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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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
14040 CENTRAL LOOP NO B

City or town, state or province, country, and ZIP or foreign postal code
WOODBRIDGE, VA 22193

D Employer identification number
91-1883466

E Telephone number
(571) 932-3208

G Gross receipts $ 20,408,155

F Name and address of principal officer
WILLIAM D FRENCH
14040 CENTRAL LOOP NO B
WOODBRIDGE, VA 22193

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**	175
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	175
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	345
6	Total number of volunteers (estimate if necessary)	**6**	6,592
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	57,028
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	36,951

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,194,950	8,601,970
9	Program service revenue (Part VIII, line 2g)	6,973,295	8,373,336
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	246,255	242,257
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,348,559	1,560,058
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,763,059	18,777,621
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,803,497	10,090,485
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶796,186		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,752,592	7,979,613
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,556,089	18,070,098
19	Revenue less expenses Subtract line 18 from line 12	206,970	707,523

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,276,720	35,170,328
21	Total liabilities (Part X, line 26)	12,258,014	11,827,051
22	Net assets or fund balances Subtract line 21 from line 20	22,018,706	23,343,277

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

****** 2018-08-24
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 20878 | 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 $ 5,891,501 including grants of $) (Revenue $ 3,047,057)

See Additional Data

4b (Code) (Expenses $ 4,341,106 including grants of $) (Revenue $ 2,613,973)

See Additional Data

4c (Code) (Expenses $ 3,100,791 including grants of $) (Revenue $ 1,285,325)

See Additional Data

(Code) (Expenses $ 2,170,553 including grants of $) (Revenue $ 1,426,981)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 2,170,553 including grants of $) (Revenue $ 1,426,981)

4e **Total program service expenses ▶** 15,503,951

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	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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**		
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**	131		
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**	345		
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	175		
	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	175		
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 ▶DON KANDEL EXECUTIVE VP FOR FINANCE & OPERATIONS 14040 CENTRAL LOOP NO B WOODBRIDGE, VA 22193 (571) 932-3208

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) ▶								1,640,486	176,348	281,831

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 ▶ 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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	215,151			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	2,235,127			
	e Government grants (contributions)	1e	271,165			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,880,527			
	g Noncash contributions included in lines 1a-1f $ 2,444,405					
	h Total. Add lines 1a-1f		8,601,970			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE FEES	900099	5,181,204	5,181,204		
	b ~~MEMBERSHIP DUES~~	900099	2,133,087	2,133,087		
	c ~~GOVERNMENT CONTRACTS~~	900099	752,066	752,066		
	d ~~RESIDENCE & RELATED SE~~	900099	306,979	306,979		
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		8,373,336			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		196,547			196,547
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	688,395				
	b Less rental expenses	0				
	c Rental income or (loss)	688,395				
	d Net rental income or (loss)			688,395		688,395
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	614,282	9,280			
	b Less cost or other basis and sales expenses	577,852	0			
	c Gain or (loss)	36,430	9,280			
	d Net gain or (loss)			45,710		45,710
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	1,541,019				
	b Less direct expenses b	991,358				
	c Net income or (loss) from fundraising events			549,661		549,661
	9a Gross income from gaming activities See Part IV, line 19 a	93,652				
	b Less direct expenses b	36,624				
	c Net income or (loss) from gaming activities			57,028	57,028	
	10a Gross sales of inventory, less returns and allowances a	275,447				
	b Less cost of goods sold b	24,700				
	c Net income or (loss) from sales of inventory			250,747		250,747
	Miscellaneous Revenue	Business Code				
	11a OTHER	900099	14,227			14,227
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		14,227			
	12 Total revenue. See Instructions		18,777,621	8,373,336	57,028	1,745,287

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) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,858,280	1,538,847	225,602	93,831
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	6,880,579	5,723,662	790,132	366,785
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	337,516	248,461	79,364	9,691
9 Other employee benefits	376,445	329,788	39,222	7,435
10 Payroll taxes	637,665	518,403	92,059	27,203
11 Fees for services (non-employees)				
a Management				
b Legal	5,717	2,957	2,760	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	64,239		64,239	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	495,052	382,255	50,462	62,335
12 Advertising and promotion	182,655	95,371	18,214	69,070
13 Office expenses	2,876,710	2,746,718	79,568	50,424
14 Information technology	37,836	23,491	12,785	1,560
15 Royalties				
16 Occupancy	362,060	345,321	14,620	2,119
17 Travel	60,564	39,019	16,239	5,306
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,933	27,362	17,973	3,598
20 Interest	278,179	244,153	34,026	
21 Payments to affiliates	312,322	286,057	21,940	4,325
22 Depreciation, depletion, and amortization	733,948	716,296	15,432	2,220
23 Insurance	376,421	326,016	36,219	14,186
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 PROGRAM EVENTS	1,416,770	1,348,492	29,376	38,902
b RENTALS, REPAIRS & MAIN	513,896	434,031	67,479	12,386
c STAFF TRAINING	35,942	26,770	8,214	958
d UBIT TAXES	2,355			2,355
e All other expenses	176,014	100,481	54,036	21,497
25 **Total functional expenses.** Add lines 1 through 24e	18,070,098	15,503,951	1,769,961	796,186
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	2,765,998	1	3,149,913
	2	Savings and temporary cash investments	2,083,581	2	2,898,075
	3	Pledges and grants receivable, net	26,960	3	1,949,633
	4	Accounts receivable, net	2,174,131	4	372,696
	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	270,028	9	270,045
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 27,312,424			
	b	Less accumulated depreciation — 10b: 8,921,499	18,993,751	10c	18,390,925
	11	Investments—publicly traded securities	6,525,106	11	6,572,035
	12	Investments—other securities See Part IV, line 11	1,436,016	12	1,565,857
	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)	34,276,720	16	35,170,328
Liabilities	17	Accounts payable and accrued expenses	877,074	17	824,381
	18	Grants payable		18	
	19	Deferred revenue	325,107	19	257,282
	20	Tax-exempt bond liabilities	9,118,273	20	8,623,604
	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	588,699	23	687,924
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,348,861	25	1,433,860
	26	**Total liabilities.** Add lines 17 through 25	12,258,014	26	11,827,051
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	17,026,030	27	18,470,061
	28	Temporarily restricted net assets	4,606,657	28	4,487,197
	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	22,018,706	33	23,343,277
	34	Total liabilities and net assets/fund balances	34,276,720	34	35,170,328

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	18,777,621
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,070,098
3	Revenue less expenses Subtract line 2 from line 1	3	707,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,018,706
5	Net unrealized gains (losses) on investments	5	599,646
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	17,402
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,343,277

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 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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			
KEITH MANTERNACH - ALASKA BOARD CHAIR	3 00	X		X				0	0	0
MARK JOHN - ALASKA 2ND VICE CHAIR	1 00	X		X				0	0	0
MARK HALL - 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 VICE PRESIDENT	1 00	X		X				0	0	0
TERRI LINDSETH - ALASKA SECRETARY	1 00	X		X				0	0	0
ERIK LIND - ALASKA PAST BOARD CHAIR	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	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
TIM MAUDSLEY - ALASKA BOARD MEMBER	0 50	X						0	0	0
MAREEN O'MALLEY - ALASKA BOARD MEMBER UNTIL 03/2017	0 50	X						0	0	0
ERIC CAMPBELL - ALASKA BOARD MEMBER	0 50	X						0	0	0
JEFF SHIRLEY - ALASKA BOARD MEMBER	0 50	X						0	0	0
APRIL GETTYS - ALASKA BOARD MEMBER	0 50	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			
LAND HAYWARD - ALASKA BOARD MEMBER	0 50	X						0	0	0
STEPHAN FRANCIS - ALTUS PRESIDENT	2 00	X		X				0	0	0
CHARLA BURROWS - ALTUS VICE PRESIDENT	2 00	X		X				0	0	0
JOY RIVERA - ALTUS SECRETARY	2 00	X		X				0	0	0
ELIZABETH MARCH - ALTUS TREASURER	2 00	X		X				0	0	0
JOHN HORSCHLER - ALTUS BOARD MEMBER	2 00	X						0	0	0
TIPHANIE HAMON - ALTUS BOARD MEMBER	2 00	X						0	0	0
CHAD LEE - ALTUS BOARD MEMBER	2 00	X						0	0	0
KERRY BULL - ALTUS BOARD MEMBER	2 00	X						0	0	0
MONICA MERRIWEATHER - EL PASO CHAIR	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
TOM THOMAS - EL PASO TREASURER	4 00	X		X				0	0	0
JOHN BAILEY - EL PASO BOARD MEMBER	1 00	X						0	0	0
BRIAN BEAUREGARD - EL PASO BOARD MEMBER	1 00	X						0	0	0
JOSE POMPA - EL PASO BOARD MEMBER	1 00	X						0	0	0
LETTY WEST - EL PASO BOARD MEMBER	2 00	X						0	0	0
JIM HUFF - EL PASO BOARD MEMBER	1 00	X						0	0	0
STEVE MILBURN - FAYETTEVILLE PRESIDENT	2 00	X		X				0	0	0
WILLIE SNOW - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
CRIS NUNEZ - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
KAROLL ESTACIO - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH HARRIS - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
ALBIERO FLOREZ - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
CHANNING WALKER - FAYETTEVILLE BOARD MEMBER	1 00	X						0	0	0
KEVIN CAMPBELL - KILLEEN PRESIDENT	2 00	X		X				0	0	0
JOHN BIRD - KILLEEN VICE PRESIDENT	2 00	X		X				0	0	0
MARTY CHANIK - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DAVE SCANLAN - KILLEEN BOARD MEMBER	2 00	X						0	0	0
WILLIAM FRENCH - KILLEEN BOARD MEMBER	2 00	X						0	0	0
DON SCOTT - KILLEEN BOARD CHAIR UNTIL 09/2017	3 00	X		X				0	0	0
CYD WEST - KILLEEN VICE BOARD CHAIR UNTIL 09/2017	3 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			
CINDY DAVIS - KILLEEN BOARD TREASURER UNTIL 09/2017	3 00	X		X				0	0	0
BILL KOZLIK - KILLEEN BOARD SECRETARY UNTIL 09/2017	3 00	X		X				0	0	0
LARRY LINDER - KILLEEN FORMER BOARD CHAIR UNTIL 09/2017	3 00	X		X				0	0	0
DONNA CONNELL - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
GARY YOUNG - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
DR JAMES ANDERSON - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
JERRY BARK - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
ZACHARY BOYD - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
CYNTHIA CASHION - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
ANDY CURTIS - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ZACH DIETZE - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
TAD DORROH - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
DON FELT CSMR USA - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
TERRI JONES - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
RICK KEAGLE - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
DR JEFF KIRK - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
ANNMARIE MCKENNA - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
JIM MCKINNON - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
DIANA MILLER - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
SALLY REBSTOCK - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL STRINGFELLOW CFP - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
TERRY THOMPSON - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
KELLY SCHMIDT - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
ANTONIO LEIJA - KILLEEN BOARD MEMBER UNTIL 09/2017	2 00	X						0	0	0
TED JANOSKO - LAWTON PRESIDENT	2 00	X		X				0	0	0
BARRY BEAUCHAMP - LAWTON 1ST VP	2 00	X		X				0	0	0
LISA VAN BRUNT - LAWTON 2ND VP	2 00	X		X				0	0	0
VICTORIA PONDER-UTENDAHL - LAWTON TREASURER	2 00	X		X				0	0	0
ANITA LOVE - LAWTON SECRETARY	2 00	X		X				0	0	0
RANDY DOLLARHITE - LAWTON PAST PRESIDENT	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS CLIPPINGER - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
MARILYN JANOSKO - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
MARK SCOTT - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
KIM THOMAS - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
BETTY CERRONE - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
JIM RIKARD - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
BILL SCHNEIDER - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
WILLIE BRYD - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
JAMES TAYLOR - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
GENE LOVE - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN DORSEY - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
MIKE DOOLEY - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
ANTHONY WILLIAMS - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
ZOE DURANT - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
BENNE BREWER - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
JAN STRATTON - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
DAN YOUNG - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
DENNIS MEYER - LAWTON BOARD OF TRUSTEE MEMBER	2 00	X						0	0	0
CLIFF MYERS - CAMP PENDLETON BOARD CHAIRMAN	2 00	X		X				0	0	0
JOSE PEREZ - CAMP PENDLETON BOARD VICE CHAIRMAN	2 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LIZ RHEA - CAMP PENDLETON BOARD SECRETARY	2 00	X		X				0	0	0
ED MIXON - CAMP PENDLETON BOARD TREASURER	2 00	X		X				0	0	0
KAREN GOUGH - CAMP PENDLETON BOARD PARLIAMENTARIAN	2 00	X		X				0	0	0
DAWN BAKER - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
JOHN GATES - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
PETER BURGRREN - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
STEVE BROWNE - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
JESS BRESSI - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
CRAIG CLEMENTS - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
TODD EMERSON - CAMP PENDLETON 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			
MIKE FLEMING - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
MICHAEL GLEASON - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
MATTHEW GRIMSHAW - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
INGO HENTSCHEL - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
HELEN HOLMES PEAK - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
JOHN RYAN - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
RALPH SANCHEZ - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
WILLIAMS SHAW - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
FILOMENA SPIESE - CAMP PENDLETON BOARD MEMBER	1 00	X						0	0	0
GEORGE YOUNG - CAMP PENDLETON 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			
MICHAEL R GROOTHOUSEN - HAMPTON CHAIRMAN	2 00	X		X				0	0	0
THERESA SOSKA - HAMPTON VICE CHAIRMAN	0 50	X		X				0	0	0
BUDD CHRISTMAN - HAMPTON SECRETARY	0 50	X		X				0	0	0
JAMES OTTO STUTZ - HAMPTON TREASURER	0 50	X		X				0	0	0
SALLY SLEDGE - HAMPTON BOARD MEMBER	0 50	X						0	0	0
HEATHER TACE - HAMPTON BOARD MEMBER	0 50	X						0	0	0
ROBERT BOB OLDANI - HAMPTON BOARD MEMBER	0 50	X						0	0	0
VEDA STONE-GOFF - HAMPTON BOARD MEMBER	0 50	X						0	0	0
DANIEL T DOYLE - HAMPTON BOARD MEMBER	0 50	X						0	0	0
TRICIA GROOTHOUSEN - HAMPTON BOARD MEMBER	0 50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD BROWN - HAMPTON BOARD MEMBER	0 50	X						0	0	0
GINA BUZBY - HAMPTON BOARD MEMBER	0 50	X						0	0	0
STEVE LUDWIG - HAMPTON BOARD MEMBER	0 50	X						0	0	0
JOHN PAWLIN - HAMPTON BOARD MEMBER	0 50	X						0	0	0
JANE BARCLIFT - HAMPTON BOARD MEMBER	0 50	X						0	0	0
JOEL VARGAS - HAMPTON BOARD MEMBER	0 50	X						0	0	0
LISA THOMPSON - HAMPTON BOARD MEMBER	0 50	X						0	0	0
DAVE DUFFIE - HAMPTON BOARD MEMBER	0 50	X						0	0	0
KEVIN SLATES - HAMPTON BOARD MEMBER	0 50	X						0	0	0
JUSTIN SERRANO - SAN DIEGO PRESIDENT	1 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEN HERING - SAN DIEGO 1ST VICE PRESIDENT	1 00	X		X				0	0	0
DEBORAH BELL - SAN DIEGO 2ND VICE PRESIDENT	1 00	X		X				0	0	0
KATHIE ZORTMAN - SAN DIEGO SECRETARY	1 00	X		X				0	0	0
JOHN W BAER JR - SAN DIEGO TREASURER	1 00	X		X				0	0	0
MARY EVERT - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
FRED GORRIS - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
JERRY KINNICK - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
NANCY LAZARSKI - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
JOHN T LYONS III - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
MARI MCAVOY - 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			
PATRICK MCGRATH - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
VICTOR PEREZ - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
CHRISTINE SKOCZEK - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
DENISE STICH - SAN DIEGO BOARD MEMBER	1 00	X						0	0	0
KATRINA LYNCH ALLEN - FT LW BOARD MEMBER	2 00	X						0	0	0
MICHELLE BECKLEY - FT LW BOARD MEMBER	2 00	X						0	0	0
JOSH DEAVOURS - FT LW BOARD CHAIR	2 00	X		X				0	0	0
JOHN DENBO - FT LW BOARD MEMBER	2 00	X						0	0	0
SHELLEY EMPERATO - FT LW BOARD MEMBER	2 00	X						0	0	0
AMY HILTON - FT LW 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			
HAZEL SNELL - FT LW BOARD MEMBER	2 00	X						0	0	0
ANNETTE KALINOWSKI - FT CAMPBELL BOARD CHAIRMAN	2 00	X		X				0	0	0
YVONNE PICKERING - FT CAMPBELL VICE CHAIRMAN	2 00	X		X				0	0	0
JOE FERDELMAN - FT CAMPBELL TREASURER	2 00	X		X				0	0	0
KAREN STANLEY - FT CAMPBELL SECRETARY	1 00	X		X				0	0	0
MELISSA SCHAFFNER - FT CAMPBELL BOAD MEMBER	1 00	X						0	0	0
FAIRLEN BROWNING - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
RICH HOLLODAY - FT CAMPBELL BOARD MEMBER	1 00	X						0	0	0
WAYNE STAMM - 29 PALMS PRESIDENT	2 00	X		X				0	0	0
JAMES TODD - 29 PALMS VICE PRESIDENT	2 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD JACK MCLAUGHLIN - 29 PALMS TREASURER	2 00	X		X				0	0	0
RICHARD STELK - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
CARL ANGDAHL - 29 PALMS MEMBER AT LARGE	2 00	X						0	0	0
DIANE KEATE - 29 PALMS MEMBER AT LARGE	2 00	X						0	0	0
MARTY DUNN - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
SUSAN FIGUEROA - 29 PALMS MEMBER AT LARGE	1 00	X						0	0	0
AUGUST YEE - HONOLULU BOARD MEMBER	0 30	X						0	0	0
BOB BOREK - HONOLULU BOARD VICE-CHAIRMAN	0 30	X		X				0	0	0
MICHAEL LILLY -HONOLU BOARD MEMBER	0 33	X						0	0	0
REESE LIGGETT - HONOL BOARD MEMBER	0 56	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE SHANAHAN - HONOLULU BOARD MEMBER	0 30	X						0	0	0
DAVID VALENTE - HONOLULU BOARD MEMBER	0 30	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
DONNA BERGER - HONOLULU BOARD MEMBER	0 30	X						0	0	0
DONNA O'SHAUGHNESSY - HONOLULU BOARD MEMBER	0 30	X						0	0	0
EDDIE QUAN - HONOLULU BOARD MEMBER	0 33	X						0	0	0
JEANNINE WIERCINSKI -HONOLULU BOARD MEMBER	0 33	X						0	0	0
JEFF REMINGTON - HONOLULU BOARD CHAIRMAN	0 60	X		X				0	0	0
NANCY WHITE - HONOLULU BOARD SECRETARY	0 56	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PADDY GRIGGS - HONOLULU BOARD TREASURER	0 60	X		X				0	0	0
KELLI FORT - HONOLULU BOARD MEMBER	0 33	X						0	0	0
MARIAN ATKINS - HONOLULU BOARD MEMBER	0 33	X						0	0	0
MARY FULLER - HONOLULU BOARD MEMBER	0 30	X						0	0	0
MILDRED COURTNEY - HONOLULU BOARD MEMBER	0 33	X						0	0	0
PATRICIA SWIFT - HONOLULU BOARD MEMBER	0 30	X						0	0	0
PATRICK SHIN - HONOLULU BOARD MEMBER	0 33	X						0	0	0
PATTI BROWN - HONOLULU BOARD MEMBER	0 30	X						0	0	0
SALLY MIST - HONOLULU BOARD MEMBER	0 33	X						0	0	0
SARAH FARGO - HONOLULU BOARD MEMBER	0 30	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SIMONA CLARK - HONOLULU BOARD MEMBER	0 33	X						0	0	0
SUSAN COWAN - HONOLULU BOARD MEMBER	0 30	X						0	0	0
VIVIEN STACKPOLE - HONOLULU BOARD MEMBER	0 33	X						0	0	0
DONALD KANDEL - KILLEEN SECRETARY	10 00			X				0	176,348	26,646
LORAN MAYES - ALTUS EXECUTIVE DIRECTOR	40 00			X				44,259	0	154
JOAN WILCOX - ALTUS EXECUTIVE DIRECTOR	40 00			X				21,761	0	2,805
KATHY FOXEN - FT BRAGG EXECUTIVE DIRECTOR	40 00			X				59,315	0	16,056
HONIE PICKARD - FT BRAGG BOOKKEEPER	30 00			X				19,246	0	1,355
ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40 00			X				83,300	0	16,434
SHERI YERRINGTON - KILLEEN EXECUTIVE DIRECTOR	40 00			X				22,952	0	3,119

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			
TRAVIS KNIGHT - KILLEEN ASSOC EXECUTIVE DIRECTOR	40 00			X				65,003	0	24,961
DENISE CHAMBERS - KILLEEN FINANCIAL MANAGER	40 00			X				61,459	0	17,302
CAROL HERRICK - LAWTON EXECUTIVE DIRECTOR	40 00			X				63,682	0	1,597
RUSSELL ARIZA - HAMPTON EXECUTIVE DIRECTOR	40 00			X				80,614	0	10,357
MARY BUTLER - HAMPTON DIRECTOR OF FINANCE	40 00			X				55,551	0	10,284
MATT RUMPH - FT LW EXECUTIVE DIRECTOR	40 00			X				81,397	0	14,355
KAREN GRIMSLEY - FT CAMPBELL EXECUTIVE DIRECTOR	40 00			X				46,200	0	18,606
SARAH RIFFER - ALASKA EXECUTIVE DIRECTOR	40 00			X				74,271	0	9,008
OMAYRA ARROYO-ANDUJAR - ALASKA ACCOUNTING MANAGER	40 00			X				55,229	0	13,980
TED J PRITCHARD - EL PASO EXECUTIVE DIRECTOR	40 00			X				74,712	0	358

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			
GUADALUPE SHIELDS - EL PASO ACCOUNTING MANAGER	40 00			X				47,353	0	5,934
CHRISTOPHER KEANE - CAMP PENDLETON EXECUTIVE DIRECTOR	40 00			X				107,167	0	8,144
SHELA BULARAN - CAMP PENDLETON ACCOUNTING MANAGER	40 00			X				59,848	0	7,613
SAMANATHA HOLT - CAMP PENDLETON INTERIM EXECUTIVE DIRECTOR	40 00			X				69,955	0	8,686
TIMOTHY NEY - SAN DIEGO EXECUTIVE DIRECTOR	40 00			X				118,826	0	16,507
PHYLLIS BARBER - SAN DIEGO DIRECTOR, FINANCE/HR	40 00			X				73,127	0	10,444
DAWN CLARK - 29 PALMS EXECUTIVE DIRECTOR	40 00			X				54,808	0	6,972
KEITH BROCKMANN - 29 PALMS BUSINESS MANAGER	40 00			X				42,878	0	3,249
LAURIE MOORE - HONOLULU EXECUTIVE DIRECTOR	40 00			X				100,903	0	14,572
KIMBERLY JEREMIAH - HONOLULU BUSINESS MANAGER	40 00			X				56,670	0	12,333

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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

2017

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,986,466	16,261,968	8,895,267	8,194,950	8,601,970	51,940,621
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	9,986,466	16,261,968	8,895,267	8,194,950	8,601,970	51,940,621
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)						323,202
6 **Public support.** Subtract line 5 from line 4						51,617,419

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	9,986,466	16,261,968	8,895,267	8,194,950	8,601,970	51,940,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,444,965	763,663	584,093	721,637	884,942	4,399,300
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						56,339,921

12 Gross receipts from related activities, etc (see instructions) **12** 39,574,999

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 2017 (line 6, column (f) divided by line 11, column (f))	**14**	91 620 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	91 330 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 91-1883466

Name: ARMED SERVICES YMCA OF THE USA
GROUP RETURN

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

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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

2017

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	444,872	443,995	462,275	460,936	392,368
b Contributions					48,645
c Net investment earnings, gains, and losses		877	-6,843	7,300	19,923
d Grants or scholarships					
e Other expenditures for facilities and programs			11,437	5,961	
f Administrative expenses					
g End of year balance	444,872	444,872	443,995	462,275	460,936

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 ▶ 87 000 %
- c Temporarily restricted endowment ▶ 13 000 %

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	Yes	
(ii) related organizations		No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,008,933		1,008,933
b Buildings		19,399,678	5,253,842	14,145,836
c Leasehold improvements		2,849,350	744,837	2,104,513
d Equipment				
e Other		4,054,463	2,922,820	1,131,643
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				18,390,925

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
DUE TO BRANCH & HEADQUARTERS	1,433,860
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,433,860

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	28,557,553
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	599,646		
b	Donated services and use of facilities	2b	1,684,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,443,604		
e	Add lines **2a** through **2d**			2e	8,727,250
3	Subtract line **2e** from line **1**			3	19,830,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-1,052,682		
c	Add lines **4a** and **4b**			4c	-1,052,682
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	18,777,621

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	24,478,498
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,684,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	4,724,400		
e	Add lines **2a** through **2d**			2e	6,408,400
3	Subtract line **2e** from line **1**			3	18,070,098
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	18,070,098

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-1883466

Name: ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS CREATED ON BEHALF OF THE BRANCHES AN D INVESTMENTS HELD BY LOCAL COMMUNITY FOUNDATIONS THESE ARE THE LAWTON COMMUNITY FOUNDATI ON, 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

Supplemental Information

Return Reference	Explanation
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 ENDED DECEMBER 31, 2017, AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION MANAGEMENT EVALUATED ASYMCA'S TAX POSIT IONS AND CONCLUDED THAT ASYMCA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMEN T TO THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 6,443,604

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE REPORTED ON LINE 8B -991,358 COST OF GOODS SOLD REPORTED ON LINE 10B -22,345 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B -38,979

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 3,688,761 FUNDRAISING EXPENSE REPORTED ON LINE 8B 991,358 COST OF GOODS SOLD REPORTED ON LINE 10B 22,345 EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B 38,979 INTEREST RATE SWAP -17,043

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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

2017

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
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.

Revenue		(a) Event #1 FIREWORKS EVENT - SAN DIEGO (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	467,597	440,919	632,503	1,541,019
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	467,597	440,919	632,503	1,541,019
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	456,050	185,060	350,248	991,358
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				991,358
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				549,661

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			93,652	93,652
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			36,624	36,624
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				36,624
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				57,028

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 ▶ $ 93,652 and the amount of gaming revenue retained by the third party ▶ $ 14,400

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 ▶ SARAH RIFFER

Gaming manager compensation ▶ $

Description of services provided ▶ CHARITABLE GAMING PULLTABS

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 43,000

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

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

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

Employer identification number
91-1883466

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONALD KANDEL - KILLEEN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	161,348	15,000	0	0	26,646	202,994	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
91-1883466

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	(ARMED SERVICES YMCA OF THE USA PROJECT) SERIES 2016A & SERIES 2016B	26-1604618		08-31-2016	9,327,977	CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	9,327,977			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	186,559			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	BRANCH BANKING AND TRUST COMPANY							
c	Term of hedge	1000 0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
91-1883466

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X			FMV
6	Cars and other vehicles	X	4		FMV
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	723		FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			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 nonstandard 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

Additional Data

Software ID:

Software Version:

EIN: 91-1883466

Name: ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Part I, Lines 25-28

	(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
Other ▶ (TOYS)	X	701	0	FMV
Other ▶ (GAME TICKETS)	X	171	0	FMV
Other ▶ (EQUIPMENT)	X	11	0	FMV
Other ▶ (GIFT CARD/CERT)	X	422	0	FMV
Other ▶ (NON-GAME TICKETS)	X	56	0	FMV
Other ▶ (MATERIALS SUCH AS FLYERS TO PROMOTE PROGRAMS/EVENTS)	X	2	0	FMV
Other ▶ (MAGAZINES,BOOKS,SUBSCRIPTIONS)	X	17	0	FMV
Other ▶ (AUTO REPAIRS SUPPLIES)	X	1	0	FMV
Other ▶ (GOLF & COMBAT FISHING TOURNAMENT - PRIZES)	X	70	0	FMV

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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

2017

Open to Public Inspection

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

Employer identification number
91-1883466

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, REASON FOR AMENDED RETURN	THE AMENDED FORM 990 IS BEING FILED TO CORRECT THE BRANCH DESIGNATION FOR BOARD MEMBERS A S PRESENTED IN PART VII OF THE FORM 990 AS WELL AS COMPENSATION INFORMATION THE GAMING MA NAGER AS SHOWN IN SCHEDULE G, PART III, PAGE 3, LINE 16

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE IRS 990 IS REVIEWED AT THE MAY NATIONAL BOARD MEETING EACH YEAR THE COMPLETED 990 IS REVIEWED BY THE COMPENSATION COMMITTEE AND THE FINANCE COMMITTEE BEFORE IT IS SIGNED BY TH E CEO IN THE PAST THE COMMITTEES HAVE ENSURED THAT THE IRS 990 NUMBERS AGREE WITH THE AUD ITED NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSE, EXECUTIVE COMPENSATION AND MISSI ON ACCOMPLISHMENT THIS YEAR THEY WILL SPECIFICALLY FOCUS ON THOSE AREAS AS WELL AS THE NE W GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 TO ENSURE THEY ARE ALL PROPERLY DOC UMENTED THIS DOCUMENT IS MADE AVAILABLE TO THE ENTIRE NATIONAL BOARD OF DIRECTORS FOR THE IR PERSONAL REVIEW AND TO RESOLVE ANY QUESTIONS THEY MAY HAVE

990 Schedule O, Supplemental Information

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 DU RING 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 A NY BOARD MEMBERS NOT IN ATTENDANCE ARE MAILED A NEW CONFLICT OF INTEREST FORM AND THEY WIL L BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND FILED THE KEY MEM BERS OF THE HEADQUARTERS STAFF (CEO, COO AND CFO) ALSO COMPLETE THE CONFLICT OF INTEREST F ORMS THE EXECUTIVE DIRECTORS OF EACH ASYMCA BRANCH ALSO COMPLETE A NEW FORM EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HEADQUARTERS COO GATHERS ALL COMPARABILITY DATA FROM THE YMCA OF THE USA AND OUTSIDE N ON-PROFIT ORGANIZATIONS OF LIKED SIZE AND SCOPE AND GEOGRAPHIC LOCATION THE HEADQUARTERS COO PROVIDES THAT DATA, ALONG WITH THE Y-USA RECOMMENDED GENERAL SALARY INCREASE TO THE BR ANCH 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 I NTO 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 R EVIEW 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 PACKAG E AND DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE THE DETERMINATION THAT THE ED COMP ENSATION IS NOT EXCESSIVE IS THEN DOCUMENTED IN THE MINUTES OF THE LOCAL BOARD MEETING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTEREST RATE SWAP 17,402