### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

ΑI	For th	ne 2020 calendar year, or tax year beginning	and	l ending				
B	Check in	C Name of organization			D Employer ider	ntific	cation number	
	Addr	ge ARMED SERVICES IMCA OF THE USA						
	Nam chan	ge Doing business as			36-32743	46		
	Initia retur Final	Number and street (or P.U. box if mail is not delivered to street address	ss)	Room/suite B	E Telephone nun			
	⊥retur term ated	City or town, state or province, country, and ZIP or foreign posta	l code	1	G Gross receipts \$		7,175,003.	
	□Ame	nded MOODERTDOR WA 22102	ii code		H(a) Is this a grou			
H	retur AppI tion	,			for subordina			
	tion pend	SAME AS C ABOVE					····· — —	
_			40.47(-)(4)		H(b) Are all subordina			
		xempt status: $\boxed{X}$ 501(c)(3) $$ 501(c) ( ) $$ (insert no.) $$	4947(a)(1)	or 527	1		list. See instructions	
		ite: ASYMCA.ORG	N	T	H(c) Group exem		•	
		i o gameatroni	er ►	<b>L</b> Year	of formation: 1983	M	State of legal domicile: IL	
P	art I	Summary		WED GEDIA	ODG WAGA DAWAN			
Governance	1	Briefly describe the organization's mission or most significant activities THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN			CES YMCA ENHAN	CES	· · · · · · · · · · · · · · · · · · ·	
nar	2	Check this box  if the organization discontinued its operation	ns or dispo	sed of more	than 25% of its net	ass	ets.	
Ver	3		•			3	35	
ဗိ	4	Number of independent voting members of the governing body (Part V				4	35	
<u>«</u>		Total number of individuals employed in calendar year 2020 (Part V, lir				5	29	
ij	6	Total number of volunteers (estimate if necessary)				6	42	
Activities &	7,	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.	
¥	'	• Net unrelated business taxable income from Form 990-T, Part I, line 11				7b	0.	
	<del>                                     </del>	The unificated business taxable moone non-rollings of 1,1 art 1, mile 1.			Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)			6,917,62	5.	6,680,925.	
īde	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)			579,68	$\overline{}$	494,078.	
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-79,85	-	-6,500.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)			7,417,44	-	7,168,503.	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			3,262,00	$\overline{}$	2,264,579.	
	14				0,202,00	0.	0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), I	inoo 5 10\		2,220,77	$\overline{}$	3,791,424.	
Expenses	15				2,220,77	0.	0.	
ë	108	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)				Ť	••	
Š	1,				1,841,88	<u>.                                    </u>	1,668,630.	
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,324,66	-	7,724,633.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2 Revenue less expenses. Subtract line 18 from line 12	o)		92,78	-	-556,130.	
0	19	Revenue less expenses. Subtract line 16 from line 12			•	-		
t Assets or	200	Total assets (Part V. line 16)		Be	ginning of Current Ye 27,637,23	$\overline{}$	End of Year 29,930,305.	
SSe	20	Total assets (Part X, line 16)			2,025,34	-	3,597,486.	
Net /	21	Total liabilities (Part X, line 26)			25,611,89	-	26,332,819.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20  Signature Block			23,011,03	٠١	20,332,013.	
		nalties of perjury, I declare that I have examined this return, including accompanyi	ina cohodula	e and etatome	inter and to the best of	f my	knowledge and helief it is	
	-	ect, and complete. Declaration of preparer (other than officer) is based on all infor	-			ı ıııy	knowledge and belief, it is	
tiuc	, соп	toti, and complete. Declaration of preparer (other than officer) is based on all linor	mation of w	ilicii preparei	lias any knowledge.			
C: ~	_	Signature of officer			I Date			
Sig		WILLIAM D. FRENCH, PRESIDENT AND CEO			2 415			
Her	е	Type or print name and title						
				<u> </u>	Date Check		PTIN	
Da!		Print/Type preparer's name WILLIAM E TURCO, CPA Preparer's signature	11-	7	5 (20 (01			
Paid				uw				
	oarer	Firm's name RSM US LLP			Firm's EIN	▶_	42-0714325	
use	Only	Firm's address > 9801 WASHINGTONIAN BLVD, STE 500			DI	3 0 1	- 296 - 3600	
	. 11-	GAITHERSBURG, MD 20878			Phone no.	10T-	-296-3600 X Ves No	
11/1/21	/ The	INS alectice this roturn with the proparor chown above? See instructions	-				IA I VAC   INIA	

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND
	THEIR FAMILIES IN SPIRIT, MIND AND BODY THROUGH PROGRAMS RELEVANT TO
	THE UNIQUE CHALLENGE OF MILITARY LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$2,704,930. including grants of \$951,123. ) (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:
	- EMERGENCY FINANCIAL ASSISTANCE
	- YOUNG FAMILY SUPPORT
	- FAMILY UNITY
	- HOLIDAY ASSISTANCE
	- UNIT+FAMILY READINESS GROUP SUPPORT
	- PARENT/CHILD DANCES
4b	(Code: ) (Expenses \$ 1,703,211. including grants of \$ 598,893. ) (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.
4c	(Code:) (Expenses \$1,682,401. including grants of \$591,576. ) (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:
	- PRESCHOOL
	- SPECIAL INTEREST CLASSES FOR ADULTS
	- FINANCIAL MANAGEMENT CLASSES
	- CHILD LITERACY PROGRAM
	BEFORE- AND AFTER-SCHOOL TUTORING
	- CHILD MENTORING
	- SIGN LANGUAGE CLASSES
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 349,767. including grants of \$ 122,987.) (Revenue \$ )
40	Total program service expenses 6 440 309.

## Form 990 (2020) ARMED SERVICES YMO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	.,	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	3		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ A
Ø	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			
	7 30 3	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del> </del>
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<del> </del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16	- 23	$\vdash$
19	,	40		x
20-	complete Schedule G, Part III	202		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del></del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ.	

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# Form 990 (2020) ARMED SERVICES YMCA OF THE USA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·		24c		
a	any tax-exempt bonds?	24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization required the complete scried the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del>
32	, , ,	20		x
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ء ا	v	
	Part V, line 1	34	Х	<del>  ,,</del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_		

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Form 990 (2020)

ARMED SERVICES YMCA OF THE USA

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

	o d d i (continued)				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			100	110				
	filed for the calendar year ending with or within the year covered by this return	2a	29							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions									
За	5111			За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		Х				
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 A	ccoun	s (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			_	37					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a	X					
			does at	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 93933	as requ	iirea	70		х				
А	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	 	7c						
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		l 	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h						
	on an artist to the second of	•	N/A	8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b						
10	Section 501(c)(7) organizations. Enter:		1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		Ī							
а	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l								
40-	amounts due or received from them.)	11b	<u> </u>	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	Í	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a						
a	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			IJa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
~	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2020) ARMED SERVICES YMCA OF THE USA 36-3274346 Pag
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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	(This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Iu		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			Х
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16-				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		4
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	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  Section 6104 requires on preparation to make its Forms 1023 (1024 or 1024 A if applicable) 900, and 900 T (Section 501(a)/3)	onl: A	ove:le	ble
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):	orny)	avallä	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	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	tinand	ial	
00	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			

### 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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>ì</b> than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week (list any		T an			1	100,	from the	from related	other
	hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) WILLIAM FRENCH	60.00									
PRESIDENT/CEO				Х				328,012.	0.	34,353.
(2) DONALD KANDEL	60.00									
CFO AND CAO				Х				230,697.	0.	31,439.
(3) CHRISTOPHER HALEY	60.00									
CHIEF OF STAFF & CHIEF MAR					Х			184,034.	0.	23,118.
(4) DORENE OCAMB	60.00									
CHIEF DEVELOPMENT CENTER						Х		193,202.	0.	4,174.
(5) CHARLES WILLIAMS	60.00									
COO & CHIEF PROGRAMS OFFIC					Х			176,120.	0.	8,240.
(6) STEPHEN BROWN	60.00									
CONTROLLER						Х		108,220.	0.	35,655.
(7) JOHN BIRD	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) DAVID HALVERSON	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(9) MEG O'GRADY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) BOB BURKE	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) ANDREA INSERRA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ANDY WALSH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ANTHONY KURTA	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BOYD WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID B. PAGE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID SCANLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) DEREK BLAKE	1.00									
DIRECTOR		Х						0.	0.	0.

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D = 1 \( \frac{1}{2} \)												<u> </u>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		<b>)</b> than (	ne	Reportable	Reportable	E:	stimate	∍d
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	ar	mount	of
	week		Cer ai	lu a u	recid	I / II US	iee)	from	from related		other	
	(list any hours for	irecto						the	organizations	ı	npensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	l	rom the	
	organizations	ndividual trustee or director	nstitutional trustee		99	m pen		(***-2/1099-101130)		1 `	ıd relat	
	below	dual t	ntiona	_	nploy	st col	in 1			l	anizati	
	line)	Indivi	Institu	Officer	sey employee	Highest compensated employee	Former					
(18) J. J. CAWELTI	1.00											
DIRECTOR THRU 10/2020		Х						0.	0.			0.
(19) JEREMY MARTIN, COL, USA (RET)	1.00											
DIRECTOR		Х						0.	0.			0.
(20) JO DECKER	1.00											
DIRECTOR		Х						0.	0.			0.
(21) JOHN BUTLER	1.00											
DIRECTOR		Х						0.	0.			0.
(22) JOHN H. TILELLI, JR., GEN, USA	1.00											
DIRECTOR		Х						0.	0.			0.
(23) JOSEPH MILITANO	1.00											
DIRECTOR		Х						0.	0.			0.
(24) KAT SADEGHI	1.00											
DIRECTOR		Х						0.	0.			0.
(25) KATE BOYCE REEDER	1.00											
DIRECTOR		Х						0.	0.			0.
(26) KATHIE ZORTMAN	1.00											
DIRECTOR		Х						0.	0.			0.
1b Subtotal								1,220,285.	0.		136,	979.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,220,285.	0.		136,	979.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization											1	6
											Yes	No
3 Did the organization list any former officer,	•	-	•	•	•		_		•			
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su	•							•	•		<b>.</b>	
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	Х	

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

### Section B. Independent Contractors

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	120,962.

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

Part VII Section A. Officers, Directors, Tr	ustees. Kev Er	nnlo	vee	s ar	- A L	. ما به : ا	·	O	200 (2001) 1	
		<u> </u>	,	<del>0, u.</del>	<u>ш</u> п	ugne	est (	Compensated Employe	ಕ್ಟರ (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				omple		organization	(W-2/1099-MISC)	from the
	hours for	ordi	9.6			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	suedu				and related
	organizations below	ual tr	ional		ploye	tcom	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
/27\ KEVIN GANDDELL IMG 11GA /DEM\		=	=	0	~	Ŧ	т.			
(27) KEVIN CAMPBELL, LTG, USA (RET)	1.00	.,							0	
DIRECTOR	1 00	Х						0.	0.	0.
(28) KEVIN ISHERWOOD	1.00	ł							•	
DIRECTOR	1	Х						0.	0.	0.
(29) LARRY HUGHES	1.00									
DIRECTOR		Х						0.	0.	0.
(30) LAUREN STEVENS	1.00	-								
DIRECTOR		Х						0.	0.	0.
(31) MATT STOVER	1.00									
DIRECTOR THRU 10/2020		Х						0.	0.	0.
(32) MATTHEW BENEDICT	1.00									
DIRECTOR THRU 10/2020		Х						0.	0.	0.
(41) MELVIN SPIESE	1.00									
DIRECTOR		Х						0.	0.	0.
(42) MICHAEL S. GRADY	1.00									
DIRECTOR THRU 10/2020		Х						0.	0.	0.
(43) MIKE BASLA, LT GEN, USAF (RET)	1.00									
DIRECTOR THRU 10/2020		Х						0.	0.	0.
(44) MITCHELL WALDMAN	1.00									
DIRECTOR		х						0.	0.	0.
(45) NEIL JARVIS	1.00									
DIRECTOR		х						0.	0.	0.
(46) PAM SWAN	1.00									
DIRECTOR		х						0.	0.	0.
(47) RICARDO CHAMORRO	1.00									
DIRECTOR		х						0.	0.	0.
(48) RICHARD PATTENAUDE	1.00									-
DIRECTOR THRU 10/2020		Х						0.	0.	0.
(49) ROBERT BROOKS BROWN	1.00									
DIRECTOR		х						0.	0.	0.
(50) ROSEMARY WILLIAMS	1.00									- •
DIRECTOR	1.00	х						0.	0.	0.
(51) SCOTT LAVERTY	1.00								••	
DIRECTOR	1.00	х						0.	0.	0.
(52) SHARON DUNBAR	1.00							••	٠.	••
DIRECTOR	1.00	x						0.	0.	0.
(53) TIM PAYNTER	1.00	Λ	$\vdash$					0.	0,	
DIRECTOR	1.00	x						0.	0.	_
	1 00	^	$\vdash$				-	0.	υ.	0.
(54) VERNON WALLACE	1.00								^	_
DIRECTOR THRU 10/2020	1	Х					<u> </u>	0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 ARMED SERVIC	ES YMCA OF	THE	US	A					36-32/43	346
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	,		Reportable	Reportable	Estimated
ivaine and title	hours	(0)			that		lv)	compensation	compensation	amount of
		(CI	IECr	l all	Пас	app I	iy)			
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				dwe		organization	(W-2/1099-MISC)	from the
	hours for	ordi	يو			ted		(W-2/1099-MISC)		organization
	related	stee	ruste			Sue				and related
	organizations	Individual trustee or director	Institutional trustee		оуе	l mo				organizations
	below	idua	titi	ъ	emp	esto	Jer			
	line)	lpdi	Insti	Officer of the or	Key employee	Highest compensated employee	Former			
(55) VINCENT DESIO	1.00									
	1.00	٠,							,	_
DIRECTOR		Х	<u> </u>					0.	0.	0
(56) WIL ZEMP	1.00									
DIRECTOR		Х						0.	0.	0
		-								
			_							
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	<u> </u>	1								
Total to Part VII, Section A, line 1c										
rotar to rait vii, occitoria, iiile 10								I	I	

Form 990 (2020)
Part VIII

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Endorated compaigns		10	3,746.				
n ts					3,740.				
يخ و					206 024				
Łŝ,		Fundraising events			286,024.				
Contributions, Gifts, Grants and Other Similar Amounts		-		1d	1,800,110.				
ž.i	е	Government grants (contrib	outions)	1e	221,892.				
ŠŠ	f	All other contributions, gifts, g	rants, an	d					
the		similar amounts not included a	above	1f	4,369,153.				
들임	g	Noncash contributions included in lir	nes 1a-1f	1g \$	343,283.				
an Co	h	Total. Add lines 1a-1f				6,680,925.			
					Business Code				
o l	2 a								
Š	b								
šer									
We n	C								
gra Re	d								
Program Service Revenue	e								
ъ.		All other program service re							
		Total. Add lines 2a-2f							
	3	Investment income (includi							
		other similar amounts)				494,078.			494,078.
	4	Income from investment of	tax-exe	mpt bond p	oroceeds >				
	5	Royalties			<b></b>				
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
			6с						
		Net rental income or (loss)			•				
		Gross amount from sales of	(i)	Securities	(ii) Other				
			7a		· · ·				
	h	Less: cost or other basis	74						
ø	b		76						
Revenue			7b						
eve		( , , L	7c						
		Net gain or (loss)			<b>P</b>				
ther	8 a	Gross income from fundraising							
0		including \$							
		contributions reported on li	•	<b>I</b>					
		Part IV, line 18							
		Less: direct expenses			6,500.				
	С	Net income or (loss) from fu	undraisii	ng events_	<b>_</b>	-6,500.			-6,500.
	9 a	Gross income from gaming	activitie	es. See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from g	aming a	ctivities					
		Gross sales of inventory, le	-						
		and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from s							
		Net income or (loss) from s	ales of f	inventory	Business Code				
S					Business Code				
eo ne	11 a								
Miscellaneous Revenue	b								<u> </u>
Sce.	С.								
Ξ̈́		All other revenue							
		Total. Add lines 11a-11d			·····	7 160 500			405 550
	12	Total revenue. See instruction	าร		▶	7,168,503.	0.	0.	487,578.

36-3274346

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

2001	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,264,579.	2,264,579.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,215,122.	1,067,628.	77,316.	70,178.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,189,341.	1,973,584.	87,125.	128,632.
8	Pension plan accruals and contributions (include	60.000	36.315	01 051	2.22:
	section 401(k) and 403(b) employer contributions)	60,902.	36,917.	21,061.	2,924.
9	Other employee benefits	96,606.	82,576.	10,362.	3,668.
10	Payroll taxes	229,453.	153,248.	65,318.	10,887.
11	Fees for services (nonemployees):				
а	Management	151 100		151 106	
b		151,126.		151,126.	
	Accounting	58,058.		58,058.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17	90 002		90.002	
f	Investment management fees	80,992.		80,992.	
g	Other. (If line 11g amount exceeds 10% of line 25,	102 246	41 000	146 107	5 077
	column (A) amount, list line 11g expenses on Sch O.)	192,346.	41,082. 68,810.	146,187.	5,077. 13,348.
12	Advertising and promotion	89,708.	19,994.	37,748. 59,086.	10,628.
13	Office expenses	194,827.	122,780.	49,777.	22,270.
14	Information technology	154,027.	122,700.	=5,111.	22,210.
15	Royalties	42,489.	40,815.	1,674.	
16	Occupancy	29,189.	10,013.	26,211.	2,978.
17	Travel	25,105.		20,211.	2,570.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	1,422.		1,422.	
19 20		91,370.	70,075.	21,295.	
21	Payments to affiliates	105,798.	42,319.	63,479.	
22	Depreciation, depletion, and amortization	13,031.	7,819.	4,431.	781.
23	Inquirence	46,002.	17,910.	28,092.	
23 24	Other expenses, Itemize expenses not covered	,,	, = = = •	,,	
4-7	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 0.)				
а	DONATED MATERIALS	343,259.	343,259.		
b	PROGRAM SUPPLIES	86,914.	86,914.		
c	REPAIRS & MAINTENANCE	22,193.	,	22,193.	
d		,		,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,724,633.	6,440,309.	1,012,953.	271,371.
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2222)

### Form 990 (2020) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	ly line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			227,873.	2	1,219,301.
	3	Pledges and grants receivable, net			1,358,177.	3	603,169.
	4	Accounts receivable, net			1,085,403.	4	1,003,354.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su		' '			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons descri	•	,		6	
w	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	Donat and a company of the forms of the company			526,927.	9	606,626.
		Land, buildings, and equipment: cost or other		<u> </u>	·		·
		basis. Complete Part VI of Schedule D		787,334.			
	b				21,146.	10c	8,114.
	11	Investments - publicly traded securities		·	7,772,807.	11	9,722,991.
	12	Investments - other securities. See Part IV, lii			15,254,518.	12	15,244,264.
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,390,384.	15	1,522,486.
	16	Total assets. Add lines 1 through 15 (must e			27,637,235.	16	29,930,305.
	17	Accounts payable and accrued expenses	2,025,340.	17	1,428,984.		
	18				2,020,020.	18	2,120,501.
	19	Grants payable				19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Comple		at Calcadula D		21	
	22	Loans and other payables to any current or f		•••••		21	
Liabilities	~~	trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of				22	
<u>E</u> .	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax.				24	
	23	parties, and other liabilities not included on li					
		of Schedule D	1165 17-24	). Complete Fait A	0.	25	2,168,502.
	26				2,025,340.	26	3,597,486.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958,	shook hor	x X	2,023,310.	20	3,337,100,
S		and complete lines 27, 28, 32, and 33.	CHECK HE				
ž	27				24,140,803.	27	24,901,546.
<u>a</u>	28	Net assets with donor restrictions	·····	1,471,092.	28	1,431,273.	
Б	20	Organizations that do not follow FASB AS			2,2,2,0,22,	20	2,102,270.
Ē		and complete lines 29 through 33.					
þ	200		, do			20	
əts	29	Capital stock or trust principal, or current fur				29	
SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			25,611,895.	31	26 332 810
ž	32	Total net assets or fund balances				32	26,332,819.
	33	Total liabilities and net assets/fund balances			27,637,235.	33	29,930,305.

Form **990** (2020)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,168,	503.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	724,	633.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-556,	130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25	611,	895.
5	Net unrealized gains (losses) on investments	5	1,	277,	054.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	26	332,	819.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	٥.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				1
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		·	Form	990	(2020)

#### **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 for instructions and the latest information.

OMB No. 1545-0047

ZUZU
Open to Public

Inspection

Name of the organization **Employer identification number** ARMED SERVICES YMCA OF THE USA 36-3274346 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,206,074.	6,622,094.	6,541,220.	6,917,625.	6,680,925.	32,967,938.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,206,074.	6,622,094.	6,541,220.	6,917,625.	6,680,925.	32,967,938.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						820,259.
	Public support. Subtract line 5 from line 4.						32,147,679.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,206,074.	6,622,094.	6,541,220.	6,917,625.	6,680,925.	32,967,938.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	499,774.	650,047.	703,749.	596,757.	494,078.	2,944,405.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						35,912,343.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	4,896.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2020 (I					14	89.52 %
	Public support percentage from 2019					15	90.45 %
16a	33 1/3% support test - 2020. If the				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te	ū	•		•		
b	10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets the		•		•		. —
	organization meets the facts-and-circu						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b,	, check this box a	nd see instructions	

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## Schedule A (Form 990 or 990-EZ) 2020 ARMED SERVICES YMCA OF THE USA 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	siow, picase comp	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(-) 0040	(1-) 0047	(-) 0010	(-1) 0040	(-) 0000	(C) T. J. J.
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6      10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u> </u>
<b>14</b> First 5 years. If the Form 990 is for th	· ·			•		. —
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi					<del> </del>	
15 Public support percentage for 2020 (li			column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>20</b> (line 10c, colu				17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	<b>&gt;</b>
b 33 1/3% support tests - 2019. If the	•			•	•	
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization						

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
	•	•		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec		vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
				Yes	No
1	Were :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•		stees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		poorted organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<i>suppo</i> tion E	rted organizations played in this regard.  . Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ries Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
^		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D		supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	J. 1.0 C				

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g			
1	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.						
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
_1_	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3_	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_7	Other expenses (see instructions)	7					
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
с	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

ARMED SERVICES YMCA OF THE USA 36-3274346									
Organization type (check one):									
Filers of:	Section:	Section:							
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> 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								
•	exation is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.							
General Rule									
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling om any one contributor. Complete Parts I and II. See instructions for determining a contributor's								
Special Rules									
sections 509 any one con	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, on tributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 990-EZ, line 1. Complete Parts I and II.	or 16b, and that received from							
contributor, literary, or e	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <b>General Rule</b> 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).									

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

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

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		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$815,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

ARMED SERVICES YMCA OF THE USA

36-3274346

Part II	Noticasti Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED MILEAGE		
1			
		\$\$	10/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization			Employer identification number
ARMED SE	ERVICES YMCA OF THE USA			36-3274346
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,00	e entry. For organizations	3
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
			_	
		(e) Transfer o	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I				
		(e) Transfer o	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee
(a) No.			T	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer o		p 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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

**Employer identification number** 

36 - 3274346

Pa	rt I Organi	zations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the	_
	 organizat	ion answered "Yes" on Form 990, Part IV, line	e 6.	·	
			(a) Donor advised funds	(b) Funds and other accounts	_
1	Total number at	end of year			
2		of contributions to (during year)			
3		of grants from (during year)			_
4		at end of year			_
5		tion inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds	_
	~	tion's property, subject to the organization's e	-		No
6		tion inform all grantees, donors, and donor a			
	-	rposes and not for the benefit of the donor or	• •	•	
	impermissible pr				No
Pa		vation Easements. Complete if the org			_
1	Purpose(s) of co	nservation easements held by the organization	on (check all that apply).		_
	Preservati	on of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area	
	Protection	of natural habitat	Preservation of	a certified historic structure	
	Preservati	on of open space			
2	Complete lines 2	a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last	
	day of the tax ye	ear.		Held at the End of the Tax Ye	ar
а	Total number of	conservation easements		2a	
b				_	
С	Number of cons	ervation easements on a certified historic stru	ıcture included in (a)	2c	
d	Number of cons	ervation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re	
	listed in the Nati	onal Register		2d	
3		ervation easements modified, transferred, rele			
	year ▶				
4	Number of state	s where property subject to conservation eas	ement is located >		
5	Does the organiz	zation have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and e	nforcement of the conservation easements it	holds?	Yes I	No
6	Staff and volunt	eer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	ervation easements during the year	
	<b></b>				
7	Amount of expe	nses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year	
	<b>&gt;</b> \$				
8	Does each cons	ervation easement reported on line 2(d) above	e satisfy the requirements of section 170(	n)(4)(B)(i)	
	and section 170	(h)(4)(B)(ii)?		Yes I	No
9	•	ribe how the organization reports conservation	•		
	balance sheet, a	nd include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the	
ъ.		ccounting for conservation easements.	Add Balada da III.	lea d'artha a Assaula	
Ра		zations Maintaining Collections of		ner Similar Assets.	
		e if the organization answered "Yes" on Form			
1a	-	on elected, as permitted under FASB ASC 958	· ·		
		treasures, or other similar assets held for pub			
		in Part XIII the text of the footnote to its finan			
b	_	on elected, as permitted under FASB ASC 958			
	•	asures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,	
	•	wing amounts relating to these items:			
		luded on Form 990, Part VIII, line 1			—
	` '			· · · · · · · · · · · · · · · · · · ·	
2	_	on received or held works of art, historical trea		gain, provide	
	•	ounts required to be reported under FASB AS	S .		
а		ed on Form 990, Part VIII, line 1			
h	Accete included	in Form 000 Part V		Φ Φ	

Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar As	sets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t make sig	nificant use c	of its	
	collection items (check all that apply):								
а	Public exhibition	c	ι 🔲 ι	oan or exc	hange progra	am			
b	Scholarly research	e	. 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or othe	er similar a	assets		
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on F	Form 990, Pa	rt IV, line 9, c	r
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble:					
								Amou	nt
С	Beginning balance						1c		
d	Additions during the year								
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F						y?	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V   Endowment Funds. Complete								
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back (	<b>d)</b> Three years	back (e) Fo	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•		, column (a)	)) held as:				
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	red for the	organization		V .
	by:							0.00	Yes No
	(i) Unrelated organizations								1
	(ii) Related organizations	At 12-41						3a(ii	
	If "Yes" on line 3a(ii), are the related organiza							<u>3b</u>	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	inas.					
ı uı	Complete if the organization answere		) Dort IV	lino 11a S	00 Form 000	Dort V li	no 10		
		(a) Cost or o						(d) Po	ok voluo
	Description of property	basis (investr			or other (other)		cumulated reciation	(u) B0	ok value
10	Land	,	,	24010	()	339			
b	LandBuildings				115,329.		107,215		8,114.
	Leasehold improvements				1,980.		1,980	+	0.
d	Equipment				_,•		-,	-	
	Other	<b>I</b>			670,025.		670,025		0.
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1		1			8,114.
. 5.0		audi i Ollii 330. Pall	n. coluiti		vv./				, ,

Schedule D (Form 990) 2020 ARMED SERVICES Y	MCA OF THE USA	3	36-3274346	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) HEDGE FUNDS	4,075,279.	END-OF-YEAR MARKET VALUE		
(B) 167053.56-ISHARES MSCI EAFE INT'L				
(C) I(BTMKX)	2,454,017.	END-OF-YEAR MARKET VALUE		
(D) 19616.38-ISHARES S&P 500 FUND CL G				
(E) (BSPGX)	8,714,968.	END-OF-YEAR MARKET VALUE		
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,244,264.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (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 1	1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
(1) DUE FROM AFFILIATES			1,	435,190.
(2) DEPOSIT				87,296.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>.</b>	1,	522,486.
Part X Other Liabilities.			_	
Complete if the organization answered "Yes"	on ⊦orm 990, Part IV, line 1	1e or 11t. See Form 990, Part X, line 25	5.	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM	2,168,502.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,168,502.

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 ... X

Sche	dule D (Form 990) 2020 ARMED SERVICES YMCA OF THE USA			36-32743	46 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	24,920,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,277,054.		
b	Donated services and use of facilities		102,679.		
С	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)	1 - 1	16,365,288.		
e	Add lines 2a through 2d			2e	17,745,021.
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,175,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-6,500,		
			· · · · · · · · · · · · · · · · · · ·	4c	-6,500.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 12.)			5	7,168,503.
	t XII Reconciliation of Expenses per Audited Financial State				.,,
1 0.	Complete if the organization answered "Yes" on Form 990, Part IV, line		-xpoilede per i		
_				1	24,050,508.
1	Total expenses and losses per audited financial statements			-	24,030,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا	102,679.		
a	Donated services and use of facilities		102,075.	-	
b	Prior year adjustments	_		-	
С.	Other losses		16,223,196.	-	
d	Other (Describe in Part XIII.)	·			16 225 075
	Add lines 2a through 2d			2e	16,325,875.
3	Subtract line 2e from line 1			3	7,724,633.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			0
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,724,633.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	*		i; Part X, line 2	ς; Paπ XI,
	W ITHE 2.				
FARI	X, LINE 2:				
ASYM	CA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARN	IED FROM			
UNRE	LATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE I	NTERNAL			
REVE	NUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME	FOR THE			
YEAR	ENDED DECEMBER 31, 2020, AND HAS BEEN CLASSIFIED AS AN ORG	SANIZATION			
THAT	IS NOT A PRIVATE FOUNDATION.				
MANA	GEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT	ASYMCA HAD			
TAKE	N NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE	1			
CONS	OLIDATED FINANCIAL STATEMENTS.				

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

### **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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

Schedule G (Form 990 or 990-EZ) 2020

ARMED SERVICES YMCA OF THE USA					36-32743	36-3274346	
Part I Fundraising Activities. required to complete this part	Somplete with organization and the control of the c						
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	itees, or Ye		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser sustody ntrol of utions?	(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				
Total			<b>•</b>				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from r	egistration	
·							

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

ГС		of fundraising event contributions and gr	-			
		or randraioning events contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			ANGELS OF THE	(b) Evolic #E	NONE	(d) Total events
			BATTEFIELD GALA		NONE	(add col. (a) through
				(a) (ant time)	(total pumbor)	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	286,024.			286,024.
	2	Less: Contributions	286,024.			286,024.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
⊡	8	Entortoinment				
	9	Entertainment Other direct expanses				6,500.
	l -	Other direct expenses  Direct expense summary. Add lines 4 through			<b>•</b>	6,500.
	l	Net income summary. Subtract line 10 from I	. ,			-6,500.
Pa	rt I	II Gaming. Complete if the organization		990. Part IV. line 19. or i		1
		\$15,000 on Form 990-EZ, line 6a.			Sp 0.10 a o a	
		,	( ) 5:	(b) Pull tabs/instant	( ) 011	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
e.						
å	1	Gross revenue				
ses	2	Cash prizes				
xben	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
٦		Other direct expenses				
	5	Other direct expenses	Vac 0/	V 0/	Yes %	
	6	Volunteer labor	Yes %  No	Yes % No	Yes %  No	
	•	Volunteer labor	NO	I INO	I NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
		Not coming income aumment. Cultivact line 7	from line 1 column (d)		_	
	8	Net gaming income summary. Subtract line 7	rrom line i, column (d)		<b>P</b>	I
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	etatos?		Yes No
		No," explain:	ctivities in each of these s	states?		1es NO
i.	, 11	тъ, слріан.				
	_					
10=	We	ere any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax v	vear?	Yes No
		Yes," explain:	Sasponasa, or to	acca daring the tax )		
~		,				
	_					

Sch	edule G (Form 990 or 990-EZ) 2020 ARMED SERVICES YMCA OF THE USA 36-3	2/434	; <b>b</b>	Page <b>3</b>
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:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
b	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	rt III. lin	0 201	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			90, 100,

Schedule G	G (Form 990 or 990-EZ)	ARMED SERVICES	S YMCA OF THE USA	36-3274346	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	rmation <sub>(continued</sub>	d)		

#### 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 for the latest information.

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 36-3274346 ARMED SERVICES YMCA OF THE USA Part I **General Information on Grants and Assistance** 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? X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ARMED SERVICES YMCA OF ALASKA P.O. BOX 6272 92-0016680 501(C)(3) ELMENDORF AFB, AK 99506 175,000. 0 PROGRAM SUPPORT ALTUS ARMED SERVICES YMCA 308 N FIRST STREET STE 1201 ALTUS, OK 73523 90-0246016 501(C)(3) 0. PROGRAM SUPPORT 12,500 EL PASO ASYMCA 7060 COMINGTON ST. 74-1146782 501(C)(3) EL PASO, TX 79930 96,500 0. PROGRAM SUPPORT FORT BRAGG/POPE AFB ASYMCA 208 THORNCLIFF DRIVE 56-2159770 501(C)(3) PROGRAM SUPPORT FAYETTEVILLE NC 28303 124 400 0. KILLEEN ASYMCA 415 N. 8TH ST. 74-1902832 501(C)(3) 0. PROGRAM SUPPORT KILLEEN TX 76541 224 659. LAWTON ASYMCA 201 SOUTH 4TH STREET LAWTON, OK 73501 73-0583931 501(C)(3) 98 500 0 PROGRAM SUPPORT 25. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

36-3274346

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	( <b>b)</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
AMP PENDELTON ASYMCA							
BOX 555028, BUILDING 16144							
CAMP PENDLETON, CA 92055	95-2486118	501(C)(3)	69,500.	0.			PROGRAM SUPPORT
HAMPTON ROADS REGIONAL ASYMCA							
1465 LAKESIDE ROAD							
VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	231,000.	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)	100,500.	0.			PROGRAM SUPPORT
THE CAMPBELL PRANCE							
FT CAMPBELL BRANCH P.O. BOX 629							
FORT CAMPBELL, KY 42223	62-0491361	501(C)(3)	125,500.	0.			PROGRAM SUPPORT
FORT CAMIDBOO, RT 42223	02 0431301	301(0)(3)	123,300.	· ·			I KOGKAM BOTTOKT
SAN DIEGO BRANCH							
3293 SANTO ROAD							
SAN DIEGO, CA 92124	95-1679700	501(C)(3)	205,500.	0.			PROGRAM SUPPORT
TWENTYNINE PALMS ASYMCA							
P.O. BOX 6002, BUILDING 696	04 4000450	504 (5) (2)	100 000				
TWENTYNINE PALMS, CA 92278	91-1883458	501(C)(3)	182,000.	0.			PROGRAM SUPPORT
HONOLULU ASYMCA							
P.O. BOX 29333							
HONOLULU, HI 96820	99-0075037	501(C)(3)	470,880.	0.			PROGRAM SUPPORT
,			1				
YMCA OF THE PIKES PEAK REGION							
2190 JET WING DRIVE							
COLORADO SPRINGS, CO 80916	84-0404266	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
JUNCTION CITY FAMILY YMCA							
P.O. BOX 113	10.05	504 (5) (2)		_			
JUNCTION CITY, KS 66441	48-0677789	DOT(G)(3)	25,491.	0.			PROGRAM SUPPORT

36-3274346

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</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
VATERTOWN FAMILY YMCA							
119 WASHINGTON ST.							
WATERTOWN, NY 13601	15-0559207	501(C)(3)	17,781.	0.			PROGRAM SUPPORT
·			,				
AUGUSTA SOUTH FAMILY Y ARMED							
SERVICES - 2215 TOBACCO ROAD -							
AUGUSTA, GA 30906	58-0566254	501(C)(3)	9,201.	0.			PROGRAM SUPPORT
EAST CAROLINA YMCA							
100 YMCA LN	EO 140003E	E01/G\/2\		_			DDOGDAN GUDDODE
NEW BERN, NC 28560	58-1402035	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
VOLUSIA FLAGLER FAMILY YMCA							
761 E INTERNATIONAL SPEEDWAY BLVD							
DELAND, FL 32724	59-3284968	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
,			1,111				
YMCA OF GREATER OKLAHOMA							
500 NORTH BROADWAY, SUITE 500							
OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	12,793.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN FORTH WORTH							
512 LAMAR, SUITE 400							
FORT WORTH, TX 76102	75-0827471	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
OFMWR NAF FINANCIAL SERVICES							
OFFICE: JB LEWIS MCCHORD - P.O.							
BOX 339500 MS 20 JOINT BASE -	04 0075004	504 (5) (2)	10.000				
LEWIS-MCCHORD, WA 98433-5000	91-0976994	501(C)(3)	10,080.	0.			PROGRAM SUPPORT
YMCA OF NORTHERN UTAH							
3216 SOUTH HIGHLAND DRIVE SUITE 200	)						
SALT LAKE CITY, UT 84106	87-0212 <b>4</b> 72	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
	5, 0212172		,,,,,,,,,,	••			
YMCA OF GREATER SAN ANTONIO							
231 E. RHAPSODY							
SAN ANTONIO, TX 78216	74-1109634	501(C)(3)	6,025.	0.			PROGRAM SUPPORT

Part II Continuation of Grants and Oth	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	Г
(a) Name and address of organization or government	<b>(b)</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
ICA OF MIDDLE TENNESSEE							
000 CHURCH ST							
ASHVILLE, TN 37203	62-0476243	501(C)(3)	7,000.	0.			PROGRAM SUPPORT

(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
rt IV Supplemental Information. Provide the information	l l tion required in Part I, line	e 2; Part III, columr	l n (b); and any other ad	ditional information.	
F I, LINE 2:					
	THE TARRE ARE WON'T	MODED DV OUD			
GRAM FUNDING AWARDED TO THE BRANCHES AND A	FFILIATES ARE MONI	TORED BY OUR			
AND COO VIA OUR ACCOUNTING SYSTEM INTACCT	AS WELL AS PROGRE	SS REPORTS			
MITTED TO HQ ON A MONTHLY/QUARTERLY BASIS.	THE CEO AND THE	BOARD			
ROVE THE ANNUAL BUDGET THAT CONTAINS THE G	RANT AWARDS TO THE	BRANCHES			
THE AFFILIATES.					

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

OMB No. 1545-0047

	ARMED SERVICES YMCA OF THE USA	36-3274346		
Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeu	r, 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	1b		
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?	2		
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			
	establish compensation of the CEO/Executive Director, but explain in Part III.	,,,,,,,		
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation or	ommittee		
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:			
а		4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х
	Participate in or receive payment from an equity-based compensation arrangement?			х
_	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 compensatio	n l		
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	l		Х
	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 compensatio	n 📗		
	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	l		Х
	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		х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Regulations section 53.4958-6(c)?

......9 | 9 Schedule J (Form 990) 2020 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) WILLIAM FRENCH	(i)	275,486.	50,000.	2,526.	34,200.	842.	363,054.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DONALD KANDEL	(i)	198,175.	30,000.	2,522.	27,784.	4,159.	262,640.	0.	
CFO AND CAO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CHRISTOPHER HALEY	(i)	157,800.	25,000.	1,234.	22,031.	1,484.	207,549.	0.	
CHIEF OF STAFF & CHIEF MAR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DORENE OCAMB	(i)	192,826.	0.	376.	0.	9,174.	202,376.	0.	
CHIEF DEVELOPMENT CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) CHARLES WILLIAMS	(i)	164,766.	10,000.	1,354.	8,240.	412.	184,772.	0.	
COO & CHIEF PROGRAMS OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)							_	
	(ii)							_	
	(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

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 for instructions and the latest information.

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

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	 s
	<u>, , ,,, , , , , , , , , , , , , , , , </u>		items contributed	Form 990, Part VIII, line 1g				
	Art - Works of art							
	Art - Historical treasures							
	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	Х	1	10,024.	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 )	Х	1	296,260.	MARKET VALUE			
26	Other (MOTORCYCLE)	Х	1	36,999.	MARKET VALUE			
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement <b>29</b>			0	
					ı		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed 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 po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.		·					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

### **SCHEDULE O**

(Form 990 or 990-EZ)

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 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service 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

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
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 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	

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

Schedule O (Form 990 or 990-EZ) 2020	Page
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	
EXPENSES \$ 349,767. INCLUDING GRANTS OF \$ 122,987. 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.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization  ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
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
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	
FREE OF CHARGE ON THE ORGANIZATION'S WEBSITE AT WWW.ASYMCA.ORG.	

### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

36-3274346

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	rear assets Dire		ontrolling ntity	9
	_							
	-							
	_							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34,	because it had one	or more	related tax-exer	mpt	
(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		(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
·		Toroign country)		501(c)(3))		·	Yes	No
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND - 13-5562401, 120 BROADWAY,	TYPE I SUPPORTING ORGANIZATION PROVIDING							
NEW YORK, NY 10271	RETIREMENT BENEFITS	NEW YORK	501(C)(3)	LINE 12B, II	N/A			Х
	-							

ARMED SERVICES YMCA OF THE USA

Page 2

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. Part III

organizations treated as a partnership during the tax year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) (i)  Disproportionate allocations?  allocations?  Code V-UBI amount in box 20 of Schedule		(j		(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or P ging er?	Percentage ownership	
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes No			
					1								
				1	I.	I.			1		_		

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

Scried	idle H (F0111 990) 2020 22111 222 21				00 02/1010	Г	aye	
Part	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forr	n 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.					Yes	N	
	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
	Gift, grant, or capital contribution to related organization(s)						Х	
	Gift, grant, or capital contribution from related organization(s)					Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)						Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		Х	
j	j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
l Performance of services or membership or fundraising solicitations for related organization(s)							Х	
m Performance of services or membership or fundraising solicitations by related organization(s)							Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х	
	Sharing of paid employees with related organization(s)						Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses						X	
					4		Х	
							X	
	Other transfer of cash or property from related organization(s)			valationships and transaction three				
	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(c  Method of determini	d)			
(1) TI	IE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	С	100,000.	CASH				
(2)								
(3)								
(4)								
		1	1	1				

36-3274346 p

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion:	por- ate ons?		Gene mana parti	ral or aging ner?	(k) Percentage ownership
		332	Sections 312-314)	Yes No	 33335	Yes	No	(1011111003)	Yes	NO	

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

### 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print ARMED SERVICES YMCA OF THE USA 36-3274346 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 14040 CENTRAL LOOP, NO. B return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODBRIDGE, VA 22193 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a 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. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)



# **Group 990 for Public Inspection**

ALL ASYMCA BRANCHES

### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For the	e 2020 calendar year, or tax year beginning	and	ending				
	Check if applicabl	C Name of organization  ARMED SERVICES YMCA OF THE USA			D Employer identif	ication number		
	Addre chang							
F	Name chang	Doing business as			91-1883466			
F	Initial return		Number and street (or P.O. box if mail is not delivered to street address)  Room/suite   E   Telephone number and street   E   Telephone   E   Telephone   E   Telephone   Tel					
F	Final return	14040 CENTRAL LOOP SHITE B	,		(571) 932-32			
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	18,357,927.		
Г	Amen		3 1		H(a) Is this a group r			
F	Applic	F Name and address of principal officer: WILLI	AM D. FRENCH		for subordinates			
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i			
Τ.	Гах-ех	empt status: X 501(c)(3) 501(c) ( )	<b>◄</b> (insert no.) 4947(a)(1)	or 527	1 ' '	a list. See instructions		
		te: WWW.ASYMCA.ORG			H(c) Group exemption			
			sociation Other	<b>L</b> Year		M State of legal domicile: IL		
	art I	Summary			-	<u> </u>		
_	1	Briefly describe the organization's mission or most	significant activities: THE MI	SSION OF	THE ARMED			
Governance		SERVICES YMCA OF THE USA- SEE SCH. O						
naı	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as	sets.		
Ve	3	Number of voting members of the governing body	Part VI, line 1a)		3	161		
	4	Number of independent voting members of the gov				161		
ο O		Total number of individuals employed in calendar y				688		
/itie		Total number of volunteers (estimate if necessary)				4675		
Activities &		Total unrelated business revenue from Part VIII, col				34,983.		
⋖		Net unrelated business taxable income from Form				33,803.		
					Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			12,438,218.	9,578,123.		
	9	Program service revenue (Part VIII, line 2g)		8,839,719.	4,784,064.			
	10	Investment income (Part VIII, column (A), lines 3, 4,		263,639.	426,714.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			254,370.	868,603.		
	1	Total revenue - add lines 8 through 11 (must equal			21,795,946.	15,657,504.		
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		0.	0,		
	1	Benefits paid to or for members (Part IX, column (A			0.	0.		
s	45	Salaries, other compensation, employee benefits (F			10,474,774.	7,874,342.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0,		
ē	. в	Total fundraising expenses (Part IX, column (D), line						
й	17	Other expenses (Part IX, column (A), lines 11a-11d,			8,654,988.	7,664,153.		
		Total expenses. Add lines 13-17 (must equal Part I)			19,129,762.	15,538,495.		
	19	Revenue less expenses. Subtract line 18 from line			2,666,184.	119,009.		
JO.	3			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			36,868,660.	37,031,336.		
ASS	21	Total liabilities (Part X, line 26)			10,284,541.	10,298,625.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		26,584,119.	26,732,711.		
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.			
Sig	n	Signature of officer			Date			
Her	е	WILLIAM D. FRENCH, PRESIDENT AND	CEO					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	-	Date Check [	PTIN		
Paid	i	WILLIAM E TURCO, CPA	Willia /	(luco)	6/30/21 self-emplo	•		
	parer	Firm's name RSM US LLP	:: <del>**</del> *********************************		Firm's EIN ▶	42-0714325		
Use	Only	Firm's address > 9801 WASHINGTONIAN BLVD,	STE 500					
		GAITHERSBURG, MD 20878			Phone no. 301	1-296-3600		
May	the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No		

GROUP RETURN Form 990 (2020)

	1990 (2020) GROUP RETURN	91-1883466 Page <b>2</b>
Par	rt 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 me	easured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4 , 937 , 670 . including grants of \$) (Revenue \$	\$2,660,600. )
	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:	
	- EMERGENCY FINANCIAL ASSISTANCE	
	- YOUNG FAMILY SUPPORT	
	- FAMILY UNITY	
	- HOLIDAY ASSISTANCE	
	- UNIT+FAMILY READINESS GROUP SUPPORT	
	- PARENT/CHILD DANCES	
4b	(Code:) (Expenses \$	\$1,749,148.
	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.	
	·	
	1 010 140	227 742
4c	(Code:) (Expenses \$1,819,142. including grants of \$) (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:	
	- PRESCHOOL	
	- SPECIAL INTEREST CLASSES FOR ADULTS	
	- FINANCIAL MANAGEMENT CLASSES - FINANCIAL MANAGEMENT CLASSES	
	- CHILD LITERACY PROGRAM - BEFORE-AND AFTER-SCHOOL TUTORING	
	- BEFORE-AND AFTER-SCHOOL TOTORING - CHILD MENTORING	
	- CHILD MENTORING - SIGN LANGUAGE CLASSES	
40	Other program services (Describe on Schedule O.)	146 573 \
	(Expenses \$ 2,598,774. including grants of \$ ) (Revenue \$  Total program service expenses ▶ 12,993,869.	146,573.)
<u>4e</u>	Total program service expenses 12,993,869.	

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## Form 990 (2020) GROUP RETURN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
0	, , ,	8		x
9	Schedule D, Part III	0		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	4 41-		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Δ.
ıo		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) GROUP RETURN

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	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	0.7		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	<u> </u>
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. ui	Check if Schoolule O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V		V	NI-
4-	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No
ıa b	The state of the s	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	· · · · · · · · · · · · · · · · · · ·			

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Form 990			RETURN			
Part V	Statements	Regardii	ng Other	IRS Filings and	Tax Compliance	(continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					No						
	filed for the calendar year ending with or within the year covered by this return	2a	688									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ast one is reported on line 2a, did the organization file all required federal employment tax returns?										
	lote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
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).											
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts									
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).				77							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X							
b				7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file form of the	•	uired			x						
	to file Form 8282?	1	 I	7c		^						
d	,	7d	10	7e		х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?											
ь 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h								
0		-	NT / A	8								
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.											
а	onsoring organizations maintaining donor advised funds.  Id the sponsoring organization make any taxable distributions under section 4966?  N/A											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9a 9b								
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders N/A	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I									
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c	<u> </u>	14a		Х						
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O											
15	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?  If "Ves " see instructions and file Form 4720. Schedule N.											
16	If "Yes," see instructions and file Form 4720, Schedule N.	t inco	mo?	16		х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	it ii iCOl		16								
	n 100, complete i cim 4720, concuuic C.											

GROUP RETURN Form 990 (2020) 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			Х						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 161									
	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										
2	Electric file file file file file file file file									
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
-	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0								
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0								
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l							
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	-110						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
ŭ	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14										
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	Х							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
2	The organization's CEO, Executive Director, or top management official	15a	х							
	b Other officers or key employees of the organization									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	Х							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
.54	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100	l .							
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))	only)	availa	ble						
10	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	finan	rial							
19	statements available to the public during the tax year.	miail	Jiai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	DON KANDEL, CHIEF FINANCIAL OFFICER/ADMINISTRATION OFFICER - (571) 932-3									
	1/1/1/1 CENTRAL LOOP SHITTER WOODRETTGE VA 22193									

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## 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.

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

• 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 ne	(B)	1						(D)	(E)	(E)		
(A) Name and title	Average	(C) Position						Reportable	( <b>c</b> ) Reportable	( <b>F</b> ) Estimated		
Name and the	hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of		
	week					r/trust		from	from related	other		
	(list any	ctor						the	organizations	compensation		
	hours for	r director				ted		organization	(W-2/1099-MISC)	from the		
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or	Institutional trustee		Key employee	Highest compensated employee				and related		
	below	ividu	titutic	Officer	y em p	nest ploye	Former			organizations		
/1) GUDDI VEDDINGMON	line)	ılı	lus	#0	. Š	Hig	For					
(1) SHERI YERRINGTON  EXECUTIVE DIRECTOR - KILLEEN	40.00			х				120 050	0.	24 710		
(2) TIMONTHY NEY	40.00			_				120,058.	٠.	34,719.		
EXECUTIVE DIRECTOR - SAN DIEGO	40.00			х				122 002	0.	16 026		
(3) LAURIE MOORE	40.00			^		$\vdash$		133,803.	٠.	16,026.		
	40.00			х				105 621	0.	14 102		
(4) SAMANTHA HOLT	40.00			^		$\vdash$		105,621.	٠.	14,182.		
EXECUTIVE DIRECTOR - CAMPPEN	40.00			х				106,490.	0.	12,785.		
(5) SARAH RIFFER	40.00							100,450.	<u> </u>	12,703.		
EXECUTIVE DIRECTOR - ALASKA	10.00			x				100,286.	0.	12,022.		
(6) LAURA BAXTER	40.00			<del></del>				200,200.	•			
EXECUTIVE DIRECTOR - HAMPTON	10.00			x				92,053.	0.	16,728.		
(7) PATRICK BYRNE	40.00											
EXECUTIVE DIRECTOR - 29 PALMS				х				91,711.	0.	6,271.		
(8) STANLEY MILLER	40.00							,		,		
VP, OPERATIONS & ADMIN - SAN DIEGO				х				79,753.	0.	10,974.		
(9) MATTHEW RUMPH	20.00											
EXECUTIVE DIRECTOR - FT LW				х				63,356.	0.	25,187.		
(10) JACK CLEVESY	40.00											
EXECUTIVE DIRECTOR - FT BRAGG				х				71,805.	0.	15,858.		
(11) PHYLLIS BARBER	40.00											
DIRECTOR, FINANCE/HR - SAN DIEGO				Х				75,888.	0.	9,809.		
(12) OMAYRA ARROYO-ANDUJAR	40.00											
ACCOUNTING MANAGER - ALASKA				Х				59,773.	0.	16,611.		
(13) KIMBERLY JEREMIAH	40.00											
ACCOUNTING MANAGER - HONOLULU				Х				65,552.	0.	8,470.		
(14) TEDD PRITCHARD	40.00											
EXECUTIVE DIR THRU 8/2020 - EL PASO				Х				65,826.	0.	7,882.		
(15) LINDSEY WHITE	40.00											
EXEC. DIRECTOR FROM 3/2020 - FT CAMP				Х				44,595.	0.	13,397.		
(16) MICHELLE BAUMGARTEN	40.00											
ASSOC EXECUTIVE DIRECTOR - FT BRAGG				Х				49,548.	0.	0.		
(17) SARA PAAPE	40.00											
EXECUTIVE DIRECTOR - LAWTON				Х				41,270.	0.	0.		

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Form 990 (2020) GROUP RETURN									91-188	346	6	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D)  Reportable compensation from	(E)  Reportable compensation from related	ı	<b>(F)</b> Estimat amount other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fr org and	pensa om the anizati d relate anizatio	e ion ed
(18) LORIE GARRISON	40.00												
EXECUTIVE DIR THRU 5/20 - LAWTON				Х				38,431.		0.			0.
(19) GUADALUPE SHIELDS	40.00												
OPERATIONS DIRE THRU 6/2020 - EL PAS				Х				30,210.		0.		3,	621.
(20) GEORGE ELSAESSER	40.00												
EXECUTIVE DIRECTOR - EL PASO				Х				26,526.		0.			428.
(21) TIPHANIE HAMON	2.00												
PRESIDENT - ALTUS		Х		Х				0.		0.			0.
(22) KERRY BULL	2.00												
VICE PRESIDENT - ALTUS THRU 1/2020		Х		Х				0.		0.			0.
(23) CHAD LEE	2.00												
SECRETARY - ALTUS THRU 1/2020		Х		Х				0.		0.			0.
(24) DUSTIN BALDERAS	2.00												
TREASURER - ALTUS THRU 8/2020		Х		Х				0.		0.			0.
(25) MICHAEL SHIVE	1.00												
BOARD MEMBER - ALTUS THRU 8/2020		Х						0.		0.			0.
(26) ELIZABETH MARCHA	1.00												
BOARD MEMBER - ALTUS THRU 8/2020		Х						0.		0.			0.
1b Subtotal								1,462,555.		0.		224,	
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								1,462,555.		0.		224,	970.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization												1	
				_					_	1		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	•		•		•		_		•		_		37
line 1a? If "Yes," complete Schedule J for so											3		X
4 For any individual listed on line 1a, is the su											_	7,	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											_		37
rendered to the organization?  f "Yes," com	plete Schedul	e J f	or su	ıch <u>i</u>	oers	on				<u></u>	5		X
Section B. Independent Contractors			_		_				100.000 f	—			
1 Complete this table for your five highest cor										ensat	ion tro	om	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ng w	ith C	or wi	tnin T		ear.				
<b>(A)</b> Name and business	address	NO	NF					<b>(B)</b> Description of s	services	C	(C ompe		n
Traine and pasiness	444,000	NO	IATI				$\dashv$	Bosomption or c	701 11000	<u>_</u>		1001101	<u> </u>
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	ŭ					0		,					

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of from from related other per the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Institutional trustee related and related Key employee organizations organizations below Officer line) JENNIFER DOLMAN 1.00 (27) BOARD MEMBER - ALTUS THRU 1/2020 Х 0. 0. 0. CHRISTINE TULL 1.00 (28) BOARD MEMBER - ALTUS THRU 11/2020 Х 0. 0. 0. STEVEN FRANCIS (29) 1.00 BOARD MEMBER - ALTUS Х 0. 0. 0. (30) KEITH MANTERNACH 3.00 BOARD CHAIR - ALASKA 0. X 0 0. MARK JOHN 1.00 2ND VICE CHAIR - ALASKA Х Х 0 0 0. (32) MARK HALL 1.00 2ND VICE CHAIR - ALASKA X X 0 0 0. DEANTHA CROCKETT 1.00 VICE PRESIDENT - ALASKA Х Х 0 0 0. (34) INGRID KARN 1.00 TREASURER - ALASKA Х Х 0. 0. 0. (35) TERRI LINDSETH 1.00 SECRETARY - ALASKA Х 0. 0. 0. 1.00 ERIK LIND (36) PAST PRESIDENT - ALASKA Х 0. 0. 0. LARRY SUTTERER (37) 0.50 BOARD MEMBER - ALASKA 0 0. 0. JIM LEE (38) 0.50 BOARD MEMBER - ALASKA 0. Х 0. 0. BARBARA FULLMER 1.00 (39) BOARD MEMBER - ALASKA Х 0. 0. 0. GREG MILLER (40) 0.50 BOARD MEMBER - ALASKA Х 0. 0 0. (41) FRANK WILLIAMS 0.50 BOARD MEMBER - ALASKA 0 0. 0. (42) TIM MAUDSLEY 0.50 BOARD MEMBER - ALASKA Х 0 0 0. (43) ERIC CAMPBELL 0.50 BOARD MEMBER - ALASKA Х 0 0 0. JEFF SHIRLEY (44) 0.50 BOARD MEMBER - ALASKA Х 0 0 0. (45) APRIL GETTYS 0.50 BOARD MEMBER - ALASKA Х 0. 0. 0. (46) LAND HAYWARD 0.50 BOARD MEMBER - ALASKA Х 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) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other the organizations compensation week em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) VON VEEH 0.50 (47) BOARD MEMBER - ALASKA Х 0. 0. 0. CHRIS BLOCK 0.50 (48) BOARD MEMBER - ALASKA Х 0. 0. 0. (49) TIM HOPPER 0.50 BOARD MEMBER - ALASKA Х 0. 0 0. (50) TERRY UMATUM 0.50 BOARD MEMBER - ALASKA 0. 0 0. (51) JOHN BAILEY 1.00 BOARD PRESIDENT - EL PASO Х Х 0 0 0. (52) TOM THOMAS 1.00 TREASURER - EL PASO THRU 5/2020 X X 0 0 0. MARISELA RIOS 1.00 SECRETARY - EL PASO Х Х 0 0 0. (54) BRIAN BEAUREGARD 0.50 BOARD MEMBER - EL PASO THRU 9/2020 0. 0. 0. (55) DEAN SANDERS 0.50 BOARD MEMBER - EL PASO 0. 0. 0. (56) EDWARD MARTINEZ 0.50 BOARD MEMBER - EL PASO 0. 0. 0. (57) JERRY PARE 0.50 BOARD MEMBER - EL PASO THRU 7/2020 0 0. 0. JOSE POMPA (58) 0.50 BOARD MEMBER - EL PASO 0. Х 0. 0. JOSEFINA MATHEW 0.50 (59) BOARD MEMBER - EL PASO THRU 7/2020 Х 0. 0. 0. KAREN DIAZ (60) 0.50 BOARD MEMBER - EL PASO THRU 7/2020 Х 0. 0 0. (61) KARLA LANDEROS 0.50 BOARD MEMBER - EL PASO THRU 7/2020 0 0. 0. LETTY WEST 0.50 BOARD MEMBER - EL PASO Х 0 0 0. (63) LIZ ROSSI 0.50 BOARD MEMBER - EL PASO Х 0 0 0. LUIS ALVAREZ 0.50 BOARD MEMBER - EL PASO THRU 7/2020 Х 0 0 0. (65) MARLA CUSHING 0.50 BOARD MEMBER - EL PASO THRU 8/2020 Х 0. 0. 0. MARYANN ANDREWS 0.50 (66) BOARD MEMBER - EL PASO Х 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) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other the organizations compensation week em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) MONICA THOMAS 0.50 (67) BOARD MEMBER - EL PASO Х 0. 0. 0. PERLA LUCERO 0.50 (68) BOARD MEMBER - EL PASO 0. 0. 0. SAMANTHA SILVA (69) 0.50 BOARD MEMBER - EL PASO THRU 7/2020 Х 0. 0 0. (70) SHANNON CHALFONT 0.50 BOARD MEMBER - EL PASO 0. 0 0. (71) JAY GOTHARD 1.00 CHAIRMAN - FT BRAGG Х Х 0 0 0. KAROLL ESTACIO 1.00 CHAIRMAN - FT BRAGG THRU 3/2020 X X 0 0 0. DANICE LANGDON 0.50 VICE CHAIR - FT BRAGG Х Х 0 0 0. APRIL LAMBRIGHT (74) 0.50 SECRETARY - FT BRAGG Х Х 0. 0. 0. (75) ABEL SIMUTAMI 0.50 MEMBER - FT BRAGG 0. 0. 0. 0.50 JAMES DAWSON (76) MEMBER - FT BRAGG 0. 0. 0. (77) KATE BERNITEZ 0.50 MEMBER - FT BRAGG 0 0. 0. MARY BLACK (78) 0.50 MEMBER - FT BRAGG THRU 1/2020 0. Х 0. 0. (79) SHADIA YOUNG 0.50 MEMBER - FT BRAGG Х 0. 0. 0. (80) SHAJN CABRARA 0.50 MEMBER - FT BRAGG Х 0. 0 0. (81) TRACEY ANSLEY 0.50 MEMBER - FT BRAGG 0 0. 0. (82) ANNETTE KALINOWSKI 2.00 BOARD CHAIRMAN - FT CAMPBELL Х Х 0 0 0. YVONNE PICKERING 2.00 V. CHAIRMAN THRU 1/2020 - FT CAMPBE X Х 0 0 0. JOE FERDELMAN 2.00 TREASURER THRU 1/2020 - FT CAMPBELL Х Х 0 0 0. (85) KAREN STANLEY 1.00 SECRETARY THRU 1/2020- FT CAMPBELL Х Х 0. 0. 0. MELISSA SCHAFFNER 0.50 BOARD MBR THRU 1/2020 - FT CAMPBELL Х 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) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other the organizations compensation week em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) FAIRLEN BROWNING 0.50 (87) BOARD MBR THRU 2/2020 - FT CAMPBELL Х 0. 0. 0. RICH HOLLODAY 0.50 (88) - FT CAMPBELL BOARD MBR THRU 2/2020 Х 0. 0. 0. (89) LINDSEY GARNETT 0.50 BOARD MEMBER - FT CAMPBELL Х 0. 0. 0. (90) JOSH DEAVOURS 2.00 BOARD CHAIR - FT LW 0. X 0 0. TRISHA GUFFEY-MATOS 2.00 BOARD MEMBER - FT LW Х 0 0 0. MICHELLE BECKLEY 2.00 BOARD MEMBER - FT LW X 0 0 0. JOHN DENBO (93) 2.00 BOARD MEMBER - FT LW Х 0 0 0. SHELLEY EMPERATO (94) 2.00 BOARD MEMBER - FT LW 0. 0. 0. (95) HAZEL SNELL 2.00 BOARD MEMBER - FT LW THRU 1/2020 0. 0. 0. CONNIE STOLTZ 2.00 (96) BOARD MEMBER - FT LW 0. 0. 0. (97) ANNA HANEY 2.00 BOARD MEMBER - FT LW 0 0. 0. RACHELLE HARVEY (98) 2.00 BOARD MEMBER - FT LW 0. Х 0. 0. (99) JOEL VARGAS 0.50 CHAIRMAN - HAMPTON Х Х 0. 0. 0. (100) KEVIN SLATES 0.50 VICE CHAIRMAN - HAMPTON Х Х 0 0 0. (101) JOHN PAWLIN 0.80 SECRETARY - HAMPTON 0 0. X 0. (102) DAVE DUFFIE 0.50 TREASURER - HAMPTON Х Х 0 0 0. (103) ROBERT OLDANI 0.40 BOARD MEMBER - HAMPTON X 0 0 0. (104) DANIEL T. DOYLE 0.40 BOARD MEMBER - HAMPTON Х 0 0 0. (105) LISA THOMPSON 0.40 BOARD MEMBER - HAMPTON Х 0. 0. 0. (106) BROOKE SCARBROUGH 0.50 BOARD MEMBER - HAMPTON Х 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) (B) (C) (D) (E) (F) Reportable Name and title Position Reportable Estimated Average (check all that apply) hours compensation compensation amount of per from from related other organizations compensation week the em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) (107) AMY SPRINGIRTH 0.30 BOARD MBR THRU 8/2020 - HAMPTON Х 0. 0. 0. (108) DONALD BROWN 0.10 BOARD MEMBER - HAMPTON Х 0. 0. 0. (109) LARRY TINDAL 0.40 BOARD MEMBER - HAMPTON Х 0. 0 0. (110) DR ALVETA GREEN 0.40 BOARD MEMBER - HAMPTON 0 0 0. (111) JOSEF MARKS 0.50 BOARD MEMBER - HAMPTON Х 0 0 0. (112) JEFF GUILD 0.20 BOARD MEMBER - HAMPTON X 0 0 0. (113) BOB RODRIQUEZ 0.40 BOARD MEMBER - HAMPTON X 0 0 0. 0.40 (114) TOMMY DREW BOARD MBR THRU 12/2020 - HAMPTON 0. 0. 0. (115) DAN LEAF, LTGEN USAF (RET) 0.60 BOARD CHAIRMAN - HONOLULU Х 0. 0. 0. (116) NANCY WHITE 0.33 BOARD SECRETARY - HONOLULU Х 0. 0. 0. (117) DAVID VALENTE 0.33 BOARD TREAS. THRU 2/2020 - HONOLULU Х 0. 0. 0. (118) MICHAEL DECAPRIO 0.33 BOARD TREASURER - HONOLULU 0. Х Х 0. 0. (119) BOB BOREK 0.60 BOARD VICE-CHAIRMAN - HONOLULU Х Х 0. 0. 0. (120) ADRIANNE SOFGE 0.33 BOARD MEMBER - HONOLULU Х 0. 0 0. (121) CAROL NELSON 0.30 BOARD MEMBER - HONOLULU 0. 0 0. (122) CINDY WILSBACH 0.33 BOARD MEMBER - HONOLULU Х 0 0 0. (123) DAVE SHANAHAN 0.30 BOARD MBR THRU 9/2020 - HONOLULU X 0 0 0. (124) DON ANDERSON 0.30 BOARD MEMBER - HONOLULU Х 0 0 0. (125) EDDIE OUAN 0.33 BOARD MEMBER - HONOLULU Х 0. 0. 0. (126) FRAN DENINNO 0.30 BOARD MEMBER - HONOLULU Х 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) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (check all that apply) hours compensation compensation amount of per from from related other organizations compensation week the em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) (127) GLENN MEDEIROS 0.33 BOARD MEMBER - HONOLULU Х 0. 0. 0. (128) JEANNINE WIERCINSKI 0.30 BOARD MEMBER - HONOLULU 0. 0. 0. Х (129) JOE LOGAN 0.33 BOARD MEMBER - HONOLULU Х 0. 0 0. (130) KELLI FORT 0.33 BOARD MBR THRU 7/2020 - HONOLULU 0 0 0. (131) LAURA AQUILINO 0.33 BOARD MEMBER - HONOLULU Х 0 0 0. (132) LAURIE CRAPAROTTA 0.33 BOARD MBR THRU 7/2020 - HONOLULU X 0 0 0. (133) LEAH JONES 0.33 BOARD MBR THRU 7/2020 - HONOLULU X 0 0 0. (134) LYNDA LEE LUNDAY 0.33 BOARD MBR THRU 7/2020 - HONOLULU 0. 0. 0. (135) MARGARET SIBLEY 0.33 BOARD MEMBER - HONOLULU Х 0. 0. 0. (136) PAM CABRERA 0.33 BOARD MEMBER - HONOLULU 0. 0. 0. (137) PATSY NARIMATSU 0.33 BOARD MBR THRU 1/2020 - HONOLULU 0 0. 0. (138) PATTI BROWN 0.33 BOARD MBR THRU 1/2020 - HONOLULU 0. Х 0. 0. (139) PAUL L'ECUYER 0.33 BOARD MEMBER - HONOLULU Х 0. 0. 0. (140) REBEKAH JARRARD 0.33 BOARD MEMBER - HONOLULU Х 0. 0 0. (141) REESE LIGGETT 0.30 BOARD MEMBER - HONOLULU 0. 0 0. (142) REGINA BRZAK 0.33 BOARD MEMBER - HONOLULU Х 0 0 0. (143) SALLY MIST 0.30 BOARD MEMBER - HONOLULU X 0 0 0. (144) SANDY CHADWICK 0.30 BOARD MEMBER - HONOLULU Х 0 0 0. (145) SARAH FARGO 0.30 BOARD MEMBER - HONOLULU Х 0. 0. 0. (146) SHARENE BROWN 0.30 BOARD MBR THRU 7/2020 - HONOLULU Х 0. 0. 0. Total to Part VII, Section A, line 1c

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (check all that apply) hours compensation compensation amount of per from from related other organizations compensation week the em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) (147) SIMONA CLARK 0.30 BOARD MBR THRU 7/2020 - HONOLULU Х 0. 0. 0. (148) SUSAN COWAN 0.30 BOARD MEMBER - HONOLULU 0. 0. 0. Х (149) THERESA LACAMERA 0.30 BOARD MEMBER - HONOLULU Х 0. 0 0. (150) VIVIEN STACKPOLE 0.33 BOARD MEMBER - HONOLULU 0. 0 0. (151) GREGORY RANSAW 2.00 BOARD CHAIR - KILLEEN Х X 0 0 0. (152) TERRY OSWALD 2.00 BOARD MEMBER - KILLEEN X 0 0 0. (153) DAVID MITCHELL 2.00 BOARD MEMBER - KILLEEN Х 0 0 0. (154) ED JAMES 2.00 BOARD MEMBER - KILLEEN Х 0. 0. 0. (155) ZACH DIETZE 2.00 BOARD MEMBER - KILLEEN 0. 0. 0. (156) DR. ERIC PENROD 2.00 BOARD MEMBER - KILLEEN 0. 0. 0. (157) RON WALKER 2.00 BOARD MEMBER - KILLEEN 0 0. 0. (158) CAMILLE HOWARD 2.00 BOARD MEMBER - KILLEEN 0. Х 0. 0. (159) TODD FOX 2.00 BOARD MEMBER - KILLEEN Х 0. 0. 0. (160) DR. MARY KELLER 2.00 BOARD MEMBER - KILLEEN Х 0. 0 0. (161) BARRY BEAUCHAMP 2.00 CHAIR THRU 10/2020 - LAWTON 0 0. X 0. (162) LISA VAN BRUNT 2.00 CHAIR - LAWTON Х Х 0 0 0. (163) BRANDY THOMAS 2.00 VICE CHAIR - LAWTON X Х 0 0 0. (164) DENNIS MEYER 2.00 TREASURER THRU 1/2020 - LAWTON Х Х 0 0 0. (165) GORDON SHAW 2.00 SECRETARY THRU 1/2020 - LAWTON Х Х 0. 0. 0. (166) ALBERT RIVAS 2.00 BOARD MEMBER - LAWTON Х 0. 0. 0. Total to Part VII, Section A, line 1c

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (check all that apply) hours compensation compensation amount of per from from related other organizations compensation week the em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) (167) BETTY CERRONE 2.00 BOARD MBR THRU 11/2020 - LAWTON Х 0. 0. 0. (168) BILL SCHNEIDER 2.00 BOARD MEMBER - LAWTON Х 0. 0. 0. (169) DENNIS CLIPPINGER 2.00 BOARD MEMBER - LAWTON Х 0. 0 0. (170) EDWARD HILLIARY 2.00 BOARD MEMBER - LAWTON 0 0 0. (171) GENE LOVE 2.00 BOARD MEMBER - LAWTON Х 0 0 0. (172) KENSUE DOERFUL 2.00 BOARD MEMBER - LAWTON X 0 0 0. (173) KIM THOMAS 2.00 BOARD MBR THRU 1/2020 - LAWTON Х 0 0 0. (174) LAYLA BURGADO 2.00 BOARD MBR THRU 1/2020 - LAWTON Х 0. 0. 0. (175) MARK SCOTT 2.00 BOARD MEMBER - LAWTON 0. 0. 0. (176) MONTE BROWN 2.00 BOARD MEMBER - LAWTON 0. 0. 0. (177) PAT HOLLIS 2.00 BOARD MBR THRU 1/2020 - LAWTON 0 0. 0. (178) RACHEL JONES 2.00 BOARD MBR THRU 9/2020 - LAWTON 0. Х 0. 0. (179) RANDY DOLLARHITE 2.00 BOARD MEMBER - LAWTON Х 0. 0. 0. (180) SHYKIRA SMITH 2.00 BOARD MBR THRU 1/2020 - LAWTON Х 0. 0 0. (181) TARA DEAVOURS 2.00 BOARD MBR THRU 1/2020 - LAWTON 0. 0 0. (182) TED JANOSKO 2.00 BOARD MEMBER - LAWTON Х 0 0 0. (183) WAYNE ANDREWS 2.00 BOARD MEMBER - LAWTON X 0 0 0. (184) WILLIE BRYD 2.00 BOARD MBR THRU 1/2020 - LAWTON Х 0 0 0. (185) ZOE DURANT 2.00 BOARD MBR THRU 1/2020 - LAWTON Х 0. 0. 0. (186) STEVE BROWNE 1.00 CHAIRMAN - CAMPPEN Х Х 0. 0. 0. Total to Part VII, Section A, line 1c

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of from from related other per the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Institutional trustee related and related Key employee organizations organizations below Officer line) (187) RALPH SANCHEZ 1.00 VICE CHAIRMAN - CAMPPEN Х Х 0. 0. 0. (188) JEFF TROTTER 1.00 SECRETARY - CAMPPEN Х 0. 0. 0. (189) LIZ RHEA 1.00 TREASURER - CAMPPEN Х Х 0. 0. 0. (190) MIKE FLEMING 1.00 TREASURER THRU 12/2020 - CAMPPEN 0. 0 X 0. (191) TODD KERN 1.00 PARLIAMENTARIAN - CAMPPEN X Х 0 0 0. (192) DAWN BAKER 1.00 MEMBER - CAMPPEN X 0 0 0. (193) JESS BRESSI 1.00 MEMBER - CAMPPEN X 0 0 0. (194) KEVIN BREWER 1.00 MEMBER - CAMPPEN Х 0. 0. 0. (195) GEORGE BROWN 1.00 MEMBER - CAMPPEN Х 0. 0. 0. 1.00 (196) PETER BURGGREN MEMBER - CAMPPEN 0. 0. 0. (197) MICHAEL GLEASON 1.00 MEMBER THRU 12/2020 - CAMPPEN 0. 0. 0. (198) DEAN LEWIS 1.00 MEMBER - CAMPPEN 0. Х 0. 0. (199) BEVERLEY MASON 1.00 MEMBER - CAMPPEN Х 0. 0. 0. (200) MULDOON, KEVIN 1.00 MEMBER - CAMPPEN Х 0. 0 0. (201) CLIFF MYERS 1.00 MEMBER - CAMPPEN 0. 0 0. (202) JOHN RYAN 1.00 MEMBER - CAMPPEN Х 0 0 0. (203) FORREST SMITH 1.00 MEMBER - CAMPPEN X 0 0 0. (204) MARK WERNIG 1.00 MEMBER - CAMPPEN Х 0 0 0. (205) GEORGE YOUNG 1.00 MEMBER - CAMPPEN Х 0. 0. 0. (206) LEN HERING 1.00 Х PRESIDENT - SAN DIEGO Х 0. 0. 0. Total to Part VII, Section A, line 1c

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (check all that apply) hours compensation compensation amount of per from from related other organizations compensation week the em plo ye (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated Institutional trustee related and related Key employee organizations organizations below Officer line) (207) NANCY LAZARSKI 1.00 1ST VICE PRESIDENT - SAN DIEGO Х Х 0. 0. 0. (208) DENISE STICH 1.00 2ND VICE PRESIDENT - SAN DIEGO Х 0. 0. 0. Х (209) LARI SHEEHAN 1.00 SECRETARY - SAN DIEGO Х Х 0. 0 0. (210) JOHN W. BAER, JR. 1.00 TREASURER - SAN DIEGO X 0 0 0. (211) CYNTHIA CURIEL 1.00 BOARD MBR THRU 12/2020 - SAN DIEGO Х 0 0 0. (212) LISA HITT 1.00 BOARD MBR THRU 2/2020 - SAN DIEGO X 0 0 0. (213) LYNN KELLY 1.00 BOARD MEMBER - SAN DIEGO X 0 0 0. (214) LUZ CORDERO - LAZOTT 1.00 BOARD MEMBER - SAN DIEGO Х 0. 0. 0. (215) JERRY KINNICK 1.00 BOARD MEMBER - SAN DIEGO 0. 0. 0. (216) PATRICK MCGRATH 1.00 BOARD MBR THRU 12/2020 - SAN DIEGO 0. 0. 0. (217) VICTOR PEREZ 1.00 BOARD MEMBER - SAN DIEGO 0 0. 0. (218) DENISE STICH 1.00 BOARD MEMBER - SAN DIEGO 0. Х 0. 0. (219) KATHIE ZORTMAN 1.00 BOARD MBR THRU 12/2020 - SAN DIEGO Х 0. 0. 0. (220) DARYL C. IDLER 1.00 BOARD MEMBER - SAN DIEGO Х 0. 0 0. (221) ALAN LERCHBACKER 1.00 BOARD MEMBER - SAN DIEGO 0. 0 0. (222) BARBETTE LOWNDES 1.00 BOARD MEMBER - SAN DIEGO Х 0 0 0. (223) JOE PIERZINA 1.00 BOARD MEMBER - SAN DIEGO X 0 0 0. (224) GREGORY TANNEBERGER 1.00 BOARD MEMBER - SAN DIEGO Х 0 0 0. (225) CRAIG TURLEY 1.00 BOARD MEMBER - SAN DIEGO Х 0. 0. 0. (226) JAMES L. TODD 2.00 CHAIRMAN - 29 PALMS Х Х 0. 0. 0. Total to Part VII, Section A, line 1c

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Name and title Position Reportable Estimated (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) (list any Individual trustee or director from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer 0 line) (227) RICHARD STELK 1.00 MEMBER AT LARGE - 29 PALMS 0. Х 0. 0. (228) CARL ANGDAHL 2.00 MEMBER AT LARGE THRU 1/2020 - 29 PAL 0. Х 0. 0. 2.00 (229) DIANE KEATE MEMBER AT LARGE - 29 PALMS Х 0. 0. 0. (230) DARLENE CASELLA 2.00 MEMBER AT LARGE - 29 PALMS 0. 0. 0. (231) JAMES IRWIN 2.00 MEMBER AT LARGE - 29 PALMS Х 0. 0. 0. (232) KRITINA SUYDAM 2.00 MEMBER AT LARGE - 29 PALMS Х 0. 0. 0. Total to Part VII, Section A, line 1c

GROUP RETURN

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 97,559. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues 859,035. c Fundraising events ..... 1c 2,112,639. d Related organizations 1d 163,110. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 6,345,780 1f 2,568,073. g Noncash contributions included in lines 1a-1f 9,578,123. h Total. Add lines 1a-1f **Business Code** 2 a PROGRAM SERVICE FEES 900099 2,615,882. 2,615,882. Program Service Revenue b MEMBERSHIP DUES 900099 1,476,141. 1,476,141. GOVERNMENT CONTRACTS 900099 410,315. 410,315. d RESIDENCE & RELATED SE 900099 281,726. 281,726. f All other program service revenue ..... 4,784,064. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 406,540 406,540. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 856,584. 6 a Gross rents 6b **b** Less: rental expenses ... 856,584. c Rental income or (loss) 6c 856,584, 856,584. d Net rental income or (loss)  $\triangleright$ (i) Securities (ii) Other 7 a Gross amount from sales of 2,273,127. 19,213. assets other than inventory b Less: cost or other basis 2,272,166. 0. Other Revenue and sales expenses 7b 19,213. c Gain or (loss) \_\_\_\_\_\_7c 961. 20.174. 20,174. d Net gain or (loss) 8 a Gross income from fundraising events (not 859,035. of including \$ contributions reported on line 1c). See Part IV, line 18 0 373,491. **b** Less: direct expenses \_ -373,491. -373,491, c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 64,179. 9a 29,196. **b** Less: direct expenses 9b 34,983 34,983 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 305,555. and allowances 10a 25,570. **b** Less: cost of goods sold ..... 279,985. 279,985. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER 900099 70,542, 70,542. b d All other revenue 70,542, e Total. Add lines 11a-11d

15,657,504.

4,784,064.

34,983.

Total revenue. See instructions

#### 91-1883466

Page 10

# 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).

Total expenses   Total expenses   Program service   Management and general expenses   Program service   Management   Program service   P	00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
A Graft and full metassistance to domestic organizations and domestic governments. See Part IV, line 21   Grafts and other assistance to domestic individuals. See Part IV, line 22   Grants and other assistance to domestic individuals. See Part IV, line 22   Grants and other assistance to domestic individuals. See Part IV, line 22   Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 25   Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 26   Grants and foreign individuals. See Part IV, line 27   Grants and Face IV, line 27   Grants and Face IV, line 28   Grants and Grants of Grants of Sea(IV, IV) and proses described in section 4580(CI)(SI)   Grants of Part IV, line 27   Grants of Hamiltonian (Include section 4580(CI)(SI)   Grants of Hamiltonian (Include Section 4580(CI)   Grants of Hamilt	Do i			(B)	(C)	(D)
and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Heneitis paid to a for members Compensation of current officers, directors, trustees, and key employees Compensation for current officers, directors, trustees, and key employees Compensation for incided above to disqualified persons destrolled in section 498(c)(3)(8) Power of the section 498(c)(3)(8) Power of the section 498(c)(3)(8) Person glan accrusis and contributions (include section 498(c)(3)(8) Person glan accrusis (include section 498(c)(3)(8) Person glan accrusis (include section 498(c)(3)(8) Person glan accrusis (include section 498(c)(4)(8) Person glan accrusis (include section 498(c)(4)(8)(8) Person glan accrusis (include section 498(c)(4)(8)(8) Person glan accrusis (include section 498(c)(4)(8)(8) Person glan accrusis (include section 498(c)(4)(8)(6)(8) Person glan accrusis (inc			Total expenses			
2 Grants and other assistance to Gomestic inchividuals. See Part IV, line 17 inchividu	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, Inne 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits pad to or for members  Compensation of current officers, directors, trustees, and key employees  for compensation of current officers, directors, trustees, and key employees  for directors and seed of the section 4958(r)(3)(8)  7 Other salaries and wages  Pension plan acrusials and contributions (include section 401(4) and 41(3)(6) employer combutions)  9 Other employee benefits  413, 046.  222, 594.  133, 087.  112, 399.  1419, 046.  221, 594.  177, 013.  2, 529.  3 Management  b Logal  6, 457.  2, 501.  3, 356.  C Accounting  d Lobbying  Professional fundralising services. Size Part IV, line 17  f Investment management fees  Professional fundralising services. Size Part IV, line 17  f Investment management fees  9 Other, (fill rel 1g amount exceeds 10% of fine 25, column (A) annount, list line 11g appearses on Sch O.)  124, 166.  29, 828.  17, 109.  30, 478, 507.  107, 569.  5, 309.  410, 202.  319, 120.  81, 324.  91, 158.  17, 109.  184, 166.  195, 207.  197, 107, 569.  5, 309.  184, 166.  196, 207.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 1740.  197, 198.  198, 1977.  199, 1985.  1		and domestic governments. See Part IV, line 21				
3 Gards and other assistance to foreign organizations, foreign promements, and foreign individuals. See Part N, lines 15 and 16 4 Benefits paid to or members Compensation of current Officers, directors, trustees, and key employees Compensation of current Officers, directors, trustees, and key employees Compensation of individual above to disqualified persons (as defined under section 4958(ft)(1) and persons described in section 4958(ft)(1) and 4978(ft) employer contributions (include section 401(8) and 4978(ft) employer contributions)  Other employee benefits Payroll taxes 11 Fees for services (incernaphycees): 419 July 66, 2221, 594, 177, 1013, 20, 329, 101 Payroll taxes 471, 650, 379, 988, 52, 040, 40, 512.  Payroll taxes A Management  D Logal 6, 457, 2, 501, 3, 956, C C Accounting C Accounting 6, 471, 675, 2, 501, 3, 956, C C Accounting 6, 471, 475, 2, 501, 3, 956, C C Accounting 7, 475, 2, 501, 3, 956, C C Accounting 7, 475, 2, 501, 3, 956, C C Accounting 7, 475, 2, 501, 3, 956, C C Accounting 7, 475, 2, 501, 3, 956, C C Accounting 8, 500, 500, 500, 500, 500, 500, 500, 5	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and		individuals. See Part IV, line 22				
Individuals   See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
## Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   1,650,754,   1,264,530,   253,734,   132,490.		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees   1,650,754.   1,264,530.   253,734.   132,490.						
trustees, and keye employees 6 Compensation not included above of disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) 7 Ofther salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Ofther employee benefits 419,046, 221,504, 177,013, 20,529, 10 Payroll taxes 1 Fees for services (nonemployees):  a Management b Legal 6,457, 2,501, 3,956, 2 400,000,000,000,000,000,000,000,000,000	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(t)(1)) and persons (as defined under section 4958(t)(3)(8)  7 Other salaries and wages  8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)  9 262 499 133,087. 112,399 15,973.  10 Payroll taxes  417,590. 379,098. 52,040. 40,512.  11 Fees for services (nonemployeese):  11 Fees for services (nonemployeese):  12 Advantagement  13 Legal  14 Lobbying  15 Portessional fundraising services. See Part IV, line 17 Investment management fees  19 Other. (II line 11g amount exceeds 10% of line 26, column (A) amount, list line 11g expenses on Sch 0, 124,156. 82,020. 58,192. 43,954.  13 Office expenses  14 Information technology  15 Royatties  16 Cocupancy  17 Travel  18 Royatties  19 Conferences, conventions, and meetings  17 7,900. 8,527. 7,403. 1,160.  19 Conferences, conventions, and meetings  17 7,492. 91,805. 74,627. 7,060.  29 Payments to affiliates  29 7,938. 1,200. 7,710. 1,110.  20 Interest  17 Payments of travel or entertainment expenses  17 and 17 and 18 and 19 and promotion 19 and 19 a	5					
persons (asc defined under section 4986(f/1)) and persons described in section 4986(f/1)) and persons described in section 4986(f/1)) and approximate section 4986(f/1) and 690(f) employer contributions (include section 401(f) and 400(f) employer contributions)  9		I	1,650,754.	1,264,530.	253,734.	132,490.
persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 40(t)) employer contributions (include section 401(k)) and 40(t) employer contributions (include section 401(k) and 40(t)) employer contributions (include section 401(k) and 40(t) employer contributions (include employer contributions) (include section 401(k) employer contributions) (include se	6	·				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 11 Persion plan accruals and contributions) 11 Payroll takes 12 Payroll takes 14 19, 46 6, 221, 504 1, 177, 013 1, 20, 539 2, 20 1, 2						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  1419, 046. 221, 504. 177, 013. 20, 539.  10 Payroll taxes  471, 650. 379, 098. 52, 040. 40, 512.  11 Fees for services (nonemployees):  a Management  b Legal  6, 457. 2, 501. 3, 956.  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17 for Investment management fees  g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  184, 166. 82, 020. 184, 194. 9, 195. 10 Office expenses  410, 202. 313, 905. 284, 691. 11, 187. 17 Travel  86, 686. 38, 729. 11, 1907. 11, 160. 20 Interest  173, 492. 174, 91, 91, 91, 91, 91, 91, 91, 91, 91, 91	_		E 070 422	4 249 567	401 674	420 102
Section 401(k) and 403(b) employer contributions)  Other employee benefits  419, 046.  421, 504.  117, 013.  20, 529.  401, 512.  118 Fees for services (nonemployees):  a Management  b Legal  6, 457.  2, 501.  379, 098.  52, 040.  40, 512.  119 Fees for services (nonemployees):  a Management  b Legal  6, 457.  2, 501.  3, 956.  C Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17 florestment management fees  column (A) amount, list line 11g expenses on Sch 0.)  29, 828.  90 Other. (file 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  100 Office expenses  101 Occupancy  102 Advertising and promotion  103 Agriculture (A) amount, list line 11g expenses on Sch 0.)  103 Office expenses  104 10, 202.  105 119, 244.  107, 107, 107, 107, 111.  107, 107, 107, 111.  108, 108, 109, 109, 109, 109, 109, 109, 109, 109			5,070,453.	4,240,30/.	401,0/4.	420,192.
9 Other employee benefits	8		262 450	132 097	112 300	16 072
10 Payroll taxes	•					
11 Fees for services (nonemployees): a Management b Legal			· · · · · · · · · · · · · · · · · · ·			
a Management b Legal 6,457. 2,501. 3,956. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 29,828. 29,828. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 591,385. 478,507. 107,569. 5,309. 2 Advertising and promotion 184,166. 82,020. 58,192. 43,954. 13 Office expenses 410,202. 319,120. 81,924. 9,158. 14 Information technology 99,440. 77,170. 7,411. 5,859. 15 Royalties 16 Occupancy 313,905. 284,691. 12,187. 17,027. 17 Travel 86,686. 38,729. 41,907. 6,050. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials 259,794. 213,031. 33,773. 12,990. 19 Conferences, conventions, and meetings 17,090. 8,527. 7,403. 1,160. 11 (100,100) 11 (			471,030.	375,050.	32,040.	40,312.
b Legal 6, 457. 2, 501. 3, 956.  c Accounting d Lobbying						
C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Q 29,828. Q Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Q 184,166. Q 200. Q 189,120. Q 190,140. Q 190	_	I	6 457	2 501	3 956	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees			0,20	2,002.	,,,,,,,	
e Professional fundraising services. See Part IV, line 17 f Investment management fees						
f   Investment management fees   29,828.   29,828.   29,828.         g   Other. (If line 11 gramount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   591,385.   478,507.   107,569.   5,309.     12   Advertising and promotion   184,166.   82,020.   58,192.   43,954.     13   Office expenses   410,202.   319,120.   81,924.   9,158.     14   Information technology   90,440.   77,170.   7,411.   5,859.     15   Royalties						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion	_	· · · · · · · · · · · · · · · · · · ·	29,828.		29,828.	
column (A) amount, list line 11g expenses on Sch 0.)  2591, 385. 478,507. 107,569. 5,309. 43954. Advertising and promotion  184,166. 82,020. 58,192. 43,954. 3954. 107,669. 182,020. 181,924. 9,158. 1107,027. 1107,027. 17,170. 7,411. 5,859. 1107,027. 17,170. 17,411. 5,859. 1107,027. 17,170. 17,411. 17,027. 1107,027.			,		,	
12 Advertising and promotion	3	, -	591,385.	478,507.	107,569.	5,309.
13 Office expenses 410,202. 319,120. 81,924. 9,158. 14 Information technology 90,440. 77,170. 7,411. 5,859. 15 Royalties	12	· · · · · · · · · · · · · · · · · · ·	184,166.	82,020.	58,192.	
14     Information technology     90,440.     77,170.     7,411.     5,859.       15     Royatties	13		410,202.	319,120.	81,924.	9,158.
15   Royalties	14		90,440.	77,170.	7,411.	5,859.
16 Occupancy 313,905. 284,691. 12,187. 17,027. 17027. 17029. 17029. 1805. 180	15					
17 Travel       86,686.       38,729.       41,907.       6,050.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       17,090.       8,527.       7,403.       1,160.         19 Conferences, conventions, and meetings       173,492.       91,805.       74,627.       7,060.         21 Payments to affiliates       259,794.       213,031.       33,773.       12,990.         22 Depreciation, depletion, and amortization       795,999.       735,830.       60,169.         23 Insurance       295,066.       244,277.       39,949.       10,840.         24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% off line 25, column (A) amount, list line 24e expenses on Schedule 0.)       2,512,848.       2,435,613.       48,197.       29,038.         b PROGRAM EVENTS       1,336,973.       1,250,770.       77,534.       8,669.         c RENTALS, REPAIRS & MAIN       472,498.       413,770.       54,571.       4,157.         d IBIT TAXES       4,313.       4,313.       4,313.         e All other expenses       83,011.       66,409.       12,451.       4,151.         25 Total functional expenses. Add lines 1 through 24e       15,538,495.       12,993,869.       1,748,508.       796,118	16	l de la companya de	313,905.	284,691.	12,187.	17,027.
for any federal, state, or local public officials  19 Conferences, conventions, and meetings	17		86,686.	38,729.	41,907.	6,050.
19 Conferences, conventions, and meetings 17,090. 8,527. 7,403. 1,160. 20 Interest 173,492. 91,805. 74,627. 7,060. 21 Payments to affiliates 259,794. 213,031. 33,773. 12,990. 22 Depreciation, depletion, and amortization 795,999. 735,830. 60,169. 23 Insurance 295,066. 244,277. 39,949. 10,840. 24 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 0.) 2 DONATED MATERIALS 2,512,848. 2,435,613. 48,197. 29,038. 3 PROGRAM EVENTS 1,336,973. 1,250,770. 77,534. 8,669. 3 C RENTALS, REPAIRS & MAIN 472,498. 413,770. 54,571. 4,157. 4 UBIT TAXES 4,313. 4,313. 4,313. 4 C All other expenses 83,011. 66,409. 12,451. 4,151. 25 Total functional expenses. Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	18	Payments of travel or entertainment expenses				
20 Interest 173,492. 91,805. 74,627. 7,060. 21 Payments to affiliates 259,794. 213,031. 33,773. 12,990. 22 Depreciation, depletion, and amortization 795,999. 735,830. 60,169. 23 Insurance 295,066. 244,277. 39,949. 10,840. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a DONATED MATERIALS 2,512,848. 2,435,613. 48,197. 29,038. b PROGRAM EVENTS 1,336,973. 1,250,770. 77,534. 8,669. c RENTALS, REPAIRS & MAIN 472,498. 413,770. 54,571. 4,157. d UBIT TAXES 4,313. 4,313. e All other expenses 83,011. 66,409. 12,451. 4,151. 25 Total functional expenses. Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		for any federal, state, or local public officials				
21 Payments to affiliates 259,794. 213,031. 33,773. 12,990.  22 Depreciation, depletion, and amortization 795,999. 735,830. 60,169.  23 Insurance 295,066. 244,277. 39,949. 10,840.  24 Other expenses. Itemize expenses on to 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 0.)  a DONATED MATERIALS 2,512,848. 2,435,613. 48,197. 29,038.  b PROGRAM EVENTS 1,336,973. 1,250,770. 77,534. 8,669.  c RENTALS, REPAIRS & MAIN 472,498. 413,770. 54,571. 4,157.  d UBIT TAXES 4,313. 4,313.  e All other expenses Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  in following SOP 98-2 (ASC 958-720)	19	Conferences, conventions, and meetings				1,160.
Depreciation, depletion, and amortization 795,999. 735,830. 60,169.  Insurance 295,066. 244,277. 39,949. 10,840.  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 0.)  DONATED MATERIALS 2,512,848. 2,435,613. 48,197. 29,038.  PROGRAM EVENTS 1,336,973. 1,250,770. 77,534. 8,669.  RENTALS, REPAIRS & MAIN 472,498. 413,770. 54,571. 4,157.  UBIT TAXES 4,313. 4,313.  All other expenses Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  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  infollowing SOP 98-2 (ASC 958-720)	20	······	,			
295,066.   244,277.   39,949.   10,840.	21	Payments to affiliates				12,990.
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 0.)  a DONATED MATERIALS  b PROGRAM EVENTS  c RENTALS, REPAIRS & MAIN  d UBIT TAXES  4,313.  e All other expenses  Add lines 1 through 24e  15,538,495.  2,435,613.  48,197.  29,038.  48,669.  77,534.  8,669.  472,498.  413,770.  54,571.  4,157.  4,157.  54,571.  4,157.  25 Total functional expenses. Add lines 1 through 24e  15,538,495.  12,993,869.  1,748,508.  796,118.	22	Depreciation, depletion, and amortization				
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 0.)  a DONATED MATERIALS  b PROGRAM EVENTS  c RENTALS, REPAIRS & MAIN  d UBIT TAXES  d All other expenses  All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	23	Insurance	295,066.	244,277.	39,949.	10,840.
a DONATED MATERIALS 2,512,848. 2,435,613. 48,197. 29,038. b PROGRAM EVENTS 1,336,973. 1,250,770. 77,534. 8,669. c RENTALS, REPAIRS & MAIN 472,498. 413,770. 54,571. 4,157. d UBIT TAXES 4,313. 4,313. e All other expenses 83,011. 66,409. 12,451. 4,151. 25 Total functional expenses. Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b PROGRAM EVENTS c RENTALS, REPAIRS & MAIN d UBIT TAXES d Id other expenses All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)  1,336,973. 1,250,770. 77,534. 8,669.  4,313,770. 54,571. 4,157.  4,157. 4,151. 12,993,869. 12,451. 4,151.		· · · · · · · · · · · · · · · · · · ·	2 512 848	2 435 613	48 197	29 038
c RENTALS, REPAIRS & MAIN       472,498.       413,770.       54,571.       4,157.         d UBIT TAXES       4,313.       4,313.       12,451.       4,151.         e All other expenses       83,011.       66,409.       12,451.       4,151.         25 Total functional expenses. Add lines 1 through 24e       15,538,495.       12,993,869.       1,748,508.       796,118.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)       1,748,508.						
d UBIT TAXES 4,313. 4,313.  e All other expenses 83,011. 66,409. 12,451. 4,151.  25 Total functional expenses. Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
e All other expenses 83,011. 66,409. 12,451. 4,151.  25 Total functional expenses. Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	q				,	- <b>,</b> - · · ·
Total functional expenses. Add lines 1 through 24e 15,538,495. 12,993,869. 1,748,508. 796,118.  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)			-		12,451.	4,151.
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)						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·				· ·
educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)						
Check here if following SOP 98-2 (ASC 958-720)		, , ,				
		Check here if following SOP 98-2 (ASC 958-720)				

Page **11** 

# Form 990 (2020) Part X Balance Sheet

		Check if Schedule O contains a response or	note to any I	ine in this Part X			
			•		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,798,056.	1	3,526,977.
	2				2,495,396.	2	3,111,777.
	3	Pledges and grants receivable, net			1,383,645.	3	1,144,167.
	4	Accounts receivable, net			2,082,694.	4	445,895.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			29,153.	8	29,153.
As	9	Down and all accompanies are all all of control all accompanies			349,856.	9	22,788.
		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		30,280,021.			
	Ь	Less: accumulated depreciation		11,849,310.	17,190,937.	10c	18,430,711.
	11				9,048,581.	11	9,769,748.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			490,342.	12	550,120.
	13	Investments - other securities, See Fart IV, line 11			·	13	·
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			36,868,660.	16	37,031,336.
	17	Accounts payable and accrued expenses			1,236,566.	17	1,506,683.
	18	Grants payable			, ,	18	, ,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			7,332,071.	20	7,089,348.
	21	Escrow or custodial account liability. Comple			, ,	21	, ,
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of t				22	
<u>E</u> i	23	Secured mortgages and notes payable to uni			409,301.	23	423,409.
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·	,	24	, .
	25	Other liabilities (including federal income tax,	•	F			
		parties, and other liabilities not included on lin					
		of Cohodula D	,		1,306,603.	25	1,279,185.
	26	Total liabilities. Add lines 17 through 25			10,284,541.	26	10,298,625.
		Organizations that follow FASB ASC 958, o	heck here	X	, ,		, ,
es		and complete lines 27, 28, 32, and 33.	moon more				
Net Assets or Fund Balances	27	Net assets without donor restrictions			21,049,182.	27	21,472,252.
	28	Net assets with donor restrictions			5,534,937.	28	5,260,459.
		Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.	,				
	29	Capital stock or trust principal, or current fun	ds			29	
	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances			26,584,119.	32	26,732,711.
Z	33	Total liabilities and net assets/fund balances			36,868,660.	33	37,031,336.
					, , ,		

Form **990** (2020)

		RETURN	91-1883466	Page <b>12</b>
Part XI	Reconciliation of Net	Accate		

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	,657,	504.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,538,	495.
3	Revenue less expenses. Subtract line 2 from line 1	3		119,	009.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	,584,	119.
5	Net unrealized gains (losses) on investments	5		359,	755.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-330,	172.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	26	,732,	711.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

ARMED SERVICES YMCA OF THE USA Name of the organization **Employer identification number** GROUP RETURN 91-1883466 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,194,950.	8,601,970.	7,604,052.	12,438,218.	11,055,376.	47,894,566.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,194,950.	8,601,970.	7,604,052.	12,438,218.	11,055,376.	47,894,566.
	The portion of total contributions	, ,	, ,	, ,			, ,
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						47,894,566.
	etion B. Total Support						17,031,000.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	8,194,950.	8,601,970.	7,604,052.	12,438,218.	11,055,376.	47,894,566.
	Gross income from interest,	, == = , = = = .	, , , , , , , , ,	.,,	,,	,,,	,,
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,	721,637.	884,942.	904,436.	971,947.	1,263,124.	4,746,086.
_	and income from similar sources	721,037.	004,542.	304,430.	371,317.	1,203,124.	4,740,000.
9	Net income from unrelated business						
	activities, whether or not the	36,951.	55,337.	54,015.	63,681.	34,983.	244,967.
40	business is regularly carried on	30,931.	33,337.	34,013.	03,001.	34,963.	244,307.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						F2 00F 610
	<b>Total support.</b> Add lines 7 through 10		,				52,885,619.
	Gross receipts from related activities,					12	42,695,058.
13	First 5 years. If the Form 990 is for the	-	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	,
800	organization, check this box and stop tion C. Computation of Publi						<b>P</b>
				. (6)			00 56 04
	Public support percentage for 2020 (li		•	olumn (f))		14	90.56 %
	Public support percentage from 2019					15	91.38 %
16a	<b>33 1/3% support test - 2020.</b> If the c						<b>.</b> 77
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2019.</b> If the o				line 15 is 33 1/3%	or more, check this	s box
	and <b>stop here.</b> The organization quali	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	•	VI how the organization	ation
	meets the facts-and-circumstances te	~					▶∟
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

## 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.)

Se	ction A. Public Support	Blow, please comp	blete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						<u></u>
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec	ck this box and st	t <b>op here.</b> The orga	inization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶□

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		1		
3a				
3a		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a		За		
3c				
3c		3b		
4a				
4a		3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5a 5b 5c 6 7 8 9a 9b 9c 10a		4c		
5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 9a 9b 9c 10a		5a		
5c 6 7 8 9a 9b 9c 10a 10b		- Gu		
5c 6 7 8 9a 9b 9c 10a 10b		5b		
6 7 8 9a 9b 9c 10a 10b				
7 8 9a 9b 9c 10a				
9a 9b 9c 10a		6		
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a				
9b 9c 10a		8		
9c 10a 10b		9a		
9c 10a 10b				
10a		9b		
10a				
10b		9с		
10b				
		10a		
	_			0005

Pa	rt IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 77 6 6		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  The organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		• •			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	<u>super</u> tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
		or type it capperaing organizations		Yes	No
4	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
1		. ,			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
		5. All Type III cupper ting organizations		Yes	Na
4	D:4 th	as a reprinction provide to each of its supported arganizations, but he lost day of the fifth month of the		res	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	suppo tion F	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance Test. Annual lines 20 and 26 heles.)	struction		Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
L		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL.		
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	C.		
	ot its:	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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 mus		·			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		·		Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020			
_1_	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
<u>a</u>	From 2015							
b	From 2016							
с	From 2017							
<u>d</u>	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2020 distributable amount							
<u>i</u>	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2020 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 GROUP RETURN	91-1883466	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 IV, Section E, Innes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section E, Innes 1c, 2a, 2b, 3a, and 3b; Part V, Inne 1; Part IV, Section E, Innes 1c, 2a, 2b, 3a, and 3b; Part V, Inne 1; Part IV, Section E, Innes 1c, 2a, 2b, 3a, and 3b; Part V, Inne 1c, 2a, 2b, 3a,	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	Iditional information.	

ARMED SERVICES YMCA OF THE USA

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(	91-1883466					
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
• •	in is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions				
	(-), (-), (-), (-), (-), (-), (-), (-),					
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou EZ, line 1. Complete Parts I and II.	or 16b, and that received from				
contributor, dur literary, or educ	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcircless \bigcircl						
out it <b>must</b> answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + +	\$115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 260,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	nume, audi ess, and Eir T T	\$260,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	municij uddi 200, diid Eli TT	\$260,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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

Part I	<b>Contributors</b> (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		\$\$	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$13,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,010.	Person X Payroll

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

Part I	<b>Contributors</b> (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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$15,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$33,448.	Person X Payroll

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Name, address, and ZIF + 4	\$ 21,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions  \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	Humo, audi 200, and En TT	\$31,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Humo, address, and En TT	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 26	Name, address, and ZIP + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$2,208.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$34,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 29	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	rumo, audi 033, and Eir T T	\$100,941.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	<b>Contributors</b> (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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$19,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$85,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$26,123.	Person X Payroll

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

Part I	<b>Contributors</b> (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		\$33,423.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 27,000.	Person X Payroll

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
44		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
46		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47		\$178,402.	Person X Payroll
(a)	(b)	(c)	(d)
No. 48	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		- - \$\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		- - \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions  - \$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		- _ \$567,380.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Employer identification number

91-1883466

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		
	12,500 LBS FROZEN FISH					
4		-				
		- -   \$ _	260,500.	09/01/20		
(a)			(c)			
No. from	(b)		FMV (or estimate)	(d)		
Part I	Description of noncash property given		(See instructions.)	Date received		
	12,500 LBS FROZEN FISH					
5						
		-				
		.   \$ _	260,500.	09/01/20		
(a)						
No.	(b)		(c) FMV (or estimate)	(d)		
from	Description of noncash property given		(See instructions.)	Date received		
Part I	12,500 LBS FROZEN FISH					
6	12,500 DBS FROZEN FISH	-				
		•				
		\$_	260,500.	09/01/20		
- ( )						
(a) No.	(b)		(c)	(d)		
from	Description of noncash property given		FMV (or estimate) (See instructions.)	Date received		
Part I			(See Instructions.)			
7	12,500 LBS FROZEN FISH	-				
7		-				
		\$	260,500.	09/01/20		
			_			
(a)	4.)		(c)	4.0		
No. from	(b)  Description of noncash property given		FMV (or estimate)	(d) Date received		
Part I	Description of noncusin property given		(See instructions.)	Date received		
	NOURISHING CLEANSING BALMS					
21						
			20,000.	01/07/20		
		.   \$ _	20,000.			
(a)			(a)			
No.	(b)		(c) FMV (or estimate)	(d)		
from Part I	Description of noncash property given		(See instructions.)	Date received		
i aiti	STOCK					
46		•				
		. \$_	49,938.	12/29/20		

Name of o	rganization				Employer identification number
	ERVICES YMCA OF THE USA				
GROUP RE		i to	h	14(-)(7) (0) (40) H	91-1883466
Part III	from any one contributor. Complete columns (a	) through (e) and the following	a line entry. For a	rganizations	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$	<b>1,000 or less</b> for t	he year. (Enter this info. onc	se.) ► \$
(a) No.	Ose duplicate copies of Part III II additional	space is fleeded.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
raiti					
		(e) Transfe	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
					_
		_			
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
-					
		(e) Transfe	er of gift		
	Turneferrale name address a		Б	alatiawahin at tua	
-	Transferee's name, address, a	na ZIP + 4	к	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	:44	(d) Doos	cription of how gift is held
Part I	(b) Fulpose of gift	(c) Use of g		(u) Desc	inputon of now girt is field
				-	
				-	_
-		(e) Transfe	or of gift		
		(e) Italisie	er or girt		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
				•	
(a) Na					
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
Part I					
	·	-		-	
	-			-	
				-	
		(e) Transfe	er of gift		
		.,	=		
<u> </u>	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

	LIST OF AFFILIATED CLUDED IN GROUP RETURN	STATEMENT 1
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
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 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ARMED SERVICES YMCA OF THE USA GROUP RETURN

**Employer identification number** 91-1883466

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised fun	ds	(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 w	riting that the assets held in	donor advised fun	nds
_	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,		
Pa				
1	Purpose(s) of conservation easements held by the organization			,,
•	Preservation of land for public use (for example, recreat		servation of a hist	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space		Scrvation of a con	tilled Historie structure
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution	in the form of a co	onservation easement on the last
_	day of the tax year.	ca conscivation contribution	in the form of a co	Held at the End of the Tax Year
а				2a
b				2b
C	Number of conservation easements on a certified historic stru	cture included in (a)		2c 2c
	Number of conservation easements included in (c) acquired at			20
u	listed in the National Register	·		2d
3	Number of conservation easements modified, transferred, rele			
3	year	aseu, extiliguisheu, or termin	lated by the organ	iization during the tax
4	Number of states where property subject to conservation easi	amont is leasted		
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	andling of	
5		• • •	ū	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	ianding of violations, and em	forcing conservation	on easements during the year
7	Amount of supposes in suppose in a manifesting in a section bond			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	ig conservation ea	asements during the year
_	December 2015			n en
8	Does each conservation easement reported on line 2(d) above	, ,	( /( //	···
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's finan	icial statements tr	nat describes the
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasur	es or Other 9	Similar Assats
ıaı	Complete if the organization answered "Yes" on Form		es, or other c	Jilliai Assets.
4.				lawaa alaasi wada
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for public			ince of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	arch in furtheranc	e of public service,
	provide the following amounts relating to these items:			<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			
L-	Assets included in Form 990 Part X			<b>▶</b> \$

Par	Tt III   Organizations Maintaining Co	ollections of Art	i, Historicai Tre	asures, or	Otner :	Similar	ASSETS	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sigr	nificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange prograi	m					
b	Scholarly research	е	Other							
С	c Preservation for future generations									
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	r receive donations o	of art, historical treas	ures, or other	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "`	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other asse	ets not ind	cluded				
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
<b>2</b> a	Did the organization include an amount on Fo					·?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	orovided on P	art XIII					
Par	rt V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part I	V, line 10					
		(a) Current year	(b) Prior year	(c) Two years	s back (d	d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance	444,872.	444,872.	444	,872.	44	4,872.		443,	995.
b	Contributions									
С	Net investment earnings, gains, and losses	81,858.								877.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	19,330.								
f	Administrative expenses									
g	End of year balance	507,400.	444,872.	444	,872.	44	4,872.		444,	872.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment > 76.0800	%								
С	Term endowment ► 23.9200 g	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administere	ed for the	organizati	ion			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o				cumulated	ı	<b>(d)</b> Boo	k valu	е
		basis (investm		•	depr	eciation				
	Land			,115,400.					115,	
	Buildings			,512,797.		7,078,6			434,	
	Leasehold improvements		2	,970,405.		894,6	71.	2,	075,	734.
d	Equipment									
	Other		La contraction de la contracti	,681,419.		3,875,9	81.		805,	
Total	<b>il.</b> Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X. column (B), line 10	Oc.)				18,	430,	711.

91-1883466

GROUP RETURN

	nvestments - Other Securities.			
	complete if the organization answered "Yes" or not security or category (including name of security)	form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	-of-vear market value
(1) Financial d		(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
. ,	ld equity interests			
( <b>2)</b> Closely rie ( <b>3)</b> Other	d equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII II	nust equal Form 990, Part X, col. (B) line 12.) ▶ nvestments - Program Related.			
	complete if the organization answered "Yes" or	n Form 990, Part IV, line (b) Book value		of year market value
	(a) Description of investment	(b) Dook value	(c) Method of valuation: Cost or end	-or-year market value
(1)			+	
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
c	complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	n (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	,		
_	complete if the organization answered "Yes" or (a) Description of liability	1 Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
1.	· · · · · · · · · · · · · · · · · · ·			(b) DOOK value
	al income taxes O BRANCH & HEADQUARTERS			1,279,185
(-)	o blunch a himbgoliki bikb			1,275,103
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 2	25 )	<b>.</b>	1,279,185
	r uncertain tax positions. In Part XIII, provide th			

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

X

GROUP RETURN

Par	t XI	Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	24,920,024.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a	359,755.		
b	Donat	ed services and use of facilities	2b	2,293,372.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	6,181,136.		
е	Add lii	nes <b>2a</b> through <b>2d</b>			2e	8,834,263.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	16,085,761.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
		ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)	4b	-428,257.		
		nes <b>4a</b> and <b>4b</b>			4c	-428,257.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	15,657,504.
Par	IIX T	Reconciliation of Expenses per Audited Financial State		Expenses per H	teturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1					1	24,050,508.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1.1	0 000 000		
		ed services and use of facilities		2,293,372.		
b		rear adjustments				
С.		losses		6 210 641		
d		(Describe in Part XIII.)		6,218,641.		0 E12 012
		nes 2a through 2d			2e	8,512,013.
3		act line 2e from line 1			3	15,538,495.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	45			
		ment expenses not included on Form 990, Part VIII, line 7b				
		(Describe in Part XIII.)			40	0.
		nes 4a and 4b			4c 5	15,538,495.
Par	† XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, Supplemental Information.	)		5	13,330,433.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h a	and 2h: Part V. line 4	· Dart V I	ino 2: Part VI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•		, rait A, i	ile Z, i ait Xi,
11103	za ana	To, and Tart Air, lines 2d and To. Also complete this part to provide any	additional inform	ation.		
PART	V, L	INE 4:				
THE	PERMA	NENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS CREATED	ON BEHALF OF			
THE	BRANC	HES AND INVESTMENTS HELD BY LOCAL COMMUNITY FOUNDATION	NS. THESE			
ARE	THE L	AWTON COMMUNITY FOUNDATION, SAN DIEGO FOUNDATION AND	EL PASO			
		·				
COMM	UNITY	FOUNDATION. THE PURPOSE OF THESE FOUNDATION IS TO B	NSURE THE			
CONT	INUED	SOCIAL, RECREATIONAL, EDUCATIONAL AND SPIRITUAL SERV	ICES TO TO			
4ILI	TARY	MEMBERS AND FAMILIES IN THE RESPECTIVE AREAS/BRANCHES	5.			
PART	X, L	INE 2:				
ASYM	CA IS	EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EAR	RNED FROM			
JNRE	LATED	BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE	INTERNAL			
REVE	NUE C	ODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOM	ME FOR THE			

Page 5

		i age <b>3</b>
N ORGANIZATION		
THAT ASYMCA HAD		
O THE		
ь		
6,181,136.		
-373,491.		
-25,570.		
D		
-29,196.		
-428,257.		
L		
5,460,212.		
373,491.		
25,570.		
D		
29,196.		
330,172.		
6,218,641.		
	THAT ASYMCA HAD  THE  C.  6,181,136.  -373,491.  -25,570.  -29,196.  -428,257.  5,460,212.  373,491.  25,570.	FHAT ASYMCA HAD  D THE  6,181,136.  -373,491.  -25,570.  0  -29,196.  -428,257.  5,460,212.  373,491.  25,570.  0  29,196.  330,172.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ARMED SERVICES YMCA OF THE USA Employer identification number GROUP RETURN 91-1883466 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

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.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			FIREWORKS EVENT	GOLF TOURNAMENT	10	col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	(
Revenue						
Seve	1	Gross receipts	336,901.	206,687.	315,447.	859,035.
ш						
	2	Less: Contributions	336,901.	206,687.	315,447.	859,035.
	3	Gross income (line 1 minus line 2)				
		Ocale anima				
	4	Cash prizes				
	5	Noncook prizos				
Ś	3	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xbe	Ü	Trong radincy doors				
it E	7	Food and beverages				
)ire	•	Toda and povorages				
	8	Entertainment				
	9	Other direct expenses	188,994.	47,143.	137,354.	373,491.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>&gt;</b>	373,491.
	11	Net income summary. Subtract line 10 from line	ne 3, column (d)		<b>&gt;</b>	-373,491.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т	T		Г
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c)
Re		0			64,170.	64,170.
	<u> </u>	Gross revenue			01,170.	04,170.
	2	Cash prizes				
Direct Expenses	_	Sacri prizes				
pen	3	Noncash prizes				
t Ex						
rec	4	Rent/facility costs				
⊡						
	5	Other direct expenses			33,510.	33,510.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	X No	
	_				_	22 510
	7	Direct expense summary. Add lines 2 through	15 in column (d)		<b>&gt;</b>	33,510.
		Not soming income cummon. Cubtract line 7	from line 1 column (d)		_	30,660.
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		······	30,000.
a	Fnt	ter the state(s) in which the organization condu	cts gaming activities. A	K		
		he organization licensed to conduct gaming ac	_			X Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes X No
b	If "	Yes," explain:				
	_					

## ARMED SERVICES YMCA OF THE USA

Sch	nedule G (Form 990 or 990-EZ) 2020 GROUP RETURN	91-18834	66	Page 3
	Does the organization conduct gaming activities with nonmembers?	X	Yes	No
	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	X No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	b An outside facility		10	00.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name MAYRA ARROYO			
	Address ▶ P.O. BOX 6272 - ELMENDORF AFB, AK 99518			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u>x</u>	Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$64,170. and the amount	t		
•	of gaming revenue retained by the third party $\blacktriangleright$ \$8,300.			
,	c If "Yes," enter name and address of the third party:			
	on the mains and address of the time party.			
	Name MARI JO IMIG, DBA GIMI GIFTS			
	Address > 908 WEST 56TH AVE - ANCHORAGE, AK 99518			
16	Gaming manager information:			
	Name > SARAH RIFFER			
	Name > Sham Kill 2K			
	Gaming manager compensation ▶ \$ 2 , 253 .			
	Description of services provided  CHARITABLE GAMING PULL TABS			
	Director/officer X 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?	X	Yes	☐ No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t			
	organization's own exempt activities during the tax year > \$ 45,000.			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	d Part III, li	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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## ARMED SERVICES YMCA OF THE USA

Schedule 0	G (Form 990 or 990-EZ)	GROUP	RETURN			91-1883466	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation	(continued)				<u> </u>
			(continued)				
	<u> </u>						

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

ARMED SERVICES YMCA OF THE USA GROUP RETURN

Employer identification number 91-1883466

**Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

GROUP RETURN

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SHERI YERRINGTON	(i)	113,846.	5,000.	1,212.	15,653.	19,380.	155,091.	0.	
EXECUTIVE DIRECTOR - KILLEEN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) TIMONTHY NEY	(i)	123,550.	10,000.	253.	16,026.	532.	150,361.	0.	
EXECUTIVE DIRECTOR - SAN DIEGO	(ii)	0.	0.	0.	0.	0.	0,	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" 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 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Employer identification number
91–1883466

Part I Bond Issues	SE	E PART VI FOR CO	OLUMN (A) CONT	INUATIONS										
(a) Issuel	name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	e price	(f) Descripti	on of purpose	( <b>g</b> ) De	feased	(h) On of is:		(i) Po finan	
									Yes	No	Yes	No	Yes	No
(ARMED SERVICES Y	MCA OF THE U.S.A.													
A PROJECT), SERIES	2016A & SERIES 201	6 26-1604618	NONE	08/31/16	9,3	27,977.	CAPITAL PROJ	ECTS		Х		Х		X
В														
<u>C</u>														
D														
Part II Proceeds		<u> </u>	<u>l</u>	I.	L						l l			
					4		В	С				D		
1 Amount of bonds reti	red				2,028,925.									
	ally defeased				· ·									
	ıe				9,327,977.									
	erve funds													
	om proceeds													
6 Proceeds in refunding	escrows													
7 Issuance costs from p	proceeds				186,559.									
8 Credit enhancement	rom proceeds													
9 Working capital expen	nditures from proceeds													
10 Capital expenditures	from proceeds				9,141,418.									
11 Other spent proceeds														
12 Other unspent proceed	eds													
13 Year of substantial co	mpletion		<u></u>		2017		1							
				Yes	No	Yes	No	Yes	No		Yes		No	
	d as part of a refunding													
	, a current refunding iss				Х									
	d as part of a refunding													
	an advance refunding iss			37	X									
	n of proceeds been mad			A								-		
	maintain adequate boo			x										
I HA For Panerwork Redu	eeds?			^			<u> </u>			Sobe-	dula K	/Eas-	. 000	2020

91-1883466 Page 2

West the organization a pather in a pathership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Par	t III Private Business Use								
Are there any lease arrangements that may result in private business use of bond-financed property?  As A there any management or service contracts that may result in private business use of bond-financed property?  b If 'Yes' to line 3a, does the organization routinely engage bond coursed or other outside course to review any management or service contracts relating to the financed property?  c Are there arry tessearch agreements that may result in private business use of bond-financed property?  d If 'Yes' to line 3a, does the organization routinely engage bond coursel or other outside course to review any management or service contracts relating to the financed property?  d If 'Yes' to line 3a, does the organization routinely engage bond coursel or other outside coursel to review any management or service outside routinely engage bond coursel or other outside coursel to review any research agreements relating to the financed property?  d If 'Yes' to line 3a, does the organization routinely engage bond coursel or other outside coursel to review any research agreements relating to the financed property?  d If 'Yes' to line 3a, does the organization or a state or local government   0.00 %				Α	E	3	(	3	Γ	5
2 Are there any lease arrangements that may result in private business use of bond-financed property? 3 A rest there any management or service contracts that may result in private business use of bond-financed property? 4 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? 5 C Are there any research agreements that may result in private business use of bond-financed property and the financed property? 6 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? 7 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? 8 If the private business and the financed property and the financed property? 9 If yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel for review any management or service contracts relating to the financed property and the financed property and the financed property and the financed property to a financed property used in a private business use by entitles other than a section 501(s) organization or a state or local government or service of the financed property to a non-government person other than a 501(s) organization or a state or local government organization or a state or local government organization organization or a state or local government organization organiza	1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
bond-financed property?  3a Are there any management or service contracts that may result in private business use of bond-financed property?  b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?  c Are there any research agreements that may result in private business use of bond-financed property?  d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?  d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?  d First the pre-certage 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)(S) organization or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization, or a state or local government or the section 501(c)(S) organization or a state or local government or the section 501(c)(S) organization or a state or local government or the section 501(c)(S) organization or a state or local government or the bond state or local government o		which owned property financed by tax-exempt bonds?		Х						
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another section 501(c)(3) organization, or a state or local government	5	Enter the percentage of financed property used in a private business use as a								
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7 Does the bond issue meet the private security or payment test?  8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?  b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	6	Total of lines 4 and 5		.00 %		%		%		%
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?  b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	7			х						
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c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?  9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?    Part IV   Arbitrage	b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•						
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9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?  Part IV Arbitrage  A B C D  Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?  If "No" to line 1, did the following apply?  Rebate not due yet?  Rebate not due yet?  X	С									
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?  Part IV Arbitrage  A B C D  Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?  If "No" to line 1, did the following apply?  Rebate not due yet?  Rebate not due yet?  X		sections 1.141-12 and 1.145-2?								
nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?  Part IV Arbitrage  A B C D  1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?  2 If "No" to line 1, did the following apply?  a Rebate not due yet?  b Exception to rebate?  X V V V V V V V V V V V V V V V V V V	9									
Part IV Arbitrage  A B C D  1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?  2 If "No" to line 1, did the following apply?  3 Rebate not due yet?  4 Exception to rebate?  X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
A B C D  1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?  2 If "No" to line 1, did the following apply?  3 Rebate not due yet?  4 Exception to rebate?  X X S S S S S S S S S S S S S S S S S		requirements under Regulations sections 1.141-12 and 1.145-2?		х						
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?  2 If "No" to line 1, did the following apply?  3 Rebate not due yet?  4 Exception to rebate?  X Y Yes No Ye	Par	t IV Arbitrage								
Penalty in Lieu of Arbitrage Rebate?  If "No" to line 1, did the following apply?  a Rebate not due yet?  b Exception to rebate?  X  X  X  X  X  X  X  X  X  X  X  X  X				A	E	3	(	<b>5</b>	Γ	5
2 If "No" to line 1, did the following apply?  a Rebate not due yet?  b Exception to rebate?  X  X	1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
a Rebate not due yet? X X X X X X X X X X X X X X X X X X X		Penalty in Lieu of Arbitrage Rebate?		Х						
b Exception to rebate?	2	If "No" to line 1, did the following apply?								
b Exception to rebate? X	а	Rebate not due yet?	Х							
				Х						
c No rebate due?		No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
performed										
3 Is the bond issue a variable rate issue? X	3		Х							

GROUP RETURN 91-1883466 Page 3

Part IV Arbitrage (continued)								
		A		B	(	C	Г	 D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	Х							
<b>b</b> Name of provider	BRANCH BA	NKING AND						
c Term of hedge		10.0000000						
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		Х						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
		A		В		Ç	Г	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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	s on Schedule	e K. See instru	ıctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
(ARMED SERVICES YMCA OF THE U.S.A. PROJECT), SERIES 2016A & SERIES 2016	В							

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

QUZU
Open To Public
Inspection

Name of the organization ARMED SERVI

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Employer identification number 91-1883466

Part I Excess Benefit													
Complete if the orga						, or	Form 990-EZ, Pa	art V, I	ine 40	D.	(4)	0	-110
(a) Name of disqualified person	on (b) H	Relationship betw person and or			ified (c	<b>:)</b> De	escription of tran	sactio	n				cted?
		poroon and or	9411120	211011							<b>Y</b>	es	No
											+		
											+		
											+	-	
											+		
<ul><li>2 Enter the amount of tax incursection 4958</li><li>3 Enter the amount of tax, if an</li></ul>									<b>▶</b> \$ <b>▶</b> \$		<u> </u>		
Part II Loans to and/or	r From Inte	erested Pers	ons.	ı									
Complete if the orga	nization answ	vered "Yes" on F	orm 9	990-EZ,	, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; (	or if th	e orga	nizatio	n	
reported an amount	on Form 990,	, Part X, line 5, 6	6, or 22	2.									
	Relationship h organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f	) Balance due		) In ault?	(h) Ap by bo comm	proved ard or sittee?	(i) W agree	ritten ment?
				From				Yes	No	Yes	No	Yes	No
			"										1
Total					<b>&gt;</b> \$								
Part III Grants or Assist	tance Ben	efiting Inter	ested	d Per	sons.								
Complete if the orga	nization answ	vered "Yes" on F	orm 9	90, Pa	art IV, line 27.								
(a) Name of interested person	on (	(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type assistan			•	) Purp assista		f
									_				

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

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
	porson and the organization	a an isaction	Tan Saction	Yes	nues? No
LG DESIGN WHOLESALE	FAMILY OF SHERRI YE	71,076.	CONTRACTED		Х
Dard W. Consultation of the Consultation of th					
Provide additional information for re	sponses to questions on Schedule L (see in	netructions)			
Trovide additional information for re	aportaes to questions on schedule L (see ii	istructions).			
SCH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: LG DESIGN WHOLES.	ΔT.E				
III MALE OF THE BOX. HE BESTON WHOLES.					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FAMILY OF SHERRI YERINGTON, ED OF KI	I.I.EEN				
THILL OF BILLING TEACHER, LD OF ME					
(D) DESCRIPTION OF TRANSACTION: CONT	RACTED WITH DAUGHTER'S BUSINESS	ТО			
PROVIDE STAFF UNIFORMS AND YOUTH SPO	RTS JERSEYS				
NOVIDE DESIGN ONLY ONLY ONLY ONLY	NID DENOLID				

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 for instructions and the latest information.

ARMED SERVICES YMCA OF THE USA GROUP RETURN

**Employer identification number** 91-1883466

Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Х 323,815,FMV Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 55,225. FMV Х Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Х 1,852 1,914,516, FMV 19 Food inventory Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 ( EVENT SUPPLIE Х 96 98 761. FMV 25 ( EQUIPMENT Х 8 95,016, FMV 26 Other > Х 165 52,960.FMV TOYS 27 Other ( GIFT CARD/CER 26 17,381.FMV 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

Schedule M (Form 990) 2020 GROUP RETURN	91-1883466	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and whether the organi ombination of both. Also con	zation
PART I, OTHER TYPES OF PROPERTY:		
NON-GAME TICKETS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 5		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6401.		
(D) METHOD OF DETERMINING REVENUE: FMV		
GAME TICKETS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4000.		
(D) METHOD OF DETERMINING REVENUE: FMV		
SCHEDULE M, PART I, COLUMN (B):		
REPORTING THE NUMBER OF CONTRIBUTIONS		

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

## 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 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service ARMED SERVICES YMCA OF THE USA **Employer identification number** Name of the organization GROUP RETURN 91-1883466 PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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. 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

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

- CPR TRAINING/FIRST AID
- BABY BUNDLES

RESPITE CARE

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
MAINTAIN A HEALTHY LIFESTYLE. WE OFFER A VARIETY OF PROGRAMS DESIGNED	
TO MEET THE SPECIFIC NEEDS OF EACH BRANCH. IN SAN DIEGO, ASYMCA	
OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR WOUNDED WARRIORS TO	
ENJOY RECREATION ACTIVITIES SUCH AS TRIPS WITH GREAT SEATS TO PADRE	
GAMES, THERAPY DOG VISITATION, AND AQUATICS CLASSES. OUR BRANCH IN	
TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE	
PARENTS USE BASE FITNESS EQUIPMENT OR ATTEND YOGA CLASSES. OTHER LOCAL	
BRANCH PROGRAMS INCLUDE:	
- 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.	
EXPENSES \$ 2,598,774. INCLUDING GRANTS OF \$ 0. REVENUE \$ 146,573.	Cabadula O (Faura 000 au 000 F7) 0000

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
FORM 990, PART VI, SECTION B, LINE 11B:	
THE REVIEW IS CONDUCTED IN JUNE BY THE FINANCE/AUDIT COMMITTEE BEFORE THE	
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	Schodulo O (Form 990 or 990 E7) 2020

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number
GROUP RETURN	91-1883466
BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND	
FILED. THE KEY MEMBERS OF THE HEADQUARTERS STAFF (CEO, COO AND CFO) ALSO	
COMPLETE THE CONFLICT OF INTEREST FORMS. THE EXECUTIVE DIRECTORS OF EACH	
ASYMCA BRANCH ALSO COMPLETE A NEW FORM EACH YEAR.	
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	
IND TOOM RESOLUTION SERVICE SHEET THOUSENED TO THE ENGINE SHIP CHILINES.	
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.	
EODM 000 DADE VIT GEGETON G. LTVE 10	
FORM 990, PART VI, SECTION C, LINE 19:	
THROUGH OUR WEBSITE HTTP: WWW.ASYMCA.ORG	

Schedule O (Form 990 or 990-EZ) 2020					
Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN		Employer identification number 91-1883466			
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:					
INTEREST RATE SWAP	-330,172.				

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automa	atic 6-Month Extension of Time. Only subm	ait origin	al (no conies peeded)					
All corpor	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts			
Type or print			Taxpayer identification number (TIN) 91-1883466					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 14040 CENTRAL LOOP, SUITE B							
instructions.	WOODBRIDGE, VA 22193							
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1		
Applicati Is For	on	Return Code	Application Is For			Return Code		
	or Form 990-EZ			07				
Form 990		02	· · · · · · · · · · · · · · · · · · ·			08		
	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990		04	,		10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05				11		
	-T (trust other than above)	06			12			
Teleph If the o	books are in the care of   14040 CENTRAL LOOP, State of the care o	s in the Uni Group Exe	Fax No. ▶ ted States, check this box mption Number (GEN) 9372	f this is fo	r the whole group, c			
the ▶[ ▶[	quest an automatic 6-month extension of time until organization named above. The extension is for the orga	anization's	return for:	e the exem	npt organization retu · n	rn for		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less		•	0		
	nonrefundable credits. See instructions.	onter en	refundable gradite and	3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp	•		3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa				,			
	ng EFTPS (Electronic Federal Tax Payment System). See	•	• • •	3с	\$	0.		
	If you are going to make an electronic funds withdrawal				d Form 8879-EO for	payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)