

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2019

Open to Public Inspection

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

## A For the 2019 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ARMED SERVICES YMCA OF THE USA		<b>D</b> Employer identification number 36-3274346
	Doing business as		<b>E</b> Telephone number (571) 932-3208
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	14040 CENTRAL LOOP		<b>G</b> Gross receipts \$ 8,649,392.
City or town, state or province, country, and ZIP or foreign postal code WOODBIDGE, VA 22193		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: WILLIAM D. FRENCH SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: ASYMCA.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1983	<b>M</b> State of legal domicile: IL

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN SPIRIT, MIND AND		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	38
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	24
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	45
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,541,220.	6,917,625.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	903,223.	579,681.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-127,563.	-79,858.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,316,880.	7,417,448.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,102,019.	3,262,004.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,062,588.	2,220,779.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	338,636.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,504,178.	1,841,880.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,668,785.	7,324,663.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	648,095.	92,785.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	24,956,171.	27,637,235.
		1,597,372.	2,025,340.
		23,358,799.	25,611,895.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	WILLIAM D. FRENCH, PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature <i>William Turco</i>	Date 08/08/2020	Check if self-employed <input type="checkbox"/>	PTIN P00369217
	Firm's name RSM US LLP	Firm's address 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878	Firm's EIN 42-0714325	Phone no. 301-296-3600	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] 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 \$ 3,476,914. including grants of \$ 2,120,303. ) (Revenue \$ ) 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 SUPPORT O FAMILY UNITY O HOLIDAY ASSISTANCE O UNIT+FAMILY READINESS GROUP SUPPORT O PARENT/CHILD DANCES

4b (Code: ) (Expenses \$ 906,365. including grants of \$ 552,723. ) (Revenue \$ ) 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 PRESCHOOL O SPECIAL INTEREST CLASSES FOR ADULTS O FINANCIAL MANAGEMENT CLASSES O CHILD LITERACY PROGRAM O BEFORE- AND AFTER-SCHOOL TUTORING O CHILD MENTORING O SIGN LANGUAGE CLASSES

4c (Code: ) (Expenses \$ 754,993. including grants of \$ 460,412. ) (Revenue \$ ) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 210,826. including grants of \$ 128,567. ) (Revenue \$ )

4e Total program service expenses 5,349,098.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
STEPHEN BROWN, CONTROLLER - (571) 932-3208
14040 CENTRAL LOOP, NO. B, WOODBRIDGE, VA 22193

**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, and 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. See instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN H. TILELLI, JR., GEN, USA CHAIRMAN	1.00	X		X				0.	0.	0.
(2) JOHN BIRD VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) DAVID SCANLAN TREASURER	1.00	X		X				0.	0.	0.
(4) KATE BOYCE REEDER SECRETARY	1.00	X		X				0.	0.	0.
(5) ANDREA INSERRA DIRECTOR	1.00	X						0.	0.	0.
(6) ANDY WALSH DIRECTOR	1.00	X						0.	0.	0.
(7) BOB BURKE DIRECTOR	1.00	X						0.	0.	0.
(8) DAVID B. PAGE DIRECTOR	1.00	X						0.	0.	0.
(9) DAVID HALVERSON DIRECTOR	1.00	X						0.	0.	0.
(10) DEREK BLAKE DIRECTOR	1.00	X						0.	0.	0.
(11) J. J. CAWELTI DIRECTOR	1.00	X						0.	0.	0.
(12) JEREMY MARTIN, COL, USA (RET) DIRECTOR	1.00	X						0.	0.	0.
(13) JOE MILITANO DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN BUTLER DIRECTOR	1.00	X						0.	0.	0.
(15) JOSEPH MILITANO DIRECTOR	1.00	X						0.	0.	0.
(16) KATHIE ZORTMAN DIRECTOR	1.00	X						0.	0.	0.
(17) KEVIN CAMPBELL, LTG, USA (RET) DIRECTOR	1.00	X						0.	0.	0.

**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 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			
(18) KEVIN ISHERWOOD DIRECTOR	1.00	X						0.	0.	0.
(19) LARRY HUGHES DIRECTOR	1.00	X						0.	0.	0.
(20) LAUREN STEVENS DIRECTOR	1.00	X						0.	0.	0.
(21) MATT STOVER DIRECTOR	1.00	X						0.	0.	0.
(22) MATTHEW BENEDICT DIRECTOR	1.00	X						0.	0.	0.
(23) MEG O'GRADY DIRECTOR	1.00	X						0.	0.	0.
(24) MELVIN SPIESE DIRECTOR	1.00	X						0.	0.	0.
(25) MICHAEL S. GRADY DIRECTOR	1.00	X						0.	0.	0.
(26) MIKE BASLA, LT GEN, USAF (RET) DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,134,533.	0.	147,552.
<b>d Total (add lines 1b and 1c)</b>								1,134,533.	0.	147,552.

**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 6

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

**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
FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD 55 W. MONROE ST STE 2300, CHICAGO, IL 60603	LEGAL SERVICES	100,394.

**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 1

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MITCHELL WALDMAN DIRECTOR	1.00	X						0.	0.	0.
(28) NEIL JARVIS DIRECTOR	1.00	X						0.	0.	0.
(29) PAM SWAN DIRECTOR	1.00	X						0.	0.	0.
(30) RICARDO CHAMORRO DIRECTOR	1.00	X						0.	0.	0.
(31) RICHARD PATTENAUE DIRECTOR	1.00	X						0.	0.	0.
(32) ROSEMARY WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
(33) SCOTT LAVERTY DIRECTOR	3.00	X						0.	0.	0.
(34) SHARON DUNBAR DIRECTOR	4.00	X						0.	0.	0.
(35) TIM PAYNTER DIRECTOR	5.00	X						0.	0.	0.
(36) VERNON WALLACE DIRECTOR	6.00	X						0.	0.	0.
(37) VINCENT DESIO DIRECTOR	7.00	X						0.	0.	0.
(38) WIL ZEMP DIRECTOR	8.00	X						0.	0.	0.
(39) WILLIAM FRENCH PRESIDENT/CEO	40.00			X				319,438.	0.	33,600.
(40) DONALD KANDEL CFO AND CAO	60.00			X				219,096.	0.	30,251.
(41) CHRISTOPHER HALEY CHIEF OF STAFF & CHIEF MARKETING OFF	60.00				X			168,812.	0.	21,486.
(42) CHARLES WILLIAMS COO & CHIEF PROGRAMS OFFICER	60.00				X			165,981.	0.	0.
(43) ASHISH VAZIRANI CHIEF DEVELOPMENT OFFICER	60.00					X		160,215.	0.	28,925.
(44) STEPHEN BROWN CONTROLLER	60.00					X		100,991.	0.	33,290.
<b>Total to Part VII, Section A, line 1c</b>								<b>1,134,533.</b>		<b>147,552.</b>

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	9,051.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	406,520.				
	<b>d</b> Related organizations .....	<b>1d</b>	1,945,672.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	410,778.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,145,604.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 147,257.				
	<b>h Total.</b> Add lines 1a-1f .....			6,917,625.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		574,257.			574,257.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	22,500.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	22,500.				
	<b>d</b> Net rental income or (loss) .....			22,500.		22,500.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,132,171.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,126,747.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	5,424.					
<b>d</b> Net gain or (loss) .....			5,424.		5,424.		
<b>8 a</b> Gross income from fundraising events (not including \$ 406,520. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	105,197.			
		<b>c</b> Net income or (loss) from fundraising events .....			-105,197.		-105,197.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	900099	2,839.		2,839.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			2,839.			
<b>12 Total revenue.</b> See instructions .....			7,417,448.	0.	0.	499,823.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,262,004.	3,262,004.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	956,537.	589,884.	268,823.	97,830.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,025,137.	639,426.	279,815.	105,896.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,727.	30,574.	16,266.	3,887.
<b>9</b> Other employee benefits .....	65,346.	36,222.	19,823.	9,301.
<b>10</b> Payroll taxes .....	123,032.	44,165.	67,600.	11,267.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	140,311.		140,311.	
<b>c</b> Accounting .....	56,603.		56,603.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	83,344.		83,344.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	219,518.	88,390.	72,754.	58,374.
<b>12</b> Advertising and promotion .....	81,335.	18,261.	46,419.	16,655.
<b>13</b> Office expenses .....	47,278.	474.	46,270.	534.
<b>14</b> Information technology .....	216,540.	184,059.	25,495.	6,986.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	53,567.	15,010.	36,825.	1,732.
<b>17</b> Travel .....	112,385.	10,576.	97,812.	3,997.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	44,607.	16,504.	28,103.	
<b>20</b> Interest .....	13,801.		13,801.	
<b>21</b> Payments to affiliates .....	228,175.	91,270.	136,905.	
<b>22</b> Depreciation, depletion, and amortization .....	13,031.	7,819.	4,431.	781.
<b>23</b> Insurance .....	77,576.	17,677.	59,899.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DONATED SERVICES AND MA	172,186.	172,186.		
<b>b</b> PROGRAM SUPPLIES	124,597.	124,597.		
<b>c</b> BAD DEBT EXPENSE	110,000.		110,000.	
<b>d</b> PROGRAM EVENTS	21,396.			21,396.
<b>e</b> All other expenses _____	25,630.		25,630.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,324,663.	5,349,098.	1,636,929.	338,636.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	697,535.	<b>2</b>	227,873.
	<b>3</b> Pledges and grants receivable, net .....	665,771.	<b>3</b>	1,358,177.
	<b>4</b> Accounts receivable, net .....	1,182,291.	<b>4</b>	1,085,403.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	491,654.	<b>9</b>	526,927.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 787,334.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 766,188.		
	<b>11</b> Investments - publicly traded securities .....	9,342,151.	<b>11</b>	7,772,807.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,182,033.	<b>12</b>	15,254,518.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,360,558.	<b>15</b>	1,390,384.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,956,171.	<b>16</b>	27,637,235.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,597,372.	<b>17</b>	2,025,340.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,597,372.	<b>26</b>	2,025,340.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	22,593,352.	<b>27</b>	24,140,803.
	<b>28</b> Net assets with donor restrictions .....	765,447.	<b>28</b>	1,471,092.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	23,358,799.	<b>32</b>	25,611,895.
	<b>33</b> Total liabilities and net assets/fund balances .....	24,956,171.	<b>33</b>	27,637,235.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,417,448.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,324,663.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	92,785.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,358,799.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,160,311.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	25,611,895.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

**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 **section 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,522,254.	6,206,074.	6,622,094.	6,541,220.	6,917,625.	31,809,267.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,522,254.	6,206,074.	6,622,094.	6,541,220.	6,917,625.	31,809,267.
<b>5</b> 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) .....						275,454.
<b>6 Public support.</b> Subtract line 5 from line 4.						31,533,813.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	5,522,254.	6,206,074.	6,622,094.	6,541,220.	6,917,625.	31,809,267.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	600,062.	499,774.	650,047.	703,749.	596,757.	3,050,389.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,991.					3,991.
<b>11 Total support.</b> Add lines 7 through 10						34,863,647.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,896.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.45 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	91.77 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM EXEMPT ACTIVITY

2015 AMOUNT: \$ 3,991.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  ARMED SERVICES YMCA OF THE USA	Employer identification number  36-3274346
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 490,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  ARMED SERVICES YMCA OF THE USA	Employer identification number  36-3274346
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



Name of organization  ARMED SERVICES YMCA OF THE USA	Employer identification number  36-3274346
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

<b>Name of the organization</b> ARMED SERVICES YMCA OF THE USA	<b>Employer identification number</b> 36-3274346
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**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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education)     Preservation of a 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 Tax 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 7/25/06, 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 FASB 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 FASB 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 FASB 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 make 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 program
  - 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 on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 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				
b Buildings		115,329.	96,416.	18,913.
c Leasehold improvements		1,980.	1,980.	0.
d Equipment				
e Other		670,025.	667,792.	2,233.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,146.

**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) HEDGE FUNDS	3,669,218.	END-OF-YEAR MARKET VALUE
(B) 153634,10-ISHARES MSCI EAFE INT'L		
(C) I (BTMKX)	2,130,905.	END-OF-YEAR MARKET VALUE
(D) 249550,582-EATON VANCE GROUP INCM		
(E) (EIBIX)	1,409,961.	END-OF-YEAR MARKET VALUE
(F) 21019.66-ISHARES S&P 500 FUND CL G		
(G) (BSPGX)	8,044,434.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,254,518.	

**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)		
<b>Total.</b> (Col. (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) DUE FROM AFFILIATES	1,303,088.
(2) DEPOSIT	87,296.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,390,384.

**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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	33,098,964.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,160,311.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	75,360.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	23,340,648.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	25,576,319.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,522,645.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-105,197.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-105,197.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	7,417,448.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	27,495,024.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	75,360.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	20,095,001.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	20,170,361.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,324,663.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	7,324,663.

**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.

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, 2019, AND HAS BEEN CLASSIFIED AS AN ORGANIZATION

THAT IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

AFFILIATES ACTIVITIES INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 23,340,648.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GALA EXPENSES REPORTED ON PART VIII, LN 8B -105,197.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATES ACTIVITIES INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 19,989,804.

GALA EXPENSES REPORTED ON PART VIII, LN 8B 105,197.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 20,095,001.

**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, line 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

**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
- 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 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.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANGELS OF THE BATTLEFIELD GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	406,520.		406,520.
	2	Less: Contributions	406,520.		406,520.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	89,492.		89,492.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	15,705.		15,705.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			105,197.
11	Net income summary. Subtract line 10 from line 3, column (d)			-105,197.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **ARMED SERVICES YMCA OF THE USA** Employer identification number **36-3274346**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARMED SERVICES YMCA OF ALASKA P.O. BOX 6272 ELMENDORF AFB, AK 99506	92-0016680	501(C)(3)	188,073.	0.			PROGRAM SUPPORT
ALTUS ARMED SERVICES YMCA 308 N FIRST STREET, STE 1201 ALTUS, OK 73523	90-0246016	501(C)(3)	33,500.	0.			PROGRAM SUPPORT
EL PASO ASYMCA 7060 COMINGTON ST. EL PASO, TX 79930	74-1146782	501(C)(3)	93,809.	0.			PROGRAM SUPPORT
FORT BRAGG/POPE AFB ASYMCA 208 THORNCLIFF DRIVE FAYETTEVILLE, NC 28303	56-2159770	501(C)(3)	171,988.	0.			PROGRAM SUPPORT
KILLEEN ASYMCA 415 N. 8TH ST. KILLEEN, TX 76541	74-1902832	501(C)(3)	176,900.	0.			PROGRAM SUPPORT
LAWTON ASYMCA 201 SOUTH 4TH STREET, LAWTON, OK 73501	73-0583931	501(C)(3)	132,050.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 34.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP PENDELTON ASYMCA BOX 555028, BUILDING 16144 CAMP PENDELTON, CA 92055	95-2486118	501(C)(3)	130,900.	0.			PROGRAM SUPPORT
HAMPTON ROADS REGIONAL ASYMCA 1465 LAKESIDE ROAD VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	249,527.	0.			PROGRAM SUPPORT
PULASKI COUNTY ASYMCA (FT LEONARDWD) - P.O. BOX 350 (29 YOUNG ST) - FT. LEONARD WOOD, MO 65473	43-1418023	501(C)(3)	90,700.	0.			PROGRAM SUPPORT
FT CAMPBELL BRANCH P.O. BOX 629 FORT CAMPBELL, KY 42223	62-0491361	501(C)(3)	143,643.	0.			PROGRAM SUPPORT
SAN DIEGO BRANCH 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	452,060.	0.			PROGRAM SUPPORT
TWENTYNINE PALMS ASYMCA P.O. BOX 6002, BUILDING 696 TWENTYNINE PALMS, CA 92278	91-1883458	501(C)(3)	180,991.	0.			PROGRAM SUPPORT
HONOLULU ASYMCA P.O. BOX 29333 HONOLULU, HI 96820	99-0075037	501(C)(3)	515,027.	0.			PROGRAM SUPPORT
YMCA OF THE EAST BAY 2330 BROADWAY OAKLAND, CA 96412-2415	94-1156317	501(C)(3)	23,866.	0.			PROGRAM SUPPORT
YMCA OF THE PIKES PEAK REGION 2190 JET WING DRIVE COLORADO SPRINGS, CO 80916	84-0404266	501(C)(3)	31,710.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNCTION CITY FAMILY YMCA P.O. BOX 113, JUNCTION CITY, KS 664 JUNCTION CITY, KS 66441	48-0677789	501(C)(3)	101,970.	0.			PROGRAM SUPPORT
LIBERTY COUNTY ARMED SERVICES YMCA 201 MARY LOU DRIVE HINESVILLE, GA 31313	58-0603160	501(C)(3)	20,865.	0.			PROGRAM SUPPORT
WATERTOWN FAMILY YMCA 119 WASHINGTON ST., WATERTOWN, NY 1 WATERTOWN, NY 13601	15-0559207	501(C)(3)	50,600.	0.			PROGRAM SUPPORT
AUGUSTA SOUTH FAMILY Y ARMED SERVICES - 2215 TOBACCO ROAD, AUGUSTA, GA 30906 - AUGUSTA, GA 30906	58-0566254	501(C)(3)	47,679.	0.			PROGRAM SUPPORT
YMCA OF GREATER OKLAHOMA 500 NORTH BROADWAY, SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	23,172.	0.			PROGRAM SUPPORT
EL CAMINO BRANCH 2400 GENG ROAD, SUITE 120 PALO ALTO, CA 94303	94-1156318	501(C)(3)	22,779.	0.			PROGRAM SUPPORT
YMCA OF SOUTHWEST ILLINOIS 424 LEBANON AVENUE BELLEVILLE, IL 62220-4127	37-0673565	501(C)(3)	12,810.	0.			PROGRAM SUPPORT
YMCA CAMP SEQUOIA LAKE- YOUTH 113 N. CHURCH STREET STE 317 VISALIA, CA 93291	94-6002019	501(C)(3)	15,950.	0.			PROGRAM SUPPORT
YMCA OF THE SANDHILLS 3725 RAMSEY STREET STE. 103-B FAYETTEVILLE, NC 28311	56-0582025	501(C)(3)	34,600.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF FLORIDA'S FIRST COAST 40 E. ADAMS STREET JACKSONVILLE, FL 32202	59-0638514	501(C)(3)	50,750.	0.			PROGRAM SUPPORT
YMCA OF GREATER ROCHESTER 444 E MAIN ST ROCHESTER, NY 14604	16-0743242	501(C)(3)	15,525.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN FORTH WORTH 512 LAMAR, SUITE 400 FORT WORTH, TX 76102	75-0827471	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
DFMWR NAF FINANCIAL SERVICES OFFICE: JB LEWIS MCCHORD - P.O. BOX 339500 MS 20 JOINT BASE LEWIS-MCCHORD, WA 98433-5000 -	91-0976994	501(C)(3)	63,000.	0.			PROGRAM SUPPORT
YMCA OF NORTHERN UTAH 3216 SOUTH HIGHLAND DRIVE SUITE 200 SALT LAKE CITY, UT 84106	87-0212472	501(C)(3)	8,249.	0.			PROGRAM SUPPORT
YMCA OF SOUTHERN ARIZONA P.O. BOX 1111 TUCSON, AZ 85702	86-0101237	501(C)(3)	16,675.	0.			PROGRAM SUPPORT
YMCA OF GREATER SAN ANTONIO 231 E. RHAPSODY SAN ANTONIO, TX 78216	74-1109634	501(C)(3)	6,525.	0.			PROGRAM SUPPORT
YMCA OF PIERCE AND KITSAP COUNTIES 4717 19TH ST STE 201 TACOMA, WA 98405	91-0565562	501(C)(3)	13,802.	0.			PROGRAM SUPPORT
YMCA OF GREATER SEATTLE WASHINGTON 909 4TH AVE SEATTLE, WA 98104	91-0482710	501(C)(3)	21,675.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

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

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

PART I, LINE 2:

PROGRAM FUNDING AWARDED TO THE BRANCHES AND AFFILIATES ARE MONITORED BY OUR

CFO AND COO VIA OUR ACCOUNTING SYSTEM INTACCT AS WELL AS PROGRESS REPORTS

SUBMITTED TO HQ ON A MONTHLY/QUARTERLY BASIS. THE CEO AND THE BOARD

APPROVE THE ANNUAL BUDGET THAT CONTAINS THE GRANT AWARDS TO THE BRANCHES

AND THE AFFILIATES.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARMED SERVICES YMCA OF THE USA

Employer identification number  
36-3274346

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate 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.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on 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 .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the 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.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued 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 .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**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 aren't 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) WILLIAM FRENCH PRESIDENT/CEO	(i)	267,458.	50,000.	1,980.	33,600.	1,414.	354,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONALD KANDEL CFO AND CAO	(i)	192,144.	25,000.	1,952.	26,475.	4,810.	250,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER HALEY CHIEF OF STAFF & CHIEF MARKETING OFF	(i)	152,877.	15,000.	935.	20,257.	2,067.	191,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES WILLIAMS COO & CHIEF PROGRAMS OFFICER	(i)	160,000.	5,000.	981.	0.	845.	166,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHISH VAZIRANI CHIEF DEVELOPMENT OFFICER	(i)	134,152.	25,000.	1,063.	6,272.	23,445.	189,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 7:

BONUS PAYMENTS LISTED IN SCHEDULE J, PART II, COLUMN B(II) WERE PERFORMANCE

BASED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ARMED SERVICES YMCA OF THE USA** Employer identification number **36-3274346**

**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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	15,356.	MARKET VALUE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( AIRLINE MILEA )	X	1	119,000.	MARKET VALUE
26 Other ▶ ( FURNITURE )	X	1	12,900.	MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BODY THROUGH PROGRAMS RELEVANT TO THE UNIQUE CHALLENGE OF MILITARY  
LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARENT & ME CLASSES

CHILDREN'S PLAYGROUNDS

WELLNESS PROGRAMS

CHILD ABUSE PREVENTION

PARENTING WORKSHOPS

INFANT CAR SEAT LOAN

PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES AND FAMILIES

OPERATION KID COMFORT

CAMPING (DAY & RESIDENT)

WOUNDED WARRIOR SUPPORT

FEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF

WORRYING ABOUT A SERVICE HUSBAND OR WIFE, ESPECIALLY ONE WHO IS

DEPLOYED. A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF

JUNIOR-ENLISTED LEARN LIFE SKILLS, CARE FOR CHILDREN, AND EVEN MAKE

ENDS MEET. LOCAL PROGRAMS INCLUDE:

SPOUSE SUPPORT AND CRAFT GROUPS

SEPARATE BUT TOGETHER

COUPLES NIGHT

ENLISTED WIVES CLUB

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
--	--

HOLIDAY DINNERS AND DANCES

ACTIVE DUTY PREGNANCY CLASSES

LATE NIGHT RECREATIONAL ACTIVITIES

PARENTING WORKSHOPS

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHY KIDS DAYS

ROBOTICS CAMP

TEEN LEADERSHIP TRAINING

EDUCATIONAL ASSISTANCE PROGRAMS

TUITION ASSISTANCE

AFTER SCHOOL ENRICHMENT

COMPUTER CLASSES

ABCS AND 123S

GENERAL EDUCATION DIPLOMA

ENGLISH AS SECOND LANGUAGE

NATIONALLY, 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

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
--	--

PARTICIPATE IN OPERATION HERO.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS:

HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS

ASYMCA 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:

RECREATION THERAPY

VOLUNTEERS IN PEDIATRICS

INFANT IMMUNIZATION FOLLOW-UP

CHILDREN'S PRE-OPERATING PROGRAM

NEONATAL INTENSIVE CARE REUNION

SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS

HEALING HEARTS

AQUACISE (AQUATICS PROGRAM)

BREAST CANCER AWARENESS GROUP

ACTIVE DUTY PREGNANCY CLASSES

RESPITE CARE

CPR TRAINING/FIRST AID

BABY BUNDLES

ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND

MAINTAIN A HEALTHY LIFESTYLE. WE OFFER A VARIETY OF PROGRAMS DESIGNED



Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
--	--

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:

DANCE CLASSES

TAE KWON DO

PILATES/YOGA

WALKING GROUPS

SELF-WORTH WORKSHOPS

NUTRITION PROGRAM

HEALTHY LIFESTYLES CLASSES

YOUTH SPORTS, CAMPS, AND AQUATICS

GOLF TOURNAMENTS

10K RACES

CERTIFIED AEROBICS CLASSES

ALL SERVICES ENLISTED BASEBALL

KIDS OLYMPICS

SOAP BOX DERBY

PART III, LINE 4D OTHER PROGRAMS TOTAL

EXPENSES \$ 210,826. INCLUDING GRANTS OF \$ 128,567. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE REVIEW IS CONDUCTED IN AUGUST BY THE FINANCE/AUDIT COMMITTEE BEFORE

THE IRS 990 IS SIGNED BY THE CEO AND SUBMITTED TO THE IRS.

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
--	--

THE VERBIAGE ON THE GOVERNANCE AND MANAGEMENT DISCLOSURES IS REVIEWED AND  
 MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE REVIEWED FOR  
 ACCURACY. THE FINANCE/AUDIT COMMITTEES CONDUCTS THIS REVIEW BY EMAIL.

THE FINAL REVIEW ASSURES THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED  
 FINANCIAL NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSES, EXECUTIVE  
 COMPENSATION AND PROGRAM/MISSION ACCOMPLISHMENT, THAT THE ADMINISTRATIVE  
 AND FUNDRAISING RATIOS FALL WITHIN APPROVED BOARD GUIDANCE, THAT ALL  
 GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 ARE PROPERLY  
 DOCUMENTED, AND THAT ALL PUBLIC DISCLOSURE DOCUMENTS ARE MADE AVAILABLE TO  
 THE PUBLIC ON THE ASYMCA WEBSITE AND THAT THREE YEARS OF AUDITED FINANCIALS  
 AND IRS 990'S ARE POSTED FOR PUBLIC REVIEW. THE FINANCE/AUDIT COMMITTEES  
 THEN BRIEFS THE ENTIRE BOARD OF DIRECTORS ON THEIR REVIEW OF THE CURRENT  
 IRS 990 AND ANY DISCREPANCIES NOTED. COPIES OF THE IRS 990 ARE MADE  
 AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND TO  
 RESOLVE ANY QUESTIONS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASYMCA CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FALL BOARD  
 MEETING EACH YEAR. DURING THE BOARD MEETING ALL BOARD DIRECTORS MUST  
 COMPLETE AND SIGN THE NEW FORM BEFORE THE MEETING ADJOURNS. THE FORMS ARE  
 REVIEWED AND FILED WITH THE BOARD MINUTES FOR THAT YEAR. ANY BOARD MEMBERS  
 NOT IN ATTENDANCE ARE MAILED A NEW CONFLICT OF INTEREST FORM AND THEY WILL  
 BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND  
 FILED. THE KEY MEMBERS OF THE HEADQUARTERS STAFF (CEO, COO AND CFO) AS  
 WELL AS THE BRANCH EXECUTIVE DIRECTORS ARE ALSO REQUIRED TO COMPLETE THE  
 CONFLICT OF INTEREST FORMS.

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
--	--

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO'S PAY IS COMPARED AGAINST YMCA ORGANIZATION AND OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE, TABULATES THE DATA AND CREATES A BOARD RECOMMENDATION FOR THE COMPENSATION COMMITTEE.

THE COMPENSATION COMMITTEE IS COMPOSED OF THE PAST BOARD CHAIRMAN AND THE EXECUTIVE COMMITTEE AND THEY EACH DO AN INDEPENDENT EVALUATION OF THE CEO BASED ON THE CRITERIA IN HIS EVALUATION FROM THE PREVIOUS YEAR AND HIS GOALS FOR THE NEW YEAR. THESE EVALUATIONS ARE COMPILED INTO ONE DOCUMENT WHICH CONTAINS THE EVALUATION AND THE RECOMMENDATION FOR COMPENSATION FOR THE NEW YEAR.

THE COMPENSATION COMMITTEE MEETS AT THE FALL BOARD MEETING EACH YEAR TO REVIEW THE EVALUATIONS, THE COMPENSATION COMPARABILITY DATA AND THEY MAKE THE DETERMINATION THAT THE RECOMMENDED COMPENSATION IS NOT EXCESSIVE. THEY MEET WITHOUT STAFF PRESENT AND REVIEW WITH THE ENTIRE BOARD OF DIRECTORS. ALL COMMITTEE AND BOARD MEMBERS ARE INDEPENDENT.

THE COMPENSATION COMMITTEE MAKES THEIR REPORT TO THE ENTIRE BOARD AND THE BOARD OF DIRECTORS VOTES ON THE EXECUTIVE COMPENSATION PACKAGE AFTER THEY DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE.

FORM 990, PART VI, SECTION C, LINE 19:

IT IS THE POLICY OF THE ARMED SERVICES YMCA TO ALLOW PUBLIC ACCESS TO THE ORGANIZATION'S FORM 990 AND THE AUDITED FINANCIAL RECORDS FOR THE MOST CURRENT THREE YEARS. THESE RECORDS ALONG WITH THE ORGANIZATION'S BYLAWS AND CONSTITUTION AND CURRENT IRS DETERMINATION LETTER WILL BE MADE AVAILABLE



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **ARMED SERVICES YMCA OF THE USA** Employer identification number **36-3274346**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND - 13-5562401, 120 BROADWAY, NEW YORK, NY 10271	TYPE I SUPPORTING ORGANIZATION PROVIDING RETIREMENT BENEFITS	NEW YORK	501(C)(3)	LINE 12B, II	N/A		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	C	100,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			







# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  ARMED SERVICES YMCA OF THE USA	Taxpayer identification number (TIN)  36-3274346
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 14040 CENTRAL LOOP, NO. B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODBIDGE, VA 22193	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEPHEN BROWN, CONTROLLER

- The books are in the care of ▶ 14040 CENTRAL LOOP, NO. B - WOODBRIDGE, VA 22193  
Telephone No. ▶ (571) 932-3208 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2019 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**ARMED SERVICES YMCA**

## **Group 990 for Public Inspection**

ALL ASYMCA BRANCHES

**Form 990**  
(Rev. January 2020)  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ARMED SERVICES YMCA OF THE USA GROUP RETURN Doing business as		<b>D Employer identification number</b> 91-1883466
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14040 CENTRAL LOOP, SUITE B		<b>E Telephone number</b> (571) 932-3208
	City or town, state or province, country, and ZIP or foreign postal code WOODBRIDGE, VA 22193		<b>G Gross receipts \$</b> 23,690,818.
	<b>F Name and address of principal officer:</b> WILLIAM D. FRENCH SAME AS C ABOVE		<b>H(a) Is this a group return</b> STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶ 9372

**J Website:** ▶ WWW.ASYMCA.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1983 **M State of legal domicile:** IL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ARMED SERVICES YMCA OF THE USA- SEE SCH. O FOR CONTINUATION		
	2 Check this box <input type="checkbox"/> 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	188
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	188
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	843
	6 Total number of volunteers (estimate if necessary)	6	5625
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	63,681.
b Net unrelated business taxable income from Form 990-T, line 39	7b	61,780.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,604,052.	12,438,218.
	9 Program service revenue (Part VIII, line 2g)	8,803,270.	8,839,719.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	191,195.	263,639.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,915,721.	254,370.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,514,238.	21,795,946.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,333,719.	10,474,774.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 953,251.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,857,794.	8,654,988.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,191,513.	19,129,762.	
19 Revenue less expenses. Subtract line 18 from line 12	322,725.	2,666,184.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	34,661,279.	36,868,660.
	21 Total liabilities (Part X, line 26)	11,428,004.	10,284,541.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,233,275.	26,584,119.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		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
	WILLIAM E TURCO, CPA	<i>William Turco</i>	08/08/2020
Preparer Use Only	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Check if self-employed <input type="checkbox"/> PTIN P00369217
	Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,133,134. including grants of \$ ) (Revenue \$ 3,359,093. ) 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 SUPPORT O FAMILY UNITY O HOLIDAY ASSISTANCE O UNIT+FAMILY READINESS GROUP SUPPORT O PARENT/CHILD DANCES

4b (Code: ) (Expenses \$ 4,519,151. including grants of \$ ) (Revenue \$ 2,475,121. ) CHILD CARE PROGRAMS: DAYCARE, BEFORE AND AFTER SCHOOL CARE AND HOSPITAL CHILD WATCH SERVICES FOR MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT LOW OR NO COST AT MULTIPLE ASYMCA BRANCHES AND AFFILIATES.

4c (Code: ) (Expenses \$ 2,259,576. including grants of \$ ) (Revenue \$ 1,237,561. ) 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 PRESCHOOL O SPECIAL INTEREST CLASSES FOR ADULTS O FINANCIAL MANAGEMENT CLASSES O CHILD LITERACY PROGRAM O BEFORE- AND AFTER-SCHOOL TUTORING O CHILD MENTORING O SIGN LANGUAGE CLASSES

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,227,964. including grants of \$ ) (Revenue \$ 1,767,944. )

4e Total program service expenses 16,139,825.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	X	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 843		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<b>4a</b>	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)? ..... <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	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? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... N/A <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... N/A <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... N/A <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... N/A <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... N/A <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... N/A <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... N/A <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand .....		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
If "Yes," complete Form 4720, Schedule O.			



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 188 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 on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 188		
<b>2</b>	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? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 on Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</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? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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? .....		

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 - (571) 932-3208**  
**14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193**

**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, and 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. See instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIPHANIE HAMON PRESIDENT - ALTUS	2.00	X		X				0.	0.	0.
(2) KERRY BULL VICE PRESIDENT - ALTUS	2.00	X		X				0.	0.	0.
(3) CHAD LEE SECRETARY - ALTUS	2.00	X		X				0.	0.	0.
(4) DUSTIN BALDERAS TREASURER - ALTUS	2.00	X		X				0.	0.	0.
(5) MICHAEL SHIVE BOARD MEMBER - ALTUS	1.00	X						0.	0.	0.
(6) ELIZABETH MARCHA BOARD MEMBER - ALTUS	1.00	X						0.	0.	0.
(7) JENNIFER DOLMAN BOARD MEMBER - ALTUS	1.00	X						0.	0.	0.
(8) CHRISTINE TULL BOARD MEMBER - ALTUS	1.00	X						0.	0.	0.
(9) STEVEN FRANCIS BOARD MEMBER - ALTUS	1.00	X						0.	0.	0.
(10) KEITH MANTERNACH BOARD CHAIR - ALASKA	3.00	X		X				0.	0.	0.
(11) MARK JOHN 2ND VICE CHAIR - ALASKA	1.00	X		X				0.	0.	0.
(12) MARK HALL 2ND VICE CHAIR - ALASKA	1.00	X		X				0.	0.	0.
(13) DEANTHA CROCKETT VICE PRESIDENT - ALASKA	1.00	X		X				0.	0.	0.
(14) INGRID KARN TREASURER - ALASKA	1.00	X		X				0.	0.	0.
(15) TERRI LINDSETH SECRETARY - ALASKA	1.00	X		X				0.	0.	0.
(16) LARRY SUTTERER BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(17) JIM LEE BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.

**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 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			
(18) BARBARA FULLMER BOARD MEMBER - ALASKA	1.00	X						0.	0.	0.
(19) GREG MILLER BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(20) FRANK WILLIAMS BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(21) TIM MAUDSLEY BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(22) ERIC CAMPBELL BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(23) JEFF SHIRLEY BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(24) APRIL GETTYS BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(25) LAND HAYWARD BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(26) VON VEEH BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,422,047.	0.	201,377.
<b>d Total (add lines 1b and 1c)</b>								1,422,047.	0.	201,377.

**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 4

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

**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
NONE		

**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

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ERIK LIND BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(28) CHRIS BLOCK BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(29) TIM HOPPER BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(30) TERRY UMATUM BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(31) JOHN BAILEY BOARD PRESIDENT - EL PASO	1.00	X		X				0.	0.	0.
(32) ALLEN ROANE VP THRU 11/2019 - EL PASO	0.50	X		X				0.	0.	0.
(33) TOM THOMAS TREASURER - EL PASO	1.00	X		X				0.	0.	0.
(34) MARISELA MOLINAR SECRETARY - EL PASO	1.00	X		X				0.	0.	0.
(35) BRIAN BEAUREGARD BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(36) JOSE POMPA BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(37) LETTY WEST BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(38) DEAN SANDERS BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(39) EDWARD MARTINEZ BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(40) LIZ ROSSI BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(41) JOSEFINA MATHEW BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(42) JERRY PARE BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(43) KAREN DIAZ BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(44) KARLA LANDEROS BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(45) LUIS ALVAREZ BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(46) MARLA CUSHING BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SAMANTHA SILVA BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(48) SHANNON CHALFONT BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(49) KAROLL ESTACIO CHAIRMAN - FT BRAGG	1.00	X		X				0.	0.	0.
(50) DANICE LANGDON VICE CHAIR - FT BRAGG	0.50	X		X				0.	0.	0.
(51) APRIL LAMBRIGHT SECRETARY - FT BRAGG	0.50	X		X				0.	0.	0.
(52) MARY BLACK MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(53) JAY GOTHARD MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(54) KATE BERNITEZ MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(55) SHADIA YOUNG MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(56) TRACEY ANSLEY MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(57) SHAJN CABRARA MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(58) MARY BLACK MEMBER - FT BRAGG THRU 6/2019	0.50	X						0.	0.	0.
(59) OTIS BRYANT MEMBER - FT BRAGG THRU 6/2019	0.50	X						0.	0.	0.
(60) THERESA LACAMERA MEMBER - FT BRAGG THRU 6/2019	0.50	X						0.	0.	0.
(61) SHEELAGH FUNCK MEMBER - FT BRAGG THRU 6/2019	0.50	X						0.	0.	0.
(62) ANNETTE KALINOWSKI BOARD CHAIRMAN - FT CAMPBELL	2.00	X		X				0.	0.	0.
(63) YVONNE PICKERING VICE CHAIRMAN - FT CAMPBELL	2.00	X		X				0.	0.	0.
(64) JOE FERDELMAN TREASURER - FT CAMPBELL	2.00	X		X				0.	0.	0.
(65) KAREN STANLEY SECRETARY - FT CAMPBELL	1.00	X		X				0.	0.	0.
(66) MELISSA SCHAFFNER BOAD MEMBER - FT CAMPBELL	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) FAIRLEN BROWNING BOARD MEMBER - FT CAMPBELL	0.50	X						0.	0.	0.
(68) RICH HOLLODAY BOARD MEMBER - FT CAMPBELL	0.50	X						0.	0.	0.
(69) LANA BASTIN EMERITIS BOARD MEMBER - FT CAMPBELL	0.50	X						0.	0.	0.
(70) LINDSEY GARNETT BOARD MEMBER - FT CAMPBELL	0.50	X						0.	0.	0.
(71) JOSH DEAVOURS BOARD CHAIR - FT LW	2.00	X		X				0.	0.	0.
(72) TRISHA GUFFEY-MATOS BOARD MEMBER FROM 9/2019 - FT LW	2.00	X						0.	0.	0.
(73) MICHELLE BECKLEY BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(74) JOHN DENBO BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(75) SHELLEY EMPERATO BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(76) AMY HILTON BOARD MEMBER THRU 9/2019 - FT LW	2.00	X						0.	0.	0.
(77) HAZEL SNELL BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(78) ANNA HANEY BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(79) RACHELLE HARVEY BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(80) JOEL VARGAS CHAIRMAN - HAMPTON	0.50	X		X				0.	0.	0.
(81) RADM KEVIN SLATES VICE CHAIRMAN - HAMPTON	0.50	X		X				0.	0.	0.
(82) JOHN PAWLIN SECRETARY - HAMPTON	0.25	X		X				0.	0.	0.
(83) DAVE DUFFIE TREASURER - HAMPTON	0.25	X		X				0.	0.	0.
(84) RADM MIKE GROOTHOUSEN PAST CHAIRMAN - HAMPTON THRU 12/21/2	0.50	X		X				0.	0.	0.
(85) THERESA SOSKA CHAIRMAN - HAMPTON THRU 7/30/2019	0.50	X		X				0.	0.	0.
(86) ROBERT "BOB" OLDANI BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) DANIEL T. DOYLE BOARD MEMBER - HAMPTON	0.30	X						0.	0.	0.
(88) LISA THOMPSON BOARD MEMBER - HAMPTON	0.30	X						0.	0.	0.
(89) BROOKE SCARBROUGH BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(90) AMY SPRINGIRTH BOARD MEMBER - HAMPTON	0.25	X						0.	0.	0.
(91) DONALD BROWN BOARD MEMBER - HAMPTON	0.10	X						0.	0.	0.
(92) JENNIFER JOHNSON BOARD MEMBER - HAMPTON THRU 8/13/19	0.40	X						0.	0.	0.
(93) TOMMY DREW BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(94) DAN LEAF, LTGEN USAF (RET) BOARD CHAIRMAN - HONULULU	0.60	X		X				0.	0.	0.
(95) NANCY WHITE BOARD SECRETARY - HONULULU	0.33	X		X				0.	0.	0.
(96) DAVID VALENTE BOARD TREASURER - HONULULU	0.33	X		X				0.	0.	0.
(97) BOB BOREK BOARD VICE-CHAIRMAN - HONULULU	0.60	X		X				0.	0.	0.
(98) CAROL NELSON BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(99) DAVE SHANAHAN BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(100) DON ANDERSON BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(101) EDDIE QUAN BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(102) FRAN DENINNO BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(103) JEANNINE WIERCINSKI BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(104) KELLI FORT BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(105) LAURA AQUILINO BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(106) LAURIE CRAPAROTTA BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) LEAH JONES BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(108) LYNDA LEE LUNDAY BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(109) MICHAEL DECAPRIO BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(110) MILDRED COURTNEY BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(111) PATSY NARIMATSU BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(112) PATTI BROWN BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(113) PAUL L'ECUYER BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(114) REESE LIGGETT BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(115) SALLY MIST BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(116) SANDY CHADWICK BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(117) SARAH FARGO BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(118) SHARENE BROWN BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(119) SIMONA CLARK BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(120) SUSAN COWAN BOARD MEMBER - HONULULU	0.30	X						0.	0.	0.
(121) VIVIEN STACKPOLE BOARD MEMBER - HONULULU	0.33	X						0.	0.	0.
(122) GREGORY RANSAW BOARD CHAIR - KILLEEN	2.00	X		X				0.	0.	0.
(123) TERRY OSWALD BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(124) DAVID MITCHELL BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(125) ED JAMES BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(126) ZACH DIETZE BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) DR. JOHN CRAFT BOARD MEMBER - KILLEEN THRU 8/2019	2.00	X						0.	0.	0.
(128) NEIL JULLETTE BOARD MEMBER - KILLEEN THRU 6/2019	2.00	X						0.	0.	0.
(129) DR. ERIC PENROD BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(130) RON WALKER BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(131) CAMILLE HOWARD BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(132) TODD FOX BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(133) DR. MARY KELLER BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(134) BARRY BEAUCHAMP CHAIR - LAWTON	2.00	X		X				0.	0.	0.
(135) LISA VAN BRUNT VICE CHAIR - LAWTON	2.00	X		X				0.	0.	0.
(136) DENNIS MEYER TREASURER - LAWTON	2.00	X		X				0.	0.	0.
(137) GORDON SHAW SECRETARY - LAWTON	2.00	X		X				0.	0.	0.
(138) TED JANOSKO BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(139) DENNIS CLIPPINGER BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(140) MARK SCOTT BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(141) KIM THOMAS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(142) BETTY CERRONE BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(143) BILL SCHNEIDER BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(144) WILLIE BRYD BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(145) GENE LOVE BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(146) ZOE DURANT BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) RANDY DOLLARHITE BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(148) TARA DEAVOURS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(149) KENSUE DOERFUL BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(150) WAYNE ANDREWS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(151) PAT HOLLIS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(152) SHYKIRA SMITH BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(153) LAYLA BURGADO BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(154) MONTE BROWN BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(155) BRANDY THOMAS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(156) ALBERT RIVAS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(157) RACHEL JONES BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(158) EDWARD HILLIARY BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(159) JOHN DORSEY BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(160) MIKE DOOLEY ADVISOR - LAWTON	2.00	X						0.	0.	0.
(161) DR ELLA FOLEY ADVISOR - LAWTON	2.00	X						0.	0.	0.
(162) RIKA KING ADVISOR - LAWTON	2.00	X						0.	0.	0.
(163) CLIFF MYERS CHAIRMAN - CAMP PENDLETON	1.00	X		X				0.	0.	0.
(164) DAWN BAKER VICE CHAIRMAN - CAMP PENDLETON	1.00	X		X				0.	0.	0.
(165) LIZ RHEA SECRETARY - CAMP PENDLETON	1.00	X		X				0.	0.	0.
(166) MIKE FLEMING TREASURER - CAMP PENDLETON	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) RALPH SANCHEZ BOARD PARLIAMENTARIAN - CAMP PENDLET	1.00	X		X				0.	0.	0.
(168) PETER BURGRREN BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(169) STEVE BROWNE BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(170) JESS BRESSI BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(171) KEVIN BREWER BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(172) GEORGE BROWN BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(173) MICHAEL GLEASON BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(174) TODD KERN BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(175) DEAN LEWIS BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(176) BEVERLEY MASON BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(177) KEVIN MULDOON BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(178) JOHN RYAN BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(179) JEFF TROTTER BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(180) GEORGE YOUNG BOARD MEMBER - CAMP PENDLETON	1.00	X						0.	0.	0.
(181) LEN HERING PRESIDENT - SAN DIEGO	1.00	X		X				0.	0.	0.
(182) NANCY LAZARSKI 1ST VICE PRESIDENT - SAN DIEGO	1.00	X		X				0.	0.	0.
(183) MARI MCAVOY 2ND VP - SAN DIEGO THRU 11/2019	1.00	X		X				0.	0.	0.
(184) LARI SHEEHAN SECRETARY - SAN DIEGO	1.00	X		X				0.	0.	0.
(185) JOHN W. BAER, JR. TREASURER - SAN DIEGO	1.00	X		X				0.	0.	0.
(186) CYNTHIA CURIEL BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) LISA HITT BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(188) LYNN KELLY BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(189) JERRY KINNICK BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(190) PATRICK MCGRATH BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(191) VICTOR PEREZ BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(192) DENISE STICH BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(193) KATHIE ZORTMAN BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(194) JAMES L. TODD CHAIRMAN - 29 PALMS	2.00	X		X				0.	0.	0.
(195) RICHARD STELK MEMBER AT LARGE - 29 PALMS	1.00	X						0.	0.	0.
(196) CARL ANGDAHL MEMBER AT LARGE - 29 PALMS	2.00	X						0.	0.	0.
(197) DIANE KEATE MEMBER AT LARGE - 29 PALMS	2.00	X						0.	0.	0.
(198) DARLENE CASELLA MEMBER AT LARGE - 29 PALMS	2.00	X						0.	0.	0.
(199) JAMES IRWIN MEMBER AT LARGE - 29 PALMS	2.00	X						0.	0.	0.
(200) KRITINA SUYDAM MEMBER AT LARGE - 29 PALMS	2.00	X						0.	0.	0.
(201) LORAN MAYES EXECUTIVE DIR - ALTUS THRU 7/2019	40.00			X				39,814.	0.	4,330.
(202) LORIE GARRISON EXECUTIVE DIRECTOR - ALTUS, LAWTON	40.00			X				20,025.	0.	0.
(203) SARAH RIFFER EXECUTIVE DIRECTOR - ALASKA	40.00			X				97,521.	0.	11,692.
(204) Omayra Arroyo-Andujar ACCOUNTING MANAGER - ALASKA	40.00			X				55,742.	0.	16,398.
(205) TED J. PRITCHARD EXECUTIVE DIRECTOR - EL PASO	40.00			X				78,637.	0.	9,418.
(206) GUADALUPE SHIELDS OPERATIONS DIRECTOR - EL PASO	40.00			X				50,267.	0.	6,027.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b> 146,543.				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b> 1,674,088.				
	<b>d</b>	Related organizations	<b>1d</b> 2,494,687.				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 225,901.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 7,896,999.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 2,238,764.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		12,438,218.			
	Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE FEES	Business Code 900099	5,384,329.	5,384,329.	
<b>b</b>		MEMBERSHIP DUES	900099	2,311,224.	2,311,224.		
<b>c</b>		GOVERNMENT CONTRACTS	900099	846,760.	846,760.		
<b>d</b>		RESIDENCE & RELATED SE	900099	297,406.	297,406.		
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f		8,839,719.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		234,478.		234,478.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	737,469.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b> 0.				
	<b>c</b>	Rental income or (loss)	<b>6c</b> 737,469.				
	<b>d</b>	Net rental income or (loss)		737,469.		737,469.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	861,935.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b> 859,774.	-27,000.			
<b>c</b>	Gain or (loss)	<b>7c</b> 2,161.	27,000.				
<b>d</b>	Net gain or (loss)		29,161.		29,161.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,674,088. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	0.				
		<b>b</b>	Less: direct expenses	<b>8b</b> 950,965.			
<b>c</b>	Net income or (loss) from fundraising events		-950,965.		-950,965.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>	109,044.				
		<b>b</b>	Less: direct expenses	<b>9b</b> 45,363.			
<b>c</b>	Net income or (loss) from gaming activities		63,681.		63,681.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	411,222.				
		<b>b</b>	Less: cost of goods sold	<b>10b</b> 65,770.			
		<b>c</b>	Net income or (loss) from sales of inventory		345,452.		345,452.
Miscellaneous Revenue	<b>11 a</b>	OTHER	Business Code 900099	58,733.		58,733.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		58,733.			
<b>12</b>	<b>Total revenue.</b> See instructions		21,795,946.	8,839,719.	63,681.	454,328.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,584,121.	1,291,245.	177,404.	115,472.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	7,501,543.	6,255,575.	690,243.	555,725.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,551.	224,789.	99,350.	26,412.
<b>9</b> Other employee benefits .....	375,373.	286,315.	78,985.	10,073.
<b>10</b> Payroll taxes .....	663,186.	545,520.	70,558.	47,108.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	5,835.	2,733.	3,102.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	36,510.		36,510.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,000,081.	836,624.	123,497.	39,960.
<b>12</b> Advertising and promotion .....	165,973.	90,212.	73,107.	2,654.
<b>13</b> Office expenses .....	509,607.	416,780.	68,087.	24,740.
<b>14</b> Information technology .....	67,403.	49,838.	13,178.	4,387.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	327,828.	278,556.	22,380.	26,892.
<b>17</b> Travel .....	201,437.	164,079.	28,335.	9,023.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	26,696.	22,943.	3,753.	
<b>20</b> Interest .....	358,009.	141,133.	196,539.	20,337.
<b>21</b> Payments to affiliates .....	313,291.	259,981.	41,898.	11,412.
<b>22</b> Depreciation, depletion, and amortization .....	763,678.	692,216.	71,462.	
<b>23</b> Insurance .....	283,696.	235,754.	34,846.	13,096.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>DONATED MATERIALS</u>	2,238,764.	2,180,080.	43,248.	15,436.
<b>b</b> <u>PROGRAM EVENTS</u>	1,847,765.	1,757,575.	68,340.	21,850.
<b>c</b> <u>RENTALS, REPAIRS &amp; MAIN</u>	399,560.	317,655.	77,037.	4,868.
<b>d</b> <u>UBIT TAXES</u>	18,974.	18,974.		
<b>e</b> All other expenses _____	89,881.	71,248.	14,827.	3,806.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	19,129,762.	16,139,825.	2,036,686.	953,251.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,115,943.	<b>1</b>	3,798,056.
	<b>2</b> Savings and temporary cash investments .....	2,213,702.	<b>2</b>	2,495,396.
	<b>3</b> Pledges and grants receivable, net .....	1,637,890.	<b>3</b>	1,383,645.
	<b>4</b> Accounts receivable, net .....	700,967.	<b>4</b>	2,082,694.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	29,153.	<b>8</b>	29,153.
	<b>9</b> Prepaid expenses and deferred charges .....	375,507.	<b>9</b>	349,856.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 27,822,542.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,631,605.	18,044,261.	<b>10c</b> 17,190,937.
	<b>11</b> Investments - publicly traded securities .....	7,033,236.	<b>11</b>	9,048,581.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	510,620.	<b>12</b>	490,342.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	34,661,279.	<b>16</b>	36,868,660.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,002,945.	<b>17</b>	1,236,566.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	388,604.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	8,052,956.	<b>20</b>	7,332,071.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	685,489.	<b>23</b>	409,301.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,298,010.	<b>25</b>	1,306,603.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,428,004.	<b>26</b>	10,284,541.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	18,390,455.	<b>27</b>	21,049,182.
	<b>28</b> Net assets with donor restrictions .....	4,842,820.	<b>28</b>	5,534,937.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	23,233,275.	<b>32</b>	26,584,119.
<b>33</b> Total liabilities and net assets/fund balances .....	34,661,279.	<b>33</b>	36,868,660.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,795,946.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,129,762.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,666,184.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,233,275.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	975,040.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-290,380.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,584,119.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,895,267.	8,194,950.	8,601,970.	7,604,052.	12,438,218.	45,734,457.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8,895,267.	8,194,950.	8,601,970.	7,604,052.	12,438,218.	45,734,457.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						45,734,457.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	8,895,267.	8,194,950.	8,601,970.	7,604,052.	12,438,218.	45,734,457.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	584,093.	721,637.	884,942.	904,436.	971,947.	4,067,055.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	35,404.	36,951.	55,337.	54,015.	63,681.	245,388.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						50,046,900.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	46,293,226.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	91.38 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	91.68 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			





# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 32,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 100,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ _____ 23,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ _____ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ _____ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ _____ 18,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ _____ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 56,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 157,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 79,084.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ _____ 113,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ _____ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ _____ 228,656.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ _____ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b>  91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 1,600,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b>  91-1883466
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	STOCK _____ _____ _____	\$ 79,084.	12/01/19
35	FOOD AND PRODUCE _____ _____ _____	\$ 228,656.	12/19/19
37	RANCH _____ _____ _____	\$ 1,600,000.	12/31/19
38	5,000 FAIR ADMISSION TICKETS _____ _____ _____	\$ 100,000.	05/09/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

FORM 990

LINE H(B) - LIST OF AFFILIATED  
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
ARMED SERVICES YMCA OF ALASKA	PO BOX 6272 - ELMEDORF AB, AK 99506	92-0016680
EI PASO ASYMCA	7060 COMINGTON SI. - EI PASO, TX 79930	74-1146782
HAMPTON ROADS REGIONAL ASYMCA	1465 LAKESIDE ROAD - VIRGINIA BEACH, VA 23455	54-0525308
KILLEEN ASYMCA	415 N. 8TH STREET - KILLEEN, TX 76541	74-1902832
LAWTON ASYMCA	201 SOUTH 4TH STREET - LAWTON, OK 73501	73-0583931
CAMP PENDLETON ASYMCA	200090 ASH RD WIRE MOUNTAIN RD - CAMP PENDLETON, CA 92055	95-2486118
HONOLULU ASYMCA	1260 PIERCE ST., SUITE 145 - HONOLULU, HI 98860	99-0075037
SAN DIEGO ARMED SERVICES YMCA	3293 SANTO ROAD - SAN DIEGO, CA 92124	95-1679700
PULASKI COUNTY ASYMCA	P.O. BOX 350 (29 YOUNG STREET) - FI. LEONARD WOOD, MO 65473	43-1418023
FORT BRAGG/POPE AFB ASYMCA	208 THORNCLIFF DRIVE - FAYETTEVILLE, NC 28303	56-2159770
TWENTYNINE PALMS ASYMCA	P.O. BOX 6002, BUILDING 696 - TWENTYNINE PALMS, CA 92278	91-1883458
FORT CAMPBELL BRANCH	P.O. BOX 629 - FORT CAMPBELL, KY 42223	62-0491361
ALTUS ASYMCA	P.O. BOX 72 - ALTUS, OK 73522	90-0246016

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education)  Preservation of a 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 Tax 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 7/25/06, 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? .....

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)? .....

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 FASB 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 FASB 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 FASB 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 make 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 program
  - 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 on 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.	444,872.	444,872.	443,995.	462,275.
b Contributions					
c Net investment earnings, gains, and losses				877.	-6,843.
d Grants or scholarships					
e Other expenditures for facilities and programs					11,437.
f Administrative expenses					
g End of year balance	444,872.	444,872.	444,872.	444,872.	443,995.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  86.77 %
  - c Term endowment  13.23 %
- 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   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		19,334,787.	6,179,142.	13,155,645.
c Leasehold improvements		2,893,852.	842,236.	2,051,616.
d Equipment				
e Other		4,584,970.	3,610,227.	974,743.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,190,937.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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	
(2) DUE TO BRANCH & HEADQUARTERS	1,235,000.
(3) CAPITAL LEASE OBLIGATIONS	71,603.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,306,603.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	33,098,964.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 975,040.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,315,404.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 6,950,476.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	10,240,920.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	22,858,044.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -1,062,098.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-1,062,098.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	21,795,946.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	27,495,024.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 2,315,404.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 6,049,858.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	8,365,262.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,129,762.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	19,129,762.

**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.

PART V, LINE 4:

THE PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS CREATED ON BEHALF OF

THE BRANCHES AND INVESTMENTS HELD BY LOCAL COMMUNITY FOUNDATIONS. THESE

ARE THE LAWTON COMMUNITY FOUNDATION, SAN DIEGO FOUNDATION AND EL PASO

COMMUNITY FOUNDATION. THE PURPOSE OF THESE FOUNDATION IS TO ENSURE THE

CONTINUED SOCIAL, RECREATIONAL, EDUCATIONAL AND SPIRITUAL SERVICES TO TO

MILITARY MEMBERS AND FAMILIES IN THE RESPECTIVE AREAS/BRANCHES.

PART X, LINE 2:

ASYMCA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARNED FROM

UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME FOR THE

**Part XIII** Supplemental Information (continued)

YEAR ENDED DECEMBER 31, 2019, AND HAS BEEN CLASSIFIED AS AN ORGANIZATION

THAT IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENT	6,950,476.
-----------	------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON LINE 8B	-950,965.
---	-----------

COST OF GOODS SOLD REPORTED ON LINE 10B	-94,521.
---	----------

EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED

ON LINE 9B	-16,612.
------------	----------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,062,098.
---------------------------------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENT	4,697,380.
-----------	------------

FUNDRAISING EXPENSE REPORTED ON LINE 8B	950,965.
---	----------

COST OF GOODS SOLD REPORTED ON LINE 10B	94,521.
---	---------

EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED

ON LINE 9B	16,612.
------------	---------

INTEREST RATE SWAP	290,380.
--------------------	----------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,049,858.
--	------------



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIREWORKS EVENT (event type)	GOLF TOURNAMENT (event type)	10 (total number)		
Revenue	1	Gross receipts	784,849.	326,760.	562,479.	1,674,088.
	2	Less: Contributions	784,849.	326,760.	562,479.	1,674,088.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	485,203.	94,555.	371,207.	950,965.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				950,965.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-950,965.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		109,045.	109,045.	
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			45,363.	45,363.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				45,363.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				63,682.

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	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ OMAYRA ARROYO

Address ▶ P.O. BOX 6272 - ELMENDORF AFB, AK 99518

- 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 ▶ \$ 109,033. and the amount of gaming revenue retained by the third party ▶ \$ 12,000.

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 ▶ \$ 1,888.

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 45,000.

**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.



**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

Employer identification number  
**91-1883466**

<b>Part I Bond Issues</b>		SEE PART VI FOR COLUMN (A) CONTINUATIONS										
	(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) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	(ARMED SERVICES YMCA OF THE U.S.A. PROJECT), SERIES 2016A & SERIES 2016	26-1604618	NONE	08/31/16	9,327,977.	CAPITAL PROJECTS		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

<b>Part II Proceeds</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired .....	1,798,449.							
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	9,327,977.							
<b>4</b>	Gross proceeds in reserve funds .....								
<b>5</b>	Capitalized interest from proceeds .....								
<b>6</b>	Proceeds in refunding escrows .....								
<b>7</b>	Issuance costs from proceeds .....	186,559.							
<b>8</b>	Credit enhancement from proceeds .....								
<b>9</b>	Working capital expenditures from proceeds .....								
<b>10</b>	Capital expenditures from proceeds .....	9,141,418.							
<b>11</b>	Other spent proceeds .....								
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2017							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X						
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X						
<b>16</b>	Has the final allocation of proceeds been made? .....	X							
<b>17</b>	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
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? .....								
<b>4</b> 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 .....		.00 %		%		%		%
<b>5</b> 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 .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							



**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	BRANCH BANKING AND T							
<b>c</b> Term of hedge .....	10.0000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> 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 isn't available under applicable regulations? .....		X						

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

(ARMED SERVICES YMCA OF THE U.S.A. PROJECT), SERIES 2016A & SERIES 2016B



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LG DESIGN WHOLESALE	FAMILY OF SHERRI YE	163,566.	CONTRACTED		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LG DESIGN WHOLESALE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF SHERRI YERINGTON, ED OF KILLEEN

(D) DESCRIPTION OF TRANSACTION: CONTRACTED WITH DAUGHTER'S BUSINESS TO

PROVIDE STAFF UNIFORMS AND YOUTH SPORTS JERSEYS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ARMED SERVICES YMCA OF THE USA** Employer identification number **91-1883466**  
**GROUP RETURN**

**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		981,785.	FMV
6 Cars and other vehicles	X	2	6,100.	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	1,735	460,701.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-GAME TICK)	X	22	247,886.	FMV
26 Other (EVENT SUPPLIE)	X	109	227,187.	FMV
27 Other (GAME TICKETS)	X	25	116,633.	FMV
28 Other (EQUIPMENT)	X	16	105,158.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

- 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 isn't required to be used for exempt purposes for the entire holding period? **30a** X
- 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** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

**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.

PART I, OTHER TYPES OF PROPERTY:

TOYS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2912

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 70491.

(D) METHOD OF DETERMINING REVENUE: FMV

GIFT CARD/CERT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 75

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 22825.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization	ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number	91-1883466
--------------------------	--	--------------------------------	------------

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARENT & ME CLASSES

CHILDREN'S PLAYGROUNDS

WELLNESS PROGRAMS

CHILD ABUSE PREVENTION

PARENTING WORKSHOPS

INFANT CAR SEAT LOAN

PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES AND FAMILIES

OPERATION KID COMFORT

CAMPING (DAY & RESIDENT)

WOUNDED WARRIOR SUPPORT

FEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF

WORRYING ABOUT A SERVICE HUSBAND OR WIFE, ESPECIALLY ONE WHO IS

DEPLOYED. A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF

JUNIOR-ENLISTED LEARN LIFE SKILLS, CARE FOR CHILDREN, AND EVEN MAKE

ENDS MEET. LOCAL PROGRAMS INCLUDE:

SPOUSE SUPPORT AND CRAFT GROUPS

SEPARATE BUT TOGETHER

COUPLES NIGHT

ENLISTED WIVES CLUB

HOLIDAY DINNERS AND DANCES

ACTIVE DUTY PREGNANCY CLASSES

LATE NIGHT RECREATIONAL ACTIVITIES

PARENTING WORKSHOPS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
--	--

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHY KIDS DAYS

ROBOTICS CAMP

TEEN LEADERSHIP TRAINING

## EDUCATIONAL ASSISTANCE PROGRAMS

TUITION ASSISTANCE

AFTER SCHOOL ENRICHMENT

COMPUTER CLASSES

ABCS AND 123S

GENERAL EDUCATION DIPLOMA

ENGLISH AS SECOND LANGUAGE

NATIONALLY, 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 III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS:

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HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS

ASYMCA 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:

RECREATION THERAPY

VOLUNTEERS IN PEDIATRICS

INFANT IMMUNIZATION FOLLOW-UP

CHILDREN'S PRE-OPERATING PROGRAM

NEONATAL INTENSIVE CARE REUNION

SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS

HEALING HEARTS

AQUACISE (AQUATICS PROGRAM)

BREAST CANCER AWARENESS GROUP

ACTIVE DUTY PREGNANCY CLASSES

RESPITE CARE

CPR TRAINING/FIRST AID

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



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TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE

PARENTS USE BASE FITNESS EQUIPMENT OR ATTEND YOGA CLASSES. OTHER LOCAL

BRANCH PROGRAMS INCLUDE:

DANCE CLASSES

TAE KWON DO

PILATES/YOGA

WALKING GROUPS

SELF-WORTH WORKSHOPS

NUTRITION PROGRAM

HEALTHY LIFESTYLES CLASSES

YOUTH SPORTS, CAMPS, AND AQUATICS

GOLF TOURNAMENTS

10K RACES

CERTIFIED AEROBICS CLASSES

ALL SERVICES ENLISTED BASEBALL

KIDS OLYMPICS

SOAP BOX DERBY

THE ANGELS OF THE BATTLEFIELD EVENT GALA IS AN ARMED SERVICES YMCA

SIGNATURE EVENT THAT HIGHLIGHTS THE MEDICS, CORPSMEN AND PARARESCUEMEN

ON THE FRONTLINES WHO ARE SAVING LIVES AND DEMONSTRATING EXTRAORDINARY

COURAGE. THIS MEMORABLE EVENT IS HELD EACH FALL.

PART III, LINE 4D OTHER PROGRAMS TOTAL

EXPENSES \$ 3,227,964. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,767,944.

FORM 990, PART VI, SECTION B, LINE 11B:

THE REVIEW IS CONDUCTED IN JUNE BY THE FINANCE/AUDIT COMMITTEE BEFORE THE

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IRS 990 IS SIGNED BY THE CEO AND SUBMITTED TO THE IRS.

THE VERBIAGE ON THE GOVERNANCE AND MANAGEMENT DISCLOSURES IS REVIEWED AND  
MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE REVIEWED FOR  
ACCURACY. THE FINANCE/AUDIT COMMITTEES CONDUCTS THIS REVIEW BY EMAIL.

THE FINAL REVIEW ASSURES THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED  
FINANCIAL NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSES, EXECUTIVE  
COMPENSATION AND PROGRAM/MISSION ACCOMPLISHMENT, THAT THE ADMINISTRATIVE  
AND FUNDRAISING RATIOS FALL WITHIN APPROVED BOARD GUIDANCE, THAT ALL  
GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 ARE PROPERLY  
DOCUMENTED, AND THAT ALL PUBLIC DISCLOSURE DOCUMENTS ARE MADE AVAILABLE TO  
THE PUBLIC ON THE ASYMCA WEBSITE AND THAT THREE YEARS OF AUDITED FINANCIALS  
AND IRS 990'S ARE POSTED FOR PUBLIC REVIEW. THE FINANCE/AUDIT COMMITTEES  
THEN BRIEFS THE ENTIRE BOARD OF DIRECTORS ON THEIR REVIEW OF THE CURRENT  
IRS 990 AND ANY DISCREPANCIES NOTED. COPIES OF THE IRS 990 ARE MADE  
AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND TO  
RESOLVE ANY QUESTIONS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASYMCA CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FALL BOARD  
MEETING EACH YEAR. DURING THE BOARD MEETING ALL BOARD DIRECTORS MUST  
COMPLETE AND SIGN THE NEW FORM BEFORE THE MEETING ADJOURNS. THE FORMS ARE  
REVIEWED AND FILED WITH THE BOARD MINUTES FOR THAT YEAR. ANY BOARD MEMBERS  
NOT IN ATTENDANCE ARE MAILED A NEW CONFLICT OF INTEREST FORM AND THEY WILL  
BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND  
FILED. THE KEY MEMBERS OF THE HEADQUARTERS STAFF (CEO, COO AND CFO) ALSO  
COMPLETE THE CONFLICT OF INTEREST FORMS. THE EXECUTIVE DIRECTORS OF EACH

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ASYMCA BRANCH ALSO COMPLETE A NEW FORM EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE HEADQUARTERS COO GATHERS ALL COMPARABILITY DATA FROM THE YMCA OF THE

USA AND OUTSIDE NON-PROFIT ORGANIZATIONS OF LIKED SIZE AND SCOPE AND

GEOGRAPHIC LOCATION. THE HEADQUARTERS COO PROVIDES THAT DATA, ALONG WITH

THE Y-USA RECOMMENDED GENERAL SALARY INCREASE TO THE BRANCH BOARD CHAIRMAN

FOR USE IN THEIR EVALUATION AND COMPENSATION REVIEW PROCESS.

THE LOCAL BRANCH BOARDS EACH DO AN INDEPENDENT EVALUATION OF THE EXECUTIVE

DIRECTOR BASED ON THE ED EVALUATION AND COMPENSATION PACKAGE PROVIDED BY

THE COO. THESE EVALUATIONS ARE COMPILED INTO ONE DOCUMENT WHICH CONTAINS

THE EVALUATION AND THE RECOMMENDATION FOR COMPENSATION FOR THE NEW YEAR.

THE EVALUATIONS AND PAY RECOMMENDATIONS ARE SENT BACK TO HEADQUARTERS FOR

REVIEW BY THE CEO AND THEN FILING IN THE OFFICIAL EMPLOYEE RECORD.

AT A REGULAR MEETING OF THE LOCAL BOARD, THE BOARD OF DIRECTORS VOTE ON THE

EXECUTIVE DIRECTOR COMPENSATION PACKAGE AND DETERMINE THAT THE

COMPENSATION IS NOT EXCESSIVE. THE DETERMINATION THAT THE ED COMPENSATION

IS NOT EXCESSIVE IS THEN DOCUMENTED IN THE MINUTES OF THE LOCAL BOARD

MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THROUGH OUR WEBSITE [HTTP:WWW.ASYMCA.ORG](http://WWW.ASYMCA.ORG)

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTEREST RATE SWAP -290,380.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. ARMED SERVICES YMCA OF THE USA GROUP RETURN	Taxpayer identification number (TIN)  91-1883466
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 14040 CENTRAL LOOP, SUITE B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODBIDGE, VA 22193	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DON KANDEL, EXECUTIVE VP FOR FINANCE & OPERATIONS

- The books are in the care of ▶ 14040 CENTRAL LOOP, SUITE B - WOODBRIDGE, VA 22193  
Telephone No. ▶ (571) 932-3208 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9372. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2019 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.