SERVICES YMCA OF THE USA- SEE SCH O FOR CONTINUATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2015 (Part V, line 2a)	**5**	604
6	Total number of volunteers (estimate if necessary)	**6**	87,676
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	36,404
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	16,261,968	8,895,267
9	Program service revenue (Part VIII, line 2g)	4,969,947	5,301,001
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,369	203,083
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,586,025	1,367,773
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,929,309	15,767,124
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,995,210	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,032,220	8,063,139
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶376,788		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,747,014	7,056,437
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,774,444	15,119,576
19	Revenue less expenses Subtract line 18 from line 12	4,154,865	647,548
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	22,837,153	29,129,740
21	Total liabilities (Part X, line 26)	1,923,688	7,822,352
22	Net assets or fund balances Subtract line 21 from line 20	20,913,465	21,307,388

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

****** 2016-05-12
Signature of officer Date

WILLIAM D FRENCH PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ RSM US 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

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 ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN SPIRIT, MIND AND BODY THROUGH PROGRAMS RELEVANT TO THE UNIQUE CHALLENGE OF MILITARY LIFE

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 $ 4,831,464 including grants of $) (Revenue $ 2,014,381)

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 FINANCIAL ASSISTANCE O YOUNG FAMILY SUPPORTO FAMILY UNITYO HOLIDAY ASSISTANCEO UNIT+FAMILY READINESS GROUP SUPPORT O PARENT/CHILD DANCESO PARENT & ME CLASSES O CHILDREN'S PLAYGROUNDSO WELLNESS PROGRAMSO CHILD ABUSE PREVENTIONO PARENTING WORKSHOPSO INFANT CAR SEAT LOANPROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES AND FAMILIESO OPERATION KID COMFORTO CAMPING (DAY & RESIDENT) O WOUNDED WARRIOR SUPPORTFEW 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 $ 3,560,027 including grants of $) (Revenue $ 1,484,280)

CHILD CARE PROGRAMS DAYCARE, BEFORE AND AFTER SCHOOL CARE AND HOSPITAL CHILD WATCH SERVICES FOR MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT LOW OR NO COST AT MULTIPLE ASYMCA BRANCHES AND AFFILIATES

4c (Code) (Expenses $ 1,780,013 including grants of $) (Revenue $ 742,140)

EDUCATIONAL ASSISTANCE PROGRAMS ASYMCA OFFERS A NUMBER OF EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS, RANGING FROM PROGRAMS OFFERED ON-SITE AT ASYMCAS TO FINANCIAL ASSISTANCE TO SUPPORT ONGOING EDUCATION LOCAL PROGRAMS/SERVICES OFFERED INCLUDE O PRESCHOOLO SPECIAL INTEREST CLASSES FOR ADULTSO FINANCIAL MANAGEMENT CLASSESO CHILD LITERACY PROGRAMO BEFORE- AND AFTER-SCHOOL TUTORINGO CHILD MENTORINGO SIGN LANGUAGE CLASSESO HEALTHY KIDS DAYSO ROBOTICS CAMPO TEEN LEADERSHIP TRAINING EDUCATIONAL ASSISTANCE PROGRAMSO TUITION ASSISTANCEO AFTER SCHOOL ENRICHMENTO COMPUTER CLASSESO ABCS AND 123SO GENERAL EDUCATION DIPLOMA O ENGLISH AS SECOND LANGUAGENATIONALLY, ONE OF ASYMCA'S KEYSTONE PROGRAMS IS OPERATION HERO, A PROGRAM THAT AIDS CHILDREN FROM SIX TO 12 YEARS OF AGE WHO ARE EXPERIENCING TEMPORARY DIFFICULTY IN SCHOOL, BOTH SOCIALLY AND ACADEMICALLY OFTEN THESE DIFFICULTIES ARE CAUSED BY FREQUENT MOVES AND FAMILY DISRUPTION DUE TO DEPLOYMENTS REFERRED BY TEACHERS, PARENTS, OR SCHOOL OFFICIALS, THE SEMESTER-LONG PROGRAM PROVIDES AFTER-SCHOOL TUTORING AND MENTORING ASSISTANCE IN A SMALL GROUP WITH CERTIFIED TEACHERS OPERATION HERO FACILITATES A POSITIVE ENVIRONMENT, ENCOURAGES RESPONSIBLE BEHAVIOR, AND GETS CHILDREN BACK ON TRACK IN SCHOOL, BOTH ACADEMICALLY AND SOCIALLY MORE THAN 2,000 STUDENTS PER YEAR PARTICIPATE IN OPERATION HERO

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 2,542,876 including grants of $) (Revenue $ 1,060,200)

4e **Total program service expenses** ▶ 12,714,380

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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response 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 . .	**1a**	29		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	604		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	1a	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	1b	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 7405 ALBAN STATION COURT NO B215 SPRINGFIELD, VA 221502318 (703) 313-9600

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

Check if Schedule O contains a response 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,594,913	0	170,580

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HILL & WILKINSON CONSTRUCTION 2703 TELECOM PARKWAY STE 120 RICHARDSON, TX 75082	CONSTRUCTION	5,755,263
STUDIO & ARCHITECTS 611 WEST 15TH STREET AUSTIN, TX 78701	ENGINEERING	413,397
PIPPIN BROTHERS P O BOX 2707 207 SE D AVENUE LAWTON, OK 73502	HVAC SERVICES	172,634
AE CONSTRUCTION 713 NW 46TH ST LAWTON, OK 73506	CONSTRUCTION	124,332

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 ▶ 4

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 246,428				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 2,746,452				
	e	Government grants (contributions)	1e 210,275				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5,692,112				
	g	Noncash contributions included in lines 1a-1f $	2,324,295				
	h	**Total.** Add lines 1a-1f		8,895,267			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900099	4,462,099	4,462,099		
	b	GOVERNMENT CONTRACTS	900099	540,893	540,893		
	c	RESIDENCE & RELATED SE	900099	222,042	222,042		
	d	MEMBERSHIP DUES	900099	75,967	75,967		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		5,301,001			
	3	Investment income (including dividends, interest, and other similar amounts)		133,867			133,867
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	450,226				
	b	Less rental expenses	0				
	c	Rental income or (loss)	450,226				
	d	Net rental income or (loss)		450,226			450,226
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,244,349	24,250			
	b	Less cost or other basis and sales expenses	1,199,383	0			
	c	Gain or (loss)	44,966	24,250			
	d	Net gain or (loss)		69,216			69,216
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 1,336,952				
	b	Less direct expenses	b 749,775				
	c	Net income or (loss) from fundraising events		587,177			587,177
	9a	Gross income from gaming activities See Part IV, line 19	a 82,418				
	b	Less direct expenses	b 46,014				
	c	Net income or (loss) from gaming activities		36,404		36,404	
	10a	Gross sales of inventory, less returns and allowances	a 282,297				
	b	Less cost of goods sold	b 44,714				
	c	Net income or (loss) from sales of inventory		237,583			237,583
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900099	56,383			56,383
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		56,383			
	12	**Total revenue.** See Instructions		15,767,124	5,301,001	36,404	1,534,452

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				
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	1,726,786	1,453,994	200,939	71,853
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,088,592	4,511,295	572,165	5,132
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	375,995	277,196	91,517	7,282
9 Other employee benefits	364,917	326,246	26,407	12,264
10 Payroll taxes	506,849	404,267	101,897	685
11 Fees for services (non-employees)				
a Management				
b Legal	64,084		63,491	593
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	25,485	150	25,335	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	444,729	294,255	109,539	40,935
12 Advertising and promotion	161,951	89,464	35,206	37,281
13 Office expenses	4,110,048	3,682,386	348,902	78,760
14 Information technology	44,330	40,174	4,156	
15 Royalties				
16 Occupancy	313,336	277,578	33,325	2,433
17 Travel	79,317	53,414	25,872	31
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	90,059	34,117	53,428	2,514
20 Interest	23,948	28	23,920	
21 Payments to affiliates	267,090	202,302	60,704	4,084
22 Depreciation, depletion, and amortization	455,690	405,857	40,483	9,350
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	8,000			8,000
b PROGRAM EVENTS	601,472	406,396	127,080	67,996
c RENTALS, REPAIRS & MAIN	261,605	202,640	39,215	19,750
d GIFTS & CONTRIBUTIONS	29,924	21,360	8,564	
e All other expenses	75,369	31,261	36,263	7,845
25 **Total functional expenses.** Add lines 1 through 24e	15,119,576	12,714,380	2,028,408	376,788
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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,949,272	1	3,174,019
	2	Savings and temporary cash investments		3,787,752	2	2,689,306
	3	Pledges and grants receivable, net		5,026,266	3	2,828,741
	4	Accounts receivable, net		59,797	4	100,097
	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		32,696	9	25,117
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,354,272			
	b	Less accumulated depreciation	10b 7,606,155	4,964,752	10c	13,748,117
	11	Investments—publicly traded securities		4,015,469	11	6,563,194
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,837,153	16	29,129,740
Liabilities	17	Accounts payable and accrued expenses		1,017,720	17	2,442,203
	18	Grants payable			18	
	19	Deferred revenue		200,030	19	185,628
	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		107,108	23	4,493,265
	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		598,830	25	701,256
	26	**Total liabilities.** Add lines 17 through 25		1,923,688	26	7,822,352
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		10,053,073	27	16,837,390
	28	Temporarily restricted net assets		10,474,373	28	4,083,979
	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		20,913,465	33	21,307,388
	34	Total liabilities and net assets/fund balances		22,837,153	34	29,129,740

Part XI Reconcilliation 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	15,767,124
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,119,576
3	Revenue less expenses Subtract line 2 from line 1	3	647,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,913,465
5	Net unrealized gains (losses) on investments	5	-253,625
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	21,307,388

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

Additional Data

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

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

(Code) (Expenses $ 2,542,876 including grants of $) (Revenue $ 1,060,200)

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 CHILD WATCH SO THAT MOMS AND DADS CAN ATTEND MEDICAL APPOINTMENTS ASYMCA EVEN OFFERS NON-MEDICAL ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING INFORMATION ABOUT INFANT CHILDCARE PROGRAMS OFFERED AT LOCAL BRANCHES INCLUDE O RECREATION THERAPY O VOLUNTEERS IN PEDIATRICSO INFANT IMMUNIZATION FOLLOW-UP O CHILDREN'S PRE-OPERATING PROGRAMO NEONATAL INTENSIVE CARE REUNION O SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDSO HEALING HEARTSO AQUACISE (AQUATICS PROGRAM)O BREAST CANCER AWARENESS GROUP O ACTIVE DUTY PREGNANCY CLASSESO RESPITE CARE O CPR TRAINING/FIRST AIDO 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 CLASSESO TAE KWON DOO PILATES/YOGAO WALKING GROUPSO SELF-WORTH WORKSHOPSO NUTRITION PROGRAMO HEALTHY LIFESTYLES CLASSESO YOUTH SPORTS, CAMPS, AND AQUATICSO GOLF TOURNAMENTSO 10K RACES O CERTIFIED AEROBICS CLASSESO ALL SERVICES ENLISTED BASEBALLO KIDS OLYMPICSO SOAP BOX DERBYTHE 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			
ERIK LIND - ALASKA BOARD CHAIR	1 00	X		X				0	0	0
KEITH MANTERNACH - ALASKA VICE CHAIR	1 00	X		X				0	0	0
MICHAEL GONZALEZ - ALASKA 2ND VICE CHAIR	1 00	X		X				0	0	0
INGRID KARN - ALASKA TREASURER	1 00	X		X				0	0	0
DEANTHA CROCKETT - ALASKA SECRETARY	1 00	X		X				0	0	0
LARRY SUTTERER - ALASKA BOARD MEMBER	0 50	X						0	0	0
JIM LEE - ALASKA BOARD MEMBER	0 50	X						0	0	0
BARBARA FULLMER - ALASKA BOARD MEMBER	0 50	X						0	0	0
GREG MILLER - ALASKA BOARD MEMBER	0 50	X						0	0	0
MARK HALL - ALASKA BOARD MEMBER	0 50	X						0	0	0
MARK JOHN - ALASKA BOARD MEMBER	0 50	X						0	0	0
FRANK WILLIAMS - ALASKA BOARD MEMBER	0 50	X						0	0	0
JOHN PARROTT - ALASKA BOARD MEMBER	0 50	X						0	0	0
PAMELA GUERRERO - ALASKA BOARD MEMBER	0 50	X						0	0	0
MAREEN O'MALLEY - ALASKA BOARD MEMBER	0 50	X						0	0	0
ERIC CAMPBELL - ALASKA BOARD MEMBER	0 50	X						0	0	0
JERRY CHRISTOPHER - ALTUS CHAIRMAN	5 00	X		X				0	0	0
CATHY STONE - ALTUS VICE PRESIDENT	5 00	X		X				0	0	0
MARNIE ALCALA - ALTUS SECRETARY	3 00	X		X				0	0	0
MEGAN MACKAY - ALTUS TREASURER	3 00	X		X				0	0	0
JOHN HORSCHLER - ALTUS PAST CHAIRMAN	5 00	X						0	0	0
JOSE PEREZ - CAMP PENDLETON BOARD CHAIR	16 00	X		X				0	0	0
CLIFFORD MYERS - CAMP PENDLETON BOARD VICE CHAIR	14 00	X		X				0	0	0
ROBERT DOWNS - CAMP PENDLETON BOARD SECRETARY	20 00	X		X				0	0	0
ROBERT GLEISBERG - CAMP PENDLETON BOARD TREASURER	6 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
ED MIXON - CAMP PENDLETON BOARD PARLIAMENTARIAN	22 00	X		X				0	0	0
DAWN BAKER - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
MOLLY BANTA - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
STEVE BROWNE - CAMP PENDLETON BOARD MEMBER	8 00	X						0	0	0
PETER BURGGREN - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
MARY COGLIANESE - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
TODD EMERSON - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
RICHARD FLEMING - CAMP PENDLETON BOARD MEMBER	18 00	X						0	0	0
JOHN GATES - CAMP PENDLETON BOARD MEMBER	0 00	X						0	0	0
KAREN GOUGH - CAMP PENDLETON BOARD MEMBER	6 00	X						0	0	0
INGO HENSTCHEL - CAMP PENDLETON BOARD MEMBER	14 00	X						0	0	0
KATHY NAYLOR - CAMP PENDLETON BOARD MEMBER	8 00	X						0	0	0
JOE PAPAY - CAMP PENDLETON BOARD MEMBER	2 00	X						0	0	0
HELEN HOLMES-PEAK - CAMP PENDLETON BOARD MEMBER	4 00	X						0	0	0
LIZ RHEA - CAMP PENDLETON BOARD MEMBER	20 00	X						0	0	0
JOHN RYAN - CAMP PENDLETON BOARD MEMBER	20 00	X						0	0	0
TRISH SPENCER - CAMP PENDLETON BOARD MEMBER	12 00	X						0	0	0
FILOMENA SPIESE - CAMP PENDLETON BOARD MEMBER	0 00	X						0	0	0
MONICA MERRIWEATHER - EL PASO BOARD CHAIR	4 00	X		X				0	0	0
MARGARITA SALAZAR - EL PASO BOARD VICE-CHAIR	2 00	X		X				0	0	0
JAN ANDERS - EL PASO BOARD SECRETARY	1 00	X		X				0	0	0
TOM THOMAS - EL PASO BOARD TREASURER	1 00	X		X				0	0	0
LETTY WEST - EL PASO BOARD MEMBER	2 00	X						0	0	0
MOSLEY HOBSON - EL PASO BOARD MEMBER	2 50	X						0	0	0
JIM HUFF - EL PASO BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
STEVE MILBURN - FORT BRAGG PRESIDENT	2 00	X		X				0	0	0
VINNIE VENTURELLA - FORT BRAGG VICE PRESIDENT	0 50	X		X				0	0	0
KIM HETHERINGTON - FORT BRAGG SECRETARY	1 25	X		X				0	0	0
TRACEY RAFFERTY - FORT BRAGG SECRETARY	1 00	X		X				0	0	0
AMANDA COLLINS - FORT BRAGG TREASURER	1 00	X		X				0	0	0
CAROL ULRICH - FORT BRAGG BOARD MEMBER	2 00	X						0	0	0
WILLIE SNOW - FORT BRAGG BOARD MEMBER	2 00	X						0	0	0
ELIZABETH HARRIS - FORT BRAGG BOARD MEMBER	0 50	X						0	0	0
SHAWNA MICHUAD - FORT BRAGG BOARD MEMBER	1 00	X						0	0	0
SONYA ANYANWU - FORT BRAGG BOARD MEMBER	0 50	X						0	0	0
DAN HETZER - FORT BRAGG BOARD MEMBER	0 50	X						0	0	0
MELISSA TOWNSEND - FORT BRAGG EX OFFICIO	0 50	X						0	0	0
LEAH JONES - FORT BRAGG EX OFFICIO	0 50	X						0	0	0
LANA BASTIN - FT CAMPBELL BOARD CHAIR	1 50	X		X				0	0	0
YVONNE PICKERING - FT CAMPBELL VICE CHAIR	1 50	X		X				0	0	0
WAYNE ST LOUIS - FT CAMPBELL TREASURER/SECRETARY	1 50	X		X				0	0	0
O'BEE O'BRYANT - FT CAMPBELL BOARD MEMBER	0 75	X						0	0	0
JOSEPH FERDELMAN - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
KENSLEY MARCUS - FT CAMPBELL BOARD MEMBER	0 75	X						0	0	0
ANNETTE KALINOWSKI - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
MELISSA SCHAFFNER - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
MELISSA PROVIST - FT CAMPBELL BOARD ADVISOR	1 00	X						0	0	0
VANESSA ESPINOSA - FT CAMPBELL BOARD ADVISOR	1 00	X						0	0	0
RADM MICHAEL R GROOTHOUSEN - HAMPTO CHAIRMAN	2 00	X		X				0	0	0
THERESA SOSKA - HAMPTON RDS VICE CHAIRMAN	0 50	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BUDD CHRISTMAN - HAMPTON RDS SECRETARY	0 50	X		X				0	0	0
JAMES OTTO STUTZ - HAMPTON RDS TREASURER	0 50	X		X				0	0	0
RADM LINDELL G RUTHERFORD - HAMPTON BOARD MEMBER	0 50	X						0	0	0
JEFF GERACI - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
SALLY SLEDGE - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
HEATHER TACE - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
ROBERT BOB OLDANI - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
VEDA STONE-GOFF - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
MICHAEL J WALKER - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
STEVEN P LETOURNEAU - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
DANIEL T DOYLE - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
TRICIA GROOTHOUSEN - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
DONALD BROWN - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
GINA BUZBY - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
STEVE LUDWIG - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
JOHN PAWLIN - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
ASHLEY MCDOUGAL - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
JANE BARCLIFT - HAMPTON RDS BOARD MEMBER	0 50	X						0	0	0
SARAH FARGO - HONOLULU BOARD CHAIRMAN	0 56	X		X				0	0	0
COL REESE LIGGETT USAF RET - HONOL BOARD VICE-CHAIRMAN	0 56	X		X				0	0	0
PADDY GRIGGS - HONOLULU BOARD TREASURER	0 60	X		X				0	0	0
NANCY WHITE - HONOLULU BOARD SECRETARY	0 56	X		X				0	0	0
AUGUST YEE - HONOLULU BOARD MEMBER	0 33	X						0	0	0
BRUNI BRADLEY - HONOLULU BOARD MEMBER	0 33	X						0	0	0
CAPT MICHAEL LILLY USN RET - HONOL BOARD MEMBER	0 33	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL BROOKS - HONOLULU BOARD MEMBER	0 33	X						0	0	0
DAVID WALLER - HONOLULU BOARD MEMBER	0 33	X						0	0	0
DON ANDERSON - HONOLULU BOARD MEMBER	0 33	X						0	0	0
EDDIE QUAN - HONOLULU BOARD MEMBER	0 33	X						0	0	0
MARIAN ATKINS - HONOLULU BOARD MEMBER	0 33	X						0	0	0
HELAN TOOLAN - HONOLULU BOARD MEMBER	0 33	X						0	0	0
JEANNINE WIERCINSKI - HONOLULU BOARD MEMBER	0 33	X						0	0	0
JERRY RAUCKHORST - HONOLULU BOARD MEMBER	0 33	X						0	0	0
KARL KIYOKAWA - HONOLULU BOARD MEMBER	0 33	X						0	0	0
LAURA AQUILINO - HONOLULU BOARD MEMBER	0 33	X						0	0	0
MILDRED COURTNEY - HONOLULU BOARD MEMBER	0 33	X						0	0	0
PATRICK SHIN - HONOLULU BOARD MEMBER	0 33	X						0	0	0
SALLY MIST - HONOLULU BOARD MEMBER	0 33	X						0	0	0
SUZY WILLIAMS - HONOLULU BOARD MEMBER	0 33	X						0	0	0
TED WONG - HONOLULU BOARD MEMBER	0 33	X						0	0	0
VIVIEN STACKPOLE - HONOLULU BOARD MEMBER	0 33	X						0	0	0
MARY FULLER - HONOLULU BOARD MEMBER	0 30	X						0	0	0
JEFF REMINGTON LTGEN USAF RET - HO BOARD MEMBER	0 30	X						0	0	0
DAVID ROBINSON - HONOLULU BOARD MEMBER	0 30	X						0	0	0
DON SCOTT - KILLEEN BOARD CHAIR	3 00	X		X				0	0	0
CYD WEST - KILLEEN VICE BOARD CHAIR	3 00	X		X				0	0	0
CINDY DAVIS - KILLEEN BOARD TREASURER	3 00	X		X				0	0	0
BILL KOZLIK - KILLEEN BOARD SECRETARY	3 00	X		X				0	0	0
LARRY LINDER - KILLEEN BOARD CHAIRS	3 00	X		X				0	0	0
DONNA CONNELL - KILLEEN 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			
GARY YOUNG - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DR JAMES ANDERSON - KILLEEN BOARD MEMBER	2 00	X						0	0	0
JERRY BARK - KILLEEN BOARD MEMBER	2 00	X						0	0	0
ZACHARY BOYD - KILLEEN BOARD MEMBER	2 00	X						0	0	0
CYNTHIA CASHION - KILLEEN BOARD MEMBER	2 00	X						0	0	0
ANDY CURTIS - KILLEEN BOARD MEMBER	2 00	X						0	0	0
ZACH DIETZE - KILLEEN BOARD MEMBER	2 00	X						0	0	0
TAD DORROH - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DON FELT CSMR USA - KILLEEN BOARD MEMBER	2 00	X						0	0	0
TERRI JONES - KILLEEN BOARD MEMBER	2 00	X						0	0	0
RICK KEAGLE - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DR JEFF KIRK - KILLEEN BOARD MEMBER	2 00	X						0	0	0
ANNMARIE MCKENNA - KILLEEN BOARD MEMBER	2 00	X						0	0	0
JIM MCKINNON - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DIANA MILLER - KILLEEN BOARD MEMBER	2 00	X						0	0	0
SALLY REBSTOCK - KILLEEN BOARD MEMBER	2 00	X						0	0	0
PAUL STRINGFELLOW CFP - KILLEEN BOARD MEMBER	2 00	X						0	0	0
TERRY THOMPSON - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DENNIS CLIPPINGER - LAWTON PRESIDENT	2 50	X		X				0	0	0
RANDY DOLLARHITE - LAWTON VICE PRESIDENT	2 50	X		X				0	0	0
TED JANOSKO - LAWTON 2ND VICE PRESIDENT	2 50	X		X				0	0	0
MARILYN JANOSKO - LAWTON TREASURER	2 50	X		X				0	0	0
JIM RIKARD - LAWTON PAST PRESIDENT	2 50	X						0	0	0
ROB CLINE - LAWTON BOARD MEMBER	1 25	X						0	0	0
JOHN DORSEY - LAWTON BOARD MEMBER	1 25	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANITA LOVE - LAWTON BOARD MEMBER	1 25	X						0	0	0
WILLIE BYRD - LAWTON BOARD MEMBER	1 25	X						0	0	0
CARLOS IRIZARRY - LAWTON BOARD MEMBER	1 25	X						0	0	0
MIKE DOOLEY - LAWTON BOARD MEMBER	1 25	X						0	0	0
BURL RAGLAND - LAWTON BOARD MEMBER	1 25	X						0	0	0
JOE DIAZ - LAWTON BOARD MEMBER	1 25	X						0	0	0
JOHN HAITHCOCK - LAWTON BOARD MEMBER	1 25	X						0	0	0
TOMMY HENDERSON - LAWTON BOARD MEMBER	1 25	X						0	0	0
LISA VAN BRUNT - LAWTON BOARD MEMBER	1 25	X						0	0	0
MARILYN JANOSKO - LAWTON BOARD MEMBER	1 25	X						0	0	0
GENE LOVE - LAWTON BOARD MEMBER	1 25	X						0	0	0
KIM THOMAS - LAWTON BOARD MEMBER	1 25	X						0	0	0
BILL SCHNEIDER - LAWTON BOARD MEMBER	1 25	X						0	0	0
ANTHONY WILLIAMS - LAWTON BOARD MEMBER	1 25	X						0	0	0
BETTY CERRONE - LAWTON BOARD MEMBER	1 25	X						0	0	0
CYNTHIA SOSA - LAWTON BOARD MEMBER	1 25	X						0	0	0
TANNA VU - LAWTON BOARD MEMBER	1 25	X						0	0	0
KRISTI FIELDS - LAWTON BOARD MEMBER	1 25	X						0	0	0
BILL BARWICK - LAWTON BOARD MEMBER	1 25	X						0	0	0
VICTORIA PONDER-UDENTHAL - LAWTON BOARD MEMBER	1 25	X						0	0	0
BARRY BEACHAMP - LAWTON BOARD MEMBER	1 25	X						0	0	0
ZOE DURANT - LAWTON BOARD MEMBER	1 25	X						0	0	0
CHAD HELWIG - LAWTON BOARD MEMBER	1 25	X						0	0	0
BILL KING - LAWTON BOARD MEMBER	1 25	X						0	0	0
SANDRA KUNZ - LAWTON BOARD MEMBER	1 25	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSH DEAVOURS - MISSOURI FTLW CHAIRMAN	1 00	X		X				0	0	0
SCOTT JOHN - MISSOURI FTLW VICE CHAIR	3 00	X		X				0	0	0
CONNIE ELLZEY - MISSOURI FTLW TREASURER	1 00	X		X				0	0	0
THERESA STEWARD - MISSOURI FTLW SECRETARY	1 00	X		X				0	0	0
KATRINA LYNCH ALLEN - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
L LEATHERBERY - MISSOURI FTLW BOARD MEMBER	3 00	X						0	0	0
LINDALL MOSTAJO - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
AMY HILTON - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
JOHN DENBO - MISSOURI FTLW BOARD MEMBER	1 00	X						0	0	0
CAPT DAVID R GUEBERT USNR RET - CHAIRMAN	1 00	X		X				0	0	0
CDR SANDRA DAVIDSON USN RET - SAN 1ST VICE CHAIR	1 00	X		X				0	0	0
RADM LEENDERT R HERING USN RET - 2ND VICE CHAIR	1 00	X		X				0	0	0
VADM TIM LAFLEUR USN RET - SAN DIE TREASURER	1 00	X		X				0	0	0
LARI SHEEHAN - SAN DIEGO SECRETARY	1 00	X		X				0	0	0
JOHN W BAER JR - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
JIM BEDINGER - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
DEBORAH BELL - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
JAMES A CHATFIELD II - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
KRISTINE COSTA - SAN DIEGO BOARD MEMBER	0 00	X						0	0	0
SARA FARNSWORTH - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
CAPT PETER F HEDLEY USN RET - SAN BOARD MEMBER	1 00	X						0	0	0
WILLIAM M HEROMAN MD - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
GREGORY JOHNS - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
RADM JOHN R LYONS III USN RET - S BOARD MEMBER	1 00	X						0	0	0
AYNN MCGUIRE - SAN DIEGO 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			
CHRISTOPHER PIERCE - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
RADM HJT SEARS MC USN RET - S BOARD MEMBER	1 00	X						0	0	0
JUSTIN SERRANO - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
CHRISTINE SKOCZEK - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
PATTIE WELLBORN - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
ELAINE BOLAND - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
ANN EVANS - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
CAPT RICHARD EVERT USN RET - SAN D LIFE BOARD MEMBER	1 00	X						0	0	0
JUDGE DAVID M GILL - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
E MILES HARVEY - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
MIKE MADIGAN - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
SAM MERRICK - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
VADM JOHN W NYQUIST USN RET - SAN LIFE BOARD MEMBER	1 00	X						0	0	0
TM O'REILLY - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
JOHN G REBELO JR - SAN DIEGO LIFE BOARD MEMBER	1 00	X						0	0	0
RICHARD STELK - 29 PALMS CHAIRMAN	1 00	X		X				0	0	0
JAMES TODD - 29 PALMS TREASURER	3 50	X		X				0	0	0
HAROLD JACK MCLAUGHLIN - 29 PALMS MEMBER	2 00	X						0	0	0
PAT DUNLEAVY - 29 PALMS MEMBER	1 00	X						0	0	0
WAYNE STAMM - 29 PALMS MEMBER	3 50	X						0	0	0
JUNE RICHARDSON - 29 PALMS MEMBER	1 00	X						0	0	0
MATTHEW SMITH-RINEHART - 29 PALMS MEMBER	1 00	X						0	0	0
EARL WHITT III - ALASKA EXECUTIVE DIRECTOR	40 00			X				69,212	0	2,646
OMAYRA ARROYO-ANDUJAR - ALASKA ACCOUNTING MANAGER	40 00			X				49,466	0	15,058
JOAN WILCOXEN - ALTUS EXECUTIVE DIRECTOR	40 00			X				57,040	0	7,052

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE BROWN III - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			X				78,419	0	9,341
SHELA BULARAN - CAMP PENDLETON BUSINESS MANAGER	40 00			X				58,100	0	7,089
CHRIS KEANNE - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			X				35,152	0	575
JOSE MELENDEZ JR - EL PASO EXECUTIVE DIRECTOR	40 00			X				66,708	0	7,303
GUADALUPE SHIELDS - EL PASO ACCOUNTING MANAGER	40 00			X				44,265	0	5,312
CHERIE BORTNICK - FAYETTVILLE EXECUTIVE DIRECTOR	50 00			X				68,000	0	0
HONIE PICKARD - FAYETTVILLE BOOKKEEPER/HR	24 00			X				11,349	0	0
RACHEL ANDERSON - FAYETTVILLE BOOKKEEPER	24 00			X				10,056	0	0
KAREN GRIMSLEY - FT CAMPBELL EXECUTIVE DIRECTOR	40 00			X				55,001	0	778
LINDA BRIGHT - MISSOURI FTLW EXECUTIVE DIRECTOR	40 00			X				49,683	0	5,962
RUSSELL ARIZA - HAMPTON RDS EXECUTIVE DIRECTOR	40 00			X				72,051	0	8,763
MARY BUTLER - HAMPTON RDS DIRECTOR OF FINANCE	40 00			X				22,733	0	0
LAURIE MOORE - HONOLULU EXECUTIVE DIRECTOR	40 00			X				90,000	0	2,863
CAROL WEAR - HONOLULU DIRECTOR OF OPERATIONS	40 00			X				28,509	0	2,891
KIMBERLY JEREMIAH - HONOLULU FINANCE DIRECTOR	40 00			X				32,337	0	3,737
GRETA WILLIAMS - HONOLULU BUSINESS MANAGER	40 00			X				16,892	0	0
ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40 00			X				107,027	0	18,644
LIONEL COLLINS - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				65,767	0	7,892
TRAVIS KNIGHT - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				60,234	0	7,228
DENISE CHAMBERS - KILLEEN FINANCIAL MANAGER	40 00			X				52,526	0	12,103
WILLIAM VAUGHAN - LAWTON EXECUTIVE DIRECTOR	40 00			X				68,971	0	4,200
KATHERINE WHITEHEAD - LAWTON DIR OF ADMIN/FINANCE	40 00			X				28,589	0	3,711
TIMOTHY NEY - SAN DIEGO EXECUTIVE DIRECTOR	40 00			X				94,302	0	235
PHYLLIS BARBER - SAN DIEGO DIRECTOR, HR/FINANCE	40 00			X				61,198	0	7,344
ANITA NEU-FULTZ - 29PALMS EXECUTIVE DIRECTOR	50 00			X				56,923	0	16,200

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL SMITH - 29PALMS ..... ASSOCIATE DIRECTOR	50 00			X				23,544	0	7,928
DAWN CLARK - 29PALMS ..... BUS MANAGER/EXECUITVE DIRECTOR	50 00			X				42,126	0	5,055
KEITH BROCKMANN - 29PALMS ..... BUSINESS MANAGER	50 00			X				12,500	0	0
SADIE FISHER - 29PALMS ..... ASSOC EXECUTIVE DIRECTOR	50 00			X				6,233	0	670

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
91-1883466

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	8,148,160	11,453,695	9,986,466	16,261,968	8,895,267	54,745,556
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,148,160	11,453,695	9,986,466	16,261,968	8,895,267	54,745,556
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)						243,940
6 **Public support.** Subtract line 5 from line 4						54,501,616

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8,148,160	11,453,695	9,986,466	16,261,968	8,895,267	54,745,556
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,354,628	1,410,091	1,444,965	763,663	584,093	5,557,440
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						60,302,996

12	Gross receipts from related activities, etc (see instructions)	12	35,754,272

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 2015 (line 6, column (f) divided by line 11, column (f))	14	90 380 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	88 930 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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	Parent of Supported Organizations **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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134054076

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

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

Employer identification number
91-1883466

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	462,275	460,936	392,368	361,889	359,869
b Contributions			48,645	4,025	10,498
c Net investment earnings, gains, and losses	-6,843	7,300	19,923	26,454	-8,478
d Grants or scholarships					
e Other expenditures for facilities and programs	11,437	5,961			
f Administrative expenses					
g End of year balance	443,995	462,275	460,936	392,368	361,889

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 ▶ 86 940 %
- c Temporarily restricted endowment ▶ 13 060 %

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

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

	Yes	No
(i) unrelated organizations 3a(i)		No
(ii) related organizations 3a(ii)	Yes	
b If "Yes" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land		1,008,933		1,008,933
b Buildings		5,990,900	4,478,993	1,511,907
c Leasehold improvements		2,849,350	581,800	2,267,550
d Equipment		933,798	947,103	-13,305
e Other		10,571,291	1,598,259	8,973,032
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				13,748,117

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO BRANCH & HEADQUARTERS	701,256
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	701,256

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	22,426,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-253,625		
b	Donated services and use of facilities	2b	5,109,900		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	962,363		
e	Add lines **2a** through **2d**			2e	5,818,638
3	Subtract line **2e** from line **1**			3	16,607,627
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	-840,503		
c	Add lines **4a** and **4b**			4c	-840,503
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	15,767,124

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

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

1	Total expenses and losses per audited financial statements			1	24,122,697
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	5,109,899		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,893,222		
e	Add lines **2a** through **2d**			2e	9,003,121
3	Subtract line **2e** from line **1**			3	15,119,576
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	15,119,576

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) ASYMCA HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR END DECEMBER 31, 2015 MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 962,363
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE REPORTED ON LINE 8B -749,775 COST OF GOODS SOLD REPORTED ON LINE 10B -44,714 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B -46,014
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 3,052,719 FUNDRAISING EXPENSE REPORTED ON LINE 8B 749,775 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B 46,014 COST OF GOODS SOLD REPORTED ON LINE 10B 44,714

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

2015

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" on 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
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 HONOLULU - BREAKFAST EVENT (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	777,116	148,331	411,505	1,336,952
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	777,116	148,331	411,505	1,336,952
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	467,972	31,165	250,638	749,775
	10 Direct expense summary Add lines 4 through 9 in column (d)				749,775
	11 Net income summary Subtract line 10 from line 3, column (d)				587,177

Part III Gaming.
Complete if the organization answered "Yes" on 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		82,418		82,418
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		46,014		46,014
	6 Volunteer labor	☑ Yes % ☐ No	☐ Yes % ☑ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				46,014
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				36,404

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 activity 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 ▶ $ 82,418 and the amount of gaming revenue retained by the third party ▶ $ 14,300

c If "Yes," enter name and address of the third party

Name ▶ MARI JO IMIG DBA GIMI GIFTS

Address ▶ 908 WEST 56TH AVENUE
ANCHORAGE, AK 99518

16 Gaming manager information

Name ▶ EARL WHITT III

Gaming manager compensation ▶ $ 1,384

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►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

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

Employer identification number
91-1883466

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		373,569	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	1,109	238,465	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (HOUSEHOLD ITEMS)	X	446	648,829	FMV
26 Other ► (TOYS)	X	587	401,329	FMV
27 Other ► (GAME TICKETS)	X	247	299,456	FMV
28 Other ► (ENTERTAINMENT/ATRACTION TICKETS)	X	56	83,834	FMV
Other ► (PRIZES FOR EVENTS/AUCTION ITEMS)	X	64	56,241	FMV
Other ► (GIFT CERTIFICATES/GIFTCARDS)	X	55	56,158	FMV
Other ► (PROGRAM SUPPLIES AND EQUIPMENTS (BIKES,SEWING MACHINES,FABRICS,ETC))	X	11	42,668	FMV
Other ► (GIFT CERTIFICATE - SPECIALTY LESSONS/ACTIVITIES)	X	12	34,032	FMV
Other ► (SUPPLIES/EQUIPMENT (OFFICE, SCHOOL))	X	27	30,261	FMV
Other ► (MAGAZINES, BOOKS, SUBSCRIPTIONS)	X	38	18,788	FMV
Other ► (BEDDINGS/LINENS)	X	23	11,637	FMV
Other ► (BABY PRODUCTS)	X	12	10,156	FMV
Other ► (MATERIALS SUCH AS FLYERS, SUPPLIES TO PROMOTE PROGRAMS & EVENTS)	X	3	9,550	FMV
Other ► (FLOWERS/DECORATIONS)	X	30	6,621	FMV
Other ► (SPORTS MEMORABILIA AND SPORTS SUPPLIES)	X	3	1,388	FMV
Other ► (AUTO REPAIRS SUPPLIES)	X	1	1,292	FMV
Other ► (CDS)	X	2	20	FMV

			Yes	No
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?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

2015

Open to Public Inspection

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