

Form **990**

# Return of Organization Exempt From Income Tax

# 2009

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

### A For the 2009 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type.  
 See Specific Instructions.

**C** Name of organization  
**ARMED SERVICES YMCA OF THE USA**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**6359 WALKER LANE 200**  
 City or town, state or country, and ZIP + 4  
**ALEXANDRIA, VA 22310**

**D** Employer identification number  
**36-3274346**

**E** Telephone number  
**703-313-9600**

**G** Gross receipts \$ **24,186,430.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number

**F** Name and address of principal officer: **S. FRANK GALLO**  
**SAME AS C ABOVE**

**I** Tax-exempt status:  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.ASYMCA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1983** **M** State of legal domicile: **IL**

### Part I Summary

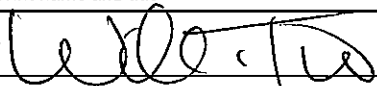
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH VARIOUS PROGRAMS-SEE SCH O FOR CONTINUATION(S)</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>9</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>93</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>5,743,675.</b>	<b>5,485,053.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>3,800.</b>	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>601,791.</b>	<b>-319,956.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>36,028.</b>	<b>36,232.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,385,294.</b>	<b>5,201,329.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,459,316.</b>	<b>3,629,241.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>907,078.</b>	<b>1,010,023.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>88,188.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,091,993.</b>	<b>1,148,701.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,458,387.</b>	<b>5,787,965.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>926,907.</b>	<b>-586,636.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>14,477,071.</b>	<b>15,102,900.</b>
	21	Total liabilities (Part X, line 26)	<b>1,007,613.</b>	<b>827,162.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>13,469,458.</b>	<b>14,275,738.</b>

### Part II Signature Block

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

**PUBLIC INSPECTION COPY - RETAIN FOR YOUR RECORDS**

**Sign Here** Signature of officer **S. FRANK GALLO, NATIONAL EXEC. DIRECTOR** Date \_\_\_\_\_  
 Type or print name and title

**Paid Preparer's Use Only** Preparer's signature  Date **5/14/10** Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 **RSM MCGLADREY, INC. 9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340** EIN \_\_\_\_\_ Phone no. **(301) 296-3600**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE MISSION OF THE ARMED SERVICES YMCA OF THE USA, ON BEHALF OF THE NATIONAL COUNCIL OF THE YMCA OF THE USA, IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS PROGRAMS AND SERVICES FOR MILITARY PERSONNEL, BOTH SINGLE

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 2,093,862, including grants of \$ 1,451,696.) (Revenue \$ )

A. 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 ENTIRE MILITARY, PROVIDING CONFIDENCE AND PEACE OF MIND. HIGHLIGHTS OF LOCAL PROGRAMS INCLUDE:

- O EMERGENCY FOOD SUPPLIES O YOUNG FAMILY SUPPORT
O FAMILY UNITY O MOM AND TOTS TIME
O SHARING CARING MOMS O FAMILY GRAMS
O DADDY & ME/MOMMY & ME O FOOD FOR FAMILIES
O FAMILY ABUSE SHELTER O CHILD ABUSE PREVENTION
O PARENTING WORKSHOPS O INFANT CAR SEAT LOAN
O MOTHER/DAUGHTER TEA O OPERATION KID COMFORT

4b (Code: ) (Expenses \$ 1,832,129, including grants of \$ 1,270,234.) (Revenue \$ )

B. CHILD CARE PROGRAMS:

DAYCARE AND LATCHKEY SERVICES TO MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT ZERO OR REDUCED COST AT ASYMCA BRANCHES AND AFFILIATES.

4c (Code: ) (Expenses \$ 785,198, including grants of \$ 544,386.) (Revenue \$ )

C. EDUCATIONAL ASSISTANCE PROGRAMS:

ASYMCA OFFERS A NUMBER OF EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS, RANGING FROM PROGRAMS OFFERED ON-SITE AT ASYMCA TO FINANCIAL ASSISTANCE TO SUPPORT ONGOING LEARNING. LOCAL PROGRAMS/SERVICES OFFERED INCLUDE:

- O PRESCHOOL
O SPECIAL INTEREST CLASSES FOR ADULTS
O FINANCIAL MANAGEMENT CLASSES
O CHILD LITERACY PROGRAM
O BEFORE- AND AFTER-SCHOOL TUTORING
O OPERATION HERO
O SIGN LANGUAGE CLASSES

4d Other program services. (Describe in Schedule O.) (Expenses \$ 523,461, including grants of \$ 362,924.) (Revenue \$ )

4e Total program service expenses \$ 5,234,650.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		x
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> ...		x
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	x	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	x	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	12A x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		x
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		x
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		x
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		x

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	x	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		x
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	x	
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 25		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		x
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		x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		x
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		x
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		x
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		x
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		x
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		x
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	x	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		x
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		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		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O.	x	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
<b>4b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<input checked="" type="checkbox"/>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			27
b	Enter the number of voting members that are independent		
1b			27
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a	X	
10a		
b	X	
10b		
11	X	
11		
11A		
11A		
12a	X	
12a		
b	X	
12b		
c	X	
12c		
13	X	
13		
14	X	
14		
15		
a	X	
15a		
b	X	
15b		
16a		X
16a		
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, CA, HI, IL, KY, MO, NC, OK, TX, VA, WA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MYRNA RAMOS, CONTROLLER - 703-313-9600**  
**6359 WALKER LANE, SUITE 200, ALEXANDRIA, VA 22310**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EUGENE E. HABIGER, GEN, CHAIRMAN OF THE BOARD	3.00	X		X			0.	0.	0.	
VERNON CLARK, ADM, USN, VICE CHAIRMAN OF THE BOA	3.00	X		X			0.	0.	0.	
MAUREEN CRAGIN SECRETARY OF THE BOARD	3.00	X		X			0.	0.	0.	
JOHN C. ROOTS, COL, USMC TREASURER OF THE BOARD	3.00	X		X			0.	0.	0.	
MICHAEL C. BAKER BOARD DIRECTOR	3.00	X					0.	0.	0.	
KENT BANKUS BOARD DIRECTOR	3.00	X					0.	0.	0.	
FRANK L. BOWMAN, ADM, US BOARD DIRECTOR	3.00	X					0.	0.	0.	
SCOTT CELLEY BOARD DIRECTOR	3.00	X					0.	0.	0.	
DOUG COFFEY BOARD DIRECTOR	3.00	X					0.	0.	0.	
RUDY F. DELEON BOARD DIRECTOR	3.00	X					0.	0.	0.	
DONALD INFANTE, MG, USA, BOARD DIRECTOR	3.00	X					0.	0.	0.	
VERNON B. LEWIS, MG, USA BOARD DIRECTOR	3.00	X					0.	0.	0.	
ROBERT F. LONDON BOARD DIRECTOR	3.00	X					0.	0.	0.	
ANNE E. MCINERENY BOARD DIRECTOR	3.00	X					0.	0.	0.	
SUE MANDRY-SWARTZ BOARD DIRECTOR	3.00	X					0.	0.	0.	
JOHN J. MAZACH, VADM, US BOARD DIRECTOR	3.00	X					0.	0.	0.	
JAMES MELLOR BOARD DIRECTOR	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RODERICK MITCHELL BOARD DIRECTOR	3.00	X						0.	0.	0.
MICHAEL MONOHAN BOARD DIRECTOR	3.00	X						0.	0.	0.
CATHERINE MORRIS BOARD DIRECTOR	3.00	X						0.	0.	0.
KENDELL PEASE, RADM, USN BOARD DIRECTOR	3.00	X						0.	0.	0.
JOHN PREIS BOARD DIRECTOR	3.00	X						0.	0.	0.
ANTHONY J. PRINCIPI BOARD DIRECTOR	3.00	X						0.	0.	0.
JOHN G. ROBELLO BOARD DIRECTOR	3.00	X						0.	0.	0.
JOE REEDER BOARD DIRECTOR	3.00	X						0.	0.	0.
JAN VAN PROOYEN, MG, USA BOARD DIRECTOR	3.00	X						0.	0.	0.
GREG VERONE BOARD DIRECTOR	3.00	X						0.	0.	0.
<b>1b Total</b>								524,181.	0.	61,430.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
DITTUS COMMUNICATIONS 1150 17TH STREET NW, WASHINGTON, DC 20036	PUBLIC RELATIONS	108,253.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a 34,844.					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e 838,491.					
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f 4,611,718.					
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....		5,485,053.				
	Program Service Revenue	2 a	Business Code .....					
		b	.....					
c		.....						
d		.....						
e		.....						
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		193,215.		193,215.		
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
			30,000.					
			b	Less: rental expenses .....				
			c	Rental income or (loss) .....	30,000.			
	d	Net rental income or (loss) .....		30,000.		30,000.		
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			18,471,930.					
			b	Less: cost or other basis and sales expenses .....	18,985,101.			
			c	Gain or (loss) .....	-513,171.			
	d	Net gain or (loss) .....		-513,171.		-513,171.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
			b	Less: direct expenses .....				
			c	Net income or (loss) from fundraising events .....				
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
			b	Less: direct expenses .....				
			c	Net income or (loss) from gaming activities .....				
	10 a	Gross sales of inventory, less returns and allowances .....	a					
b			Less: cost of goods sold .....					
c			Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code						
11 a	OTHER REVENUE .....	900099	6,232.		6,232.			
b	.....							
c	.....							
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....		6,232.					
12	<b>Total revenue.</b> See instructions .....		5,201,329.	0.	0.	-283,724.		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	3,629,241.	3,629,241.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	587,848.	342,814.	206,023.	39,011.
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 .....	334,881.	314,525.	12,547.	7,809.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	25,753.	11,745.	12,179.	1,829.
9 Other employee benefits .....	8,224.	6,289.	1,436.	499.
10 Payroll taxes .....	53,317.	38,374.	12,789.	2,154.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	44,605.	4,465.	35,680.	4,460.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	44,422.		44,422.	
g Other .....	35,193.	21,689.	13,504.	
12 Advertising and promotion .....	150,292.	141,755.	797.	7,740.
13 Office expenses .....	126,260.	114,122.	6,175.	5,963.
14 Information technology .....	22,080.	13,904.	4,489.	3,687.
15 Royalties .....				
16 Occupancy .....	152,807.	102,909.	36,417.	13,481.
17 Travel .....	74,254.	49,020.	25,234.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	56,658.	50,280.	6,378.	
20 Interest .....				
21 Payments to affiliates .....	181,888.	181,888.		
22 Depreciation, depletion, and amortization .....	106,737.	66,679.	39,278.	780.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>OTHER EXPENSES</b> .....	86,668.	86,668.	0.	0.
b <b>AWARDS AND HONORARIA</b> .....	39,483.	39,483.	0.	0.
c <b>STAFF TRAINING</b> .....	9,461.	6,294.	2,829.	338.
d <b>RENTALS, REPAIRS &amp; MAIN</b> .....	9,169.	7,450.	1,322.	397.
e <b>MEMBERSHIP DUES</b> .....	7,441.	4,410.	2,991.	40.
f All other expenses .....	1,283.	646.	637.	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	5,787,965.	5,234,650.	465,127.	88,188.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing .....	888,270.	1	227,504.	
	2	Savings and temporary cash investments .....	100,481.	2	1,306,079.	
	3	Pledges and grants receivable, net .....	498,271.	3	920,475.	
	4	Accounts receivable, net .....	247,097.	4	535,311.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....		8		
	9	Prepaid expenses and deferred charges .....	462,783.	9	459,467.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	1,256,134.		
	b	Less: accumulated depreciation .....	10b	494,215.	10c	761,919.
	11	Investments - publicly traded securities .....	10,588,691.	11	10,157,008.	
	12	Investments - other securities. See Part IV, line 11 .....		12		
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	827,440.	15	735,137.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	14,477,071.	16	15,102,900.		
Liabilities	17	Accounts payable and accrued expenses .....	538,632.	17	674,916.	
	18	Grants payable .....		18		
	19	Deferred revenue .....	468,981.	19	152,246.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23		
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities. Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,007,613.	26	827,162.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets .....	13,040,627.	27	13,940,568.	
	28	Temporarily restricted net assets .....	428,831.	28	335,170.	
	29	Permanently restricted net assets .....		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances</b> .....	13,469,458.	33	14,275,738.		
34	<b>Total liabilities and net assets/fund balances</b> .....	14,477,071.	34	15,102,900.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		x
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	x	
<b>c</b>	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? .....	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		x
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form 990 (2009)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization <b>ARMED SERVICES YMCA OF THE USA</b>	Employer identification number <b>36-3274346</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,361,045.	4,906,366.	5,531,662.	5,743,675.	5,485,053.	27,027,801.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,361,045.	4,906,366.	5,531,662.	5,743,675.	5,485,053.	27,027,801.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,924,854.
<b>6 Public support.</b> Subtract line 5 from line 4.						25,102,947.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	5,361,045.	4,906,366.	5,531,662.	5,743,675.	5,485,053.	27,027,801.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,632.	202,517.	242,970.	189,357.	223,215.	1,018,691.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			19,109.	6,028.	6,232.	31,369.
<b>11 Total support.</b> Add lines 7 through 10						28,077,861.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	18,897.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.40 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	91.60 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

ARMED SERVICES YMCA OF THE USA

36-3274346

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>ARMED SERVICES YMCA OF THE USA</b>	Employer identification number <b>36-3274346</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 477,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	271,907.	335,962.			
b Contributions	13,958.	92,869.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	285,865.	428,831.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations		x
(ii) related organizations	x	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		x

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		42,000.		42,000.
b Buildings		69,980.	56,481.	13,499.
c Leasehold improvements				
d Equipment		956,673.	268,490.	688,183.
e Other		187,481.	169,244.	18,237.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				761,919.



Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets, including total revenue, total expenses, and adjustments.

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

Table with 5 main rows for revenue reconciliation, including sub-rows for adjustments like net unrealized gains and investment expenses.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation, including sub-rows for adjustments like donated services and investment expenses.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS
CREATED ON BEHALF OF THE BRANCHES AND INVESTMENTS HELD BY LOCAL COMMUNITY
FOUNDATIONS. THESE ARE THE LAWTON COMMUNITY FOUNDATION, SAN DIEGO
FOUNDATION AND EL PASO COMMUNITY FOUNDATION. THE PURPOSE OF THESE
FOUNDATION IS TO ENSURE THE CONTINUED SOCIAL, RECREATIONAL, EDUCATIONAL
AND SPIRITUAL SERVICES TO TO MILITARY MEMBERS AND FAMILIES IN THE
RESPECTIVE AREAS/BRANCHES.

**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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTUS ARMED SERVICES YMCA 308 N FIRST STREET, STE 1201 ALTUS, OK 73522	90-0246016	501(C)(3)	49,988.	0.			ASSISTANCE WITH OPERATIONS
ARMED SERVICES YMCA OF ALASKA P.O. BOX 6272 ELMENDORF AFB, AK 99506	92-0016680	501(C)(3)	237,500.	0.			ASSISTANCE WITH OPERATIONS
AUGUSTA SOUTH FAMILY Y ARMED SERVICES - 2215 TOBACCO ROAD - AUGUSTA, GA 30906	58-0566254	501(C)(3)	78,050.	0.			ASSISTANCE WITH OPERATIONS
BEALE AFB 9SVS/SVYY, 6249 C STREET BEALE, CA 95903	94-1518880	501(C)(3)	59,785.	0.			ASSISTANCE WITH OPERATIONS
CAMP LEJEUNE ASYMCA P.O. BOX 6085 MIDWAY PARK, NC 28544	91-1932114	501(C)(3)	103,732.	0.			ASSISTANCE WITH OPERATIONS
CAMP PENDELTON ASYMCA BOX 555028, BUILDING 16144 CAMP PENDELTON, CA 92055	95-2486118	501(C)(3)	224,691.	0.			ASSISTANCE WITH OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations 39
- 3** Enter total number of other organizations 0

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EL CAMINO YMCA 2400 GENG ROAD, SUITE 120 PALO ALTO, CA 94303	94-1156318	501(C)(3)	82,400.	0.			ASSISTANCE WITH OPERATIONS		
EL PASO ASYMCA 7060 COMINGTON ST EL PASO, TX 79930	74-1146782	501(C)(3)	94,500.	0.			ASSISTANCE WITH OPERATIONS		
FORT BRAGG/POPE AFB ASYMCA 208 THORNCLIFF DRIVE FAYETTEVILLE, NC 28303	56-2159770	501(C)(3)	121,716.	0.			ASSISTANCE WITH OPERATIONS		
FORT LEE SCHOOL AGE PROGRAM 1100 LEE AVENUE FT LEE, VA 23801	03-0573899	501(C)(3)	25,450.	0.			ASSISTANCE WITH OPERATIONS		
FT BELVOIR HERO 5970 MEERS ROAD, SLDG 1700 FT BELVOIR, VA 22060	36-3274346	501(C)(3)	4,973.	0.			ASSISTANCE WITH OPERATIONS		
FT BENNING GA, MWR IMWR, PO BOX 51996 FT BENNING, GA 31905	58-1076275	501(C)(3)	21,739.	0.			ASSISTANCE WITH OPERATIONS		
FT CAMPBELL BRANCH P.O. BOX 629 FORT CAMPBELL, KY 42223	62-0491361	501(C)(3)	140,320.	0.			ASSISTANCE WITH OPERATIONS		
FT HUACHUCA SCHOOL AGE PROGRAM SCHOOLAGE PROGRAM, CENTRAL ADM. OFF FT HUACHUCA, AZ 85670	86-0101982	501(C)(3)	20,661.	0.			ASSISTANCE WITH OPERATIONS		

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON ROADS REGIONAL ASYMCA 1465 LAKESIDE ROAD VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	278,152.	0.			ASSISTANCE WITH OPERATIONS
HONOLULU ASYMCA P.O. BOX 29333 HONOLULU, HI 96820	99-0075037	501(C)(3)	434,349.	0.			ASSISTANCE WITH OPERATIONS
JUNCTION CITY FAMILY YMCA P.O. BOX 113, JUNCTION CITY, KS 66441	48-0677789	501(C)(3)	224,687.	0.			ASSISTANCE WITH OPERATIONS
KADENA STORKS NEST PSC 559 BOX 6895 FPO, AP 96377	36-3274346	501(C)(3)	2,676.	0.			ASSISTANCE WITH OPERATIONS
KILLEEN ASYMCA 415 N. 8TH ST KILLEEN, TX 76541	74-1902832	501(C)(3)	105,100.	0.			ASSISTANCE WITH OPERATIONS
KINGS COUNTY YMCA OF HANFORD 1010 W. GRANGEVILLE BLVD HANFORD, CA 93230	94-1218314	501(C)(3)	50,120.	0.			ASSISTANCE WITH OPERATIONS
KITSAP FAM YMCA 60 MAGNUSON WAY BREMERTON, WA 98310	91-0573110	501(C)(3)	82,250.	0.			ASSISTANCE WITH OPERATIONS
LAWTON ASYMCA 201 SOUTH 4TH STREET LAWTON, OK 73501	73-0583931	501(C)(3)	114,851.	0.			ASSISTANCE WITH OPERATIONS

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

**SCHEDULE I-1**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY COUNTY ARMED SERVICES YMCA 201 MARY LOU DRIVE HINESVILLE, GA 31313	58-0603160	501(C)(3)	150,121.	0.			ASSISTANCE WITH OPERATIONS
MAINE NATIONAL GUARD DVEM, STATE HOUSE STATION #33, CAM AUGUSTA, ME 04333	01-0450803	501(C)(3)	35,750.	0.			ASSISTANCE WITH OPERATIONS
PULASKI COUNTY ASYMCA P.O. BOX 350 (29 YOUNG ST), FTLEONARD WOOD, MO 65473	43-1418023	501(C)(3)	77,449.	0.			ASSISTANCE WITH OPERATIONS
SAN DIEGO ASYMCA 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	47,142.	0.			ASSISTANCE WITH OPERATIONS
SAN JUAN, MWR PUERTO RICO US COAST GUARD, STE 161, 500 CARR BAYAMON, PR 00959	54-6010204	501(C)(3)	10,695.	0.			ASSISTANCE WITH OPERATIONS
TRAVIS HERO 60 MSS/DPF, FAMILY SUPPORT CENTER, 351 TRAVIS AVE., STE 1, AFB, CA 94535	36-3274346	501(C)(3)	69,149.	0.			ASSISTANCE WITH OPERATIONS
TWENTYNINE PALMS ASYMCA P.O. BOX 6002, BUILDING 696 TWENTYNINE PALMS, CA 92278	91-1883458	501(C)(3)	162,148.	0.			ASSISTANCE WITH OPERATIONS
WATERTOWN FAMILY YMCA 119 WASHINGTON ST. WATERTOWN, NY 13601	15-0559207	501(C)(3)	153,583.	0.			ASSISTANCE WITH OPERATIONS

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public**  
**Inspection**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHIDBEY ISLAND ASYMCA 540 SOUTH EAST PIONEER WAY OAK HARBOR, WA 98277	91-0568715	501(C)(3)	53,418.	0.			ASSISTANCE WITH OPERATIONS
YMCA CAMP ABE LINCOLN 1624 WEST FRONT STREET BLUE GRASS, IA 52772	42-0703278	501(C)(3)	13,860.	0.			ASSISTANCE WITH OPERATIONS
YMCA CAMP OF ST. CROIX 532 COUNTY ROAD F HUDSON, WI 54016	41-0693932	501(C)(3)	31,396.	0.			ASSISTANCE WITH OPERATIONS
YMCA OF GREATER OKLAHOMA 500 NORTH BROADWAY, SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	29,000.	0.			ASSISTANCE WITH OPERATIONS
YMCA OF METROPOLITAN DETROIT 10900 HARPER AVE DETROIT, MI 48213	38-1358055	501(C)(3)	10,000.	0.			ASSISTANCE WITH OPERATIONS
YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVENUE EVERRETT, WA 98201	91-0565561	501(C)(3)	44,000.	0.			ASSISTANCE WITH OPERATIONS
YMCA OF THE EAST BAY 2330 BROADWAY OAKLAND, CA 96412-2415	94-1156317	501(C)(3)	58,717.	0.			ASSISTANCE WITH OPERATIONS
YMCA OF THE PIKES PEAK REGION 2190 JET WING DRIVE COLORADO SPRINGS, CO 80916	84-0404266	501(C)(3)	81,774.	0.			ASSISTANCE WITH OPERATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number  
36-3274346

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF YUMA 2550 S. 4TH AVENUE YUMA, AZ 85364	86-0096799	501(C)(3)	43,348.	0.			ASSISTANCE WITH OPERATIONS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment? **4a** **X**
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **X**
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **X**
- 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) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? **5a** **X**
- b Any related organization? **5b** **X**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? **6a** **X**
- b Any related organization? **6b** **X**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** **X**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **X**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

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Employer identification number

36-3274346

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

AND MARRIED AND THEIR FAMILY MEMBERS. THIS MISSION IS CARRIED OUT IN  
COOPERATION WITH THE MILITARY.

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

FEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF  
WORRYING ABOUT A SERVICE HUSBAND OR WIFE, ESPECIALLY ONE WHO IS  
DEPLOYED. A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF  
JUNIOR-ENLISTED LEARN LIFE SKILLS, CARE FOR CHILDREN, AND EVEN MAKE  
ENDS MEET. LOCAL PROGRAMS INCLUDE:

SPOUSE SUPPORT AND CRAFT GROUPS

SEPARATE BUT TOGETHER

COUPLES NIGHT

ENLISTED WIVES CLUB

HOLIDAY DINNERS AND DANCES

ACTIVE DUTY PREGNANCY CLASSES

LATE NIGHT RECREATIONAL ACTIVITIES

PARENTING WORKSHOPS

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

TUITION ASSISTANCE

AFTER SCHOOL ENRICHMENT

COMPUTER CLASSES

ABCS AND 123S

GENERAL EDUCATION DIPLOMA

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O 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.  
TWELVE HUNDRED STUDENTS PER YEAR PARTICIPATE IN OPERATION HERO, WITH  
5000 PARTICIPATING SINCE INCEPTION.

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

E. OTHER PROGRAMS: MEDICAL AND 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 BABYSITTING SO THAT MOMS AND  
DADS CAN ATTEND MEDICAL APPOINTMENTS. ASYMCA EVEN OFFERS NON-MEDICAL  
ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING  
INFORMATION ABOUT INFANT CHILDCARE, PROGRAMS OFFERED AT LOCAL BRANCHES

INCLUDE:

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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

DISCOUNT VISION SERVICE/FREE EYE EXAMS

ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND

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

TO MEET THE SPECIFIC NEEDS OF EACH BRANCH. IN SAN DIEGO, ASYMCA

OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR HOSPITAL PATIENTS 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

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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

RESIDENCE PROGRAM PROVIDES OVERNIGHT LODGING AT REDUCED PRICES.

EACH YEAR AT A LUNCHEON IN WASHINGTON, D.C., THE ARMED SERVICES YMCA

PRESENTS SEVERAL AWARDS TO INDIVIDUALS AND BRANCHES WHOSE EFFORTS BEST

EXEMPLIFY THE ASYMCA MISSION OF ENRICHING THE QUALITY OF LIFE OF

MILITARY PERSONNEL AND THEIR FAMILIES. AT THIS YEAR'S AWARDS LUNCHEON,

SPONSORED BY GENERAL DYNAMICS, THE ASYMCA ALSO ANNOUNCED THE WINNERS OF

ITS ANNUAL ART AND ESSAY CONTESTS FOR CHILDREN OF MILITARY FAMILIES.

EXPENSES \$ 523461, INCLUDING GRANTS OF \$ 362924, REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE REVIEW IS CONDUCTED BY THE

AUDIT COMMITTEE BEFORE THE IRS 990 IS SIGNED BY THE CEO AND SUBMITTED TO

THE IRS. THE IRS 990 IS REVIEWED AT THE MAY NATIONAL BOARD MEETING EACH

YEAR.

A PRELIMINARY REVIEW IS CONDUCTED IN MARCH OF EACH YEAR BEFORE THE IRS 990

IS COMPLETED. THE VERBIAGE ON THE GOVERNANCE AND MANAGEMENT DISCLOSURES IS

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REVIEWED AND MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE

REVIEWED FOR ACCURACY. THE AUDIT COMMITTEE 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 990S ARE POSTED FOR PUBLIC REVIEW. THE AUDIT COMMITTEE 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 NOVEMBER 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.

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FORM 990, PART VI, SECTION B, LINE 15: FOR THE PRESIDENT AND CEO: THE COO

ASSEMBLES THE ANNUAL COMPARABILITY DATA FROM THE YMCA'S ANNUAL SURVEY OF

EXECUTIVE COMPENSATION (CONDUCTED BY SULLIVAN COTTER AND ASSOCIATES), THE

ANNUAL YMCA SALARY ADMINISTRATION GUIDELINES AND RECOMMENDATIONS AND THE

TAILORED CEO COMPENSATION REPORTS PROVIDED BY THE YMCA HR STAFF

CONSULTANTS.

THE CEO'S COMPENSATION IS THEN COMPARED AGAINST YMCA EXECUTIVES AT YMCA'S

OF EQUAL SIZE, SCOPE, AND REVENUE FROM THESE THREE INDEPENDENT SOURCES. THE

SALARIES ARE TABULATED AND THE DATA IS FORWARDED TO THE CHAIRMAN OF THE

COMPENSATION COMMITTEE.

THE COMPENSATION COMMITTEE IS COMPOSED OF THE PAST BOARD CHAIRMAN AND THE

EXECUTIVE COMMITTEE. EACH COMMITTEE MEMBER COMPLETES AN INDEPENDENT

EVALUATION OF THE CEO BASED ON THE CRITERIA IN HIS EVALUATION FROM THE

PREVIOUS YEAR AND HIS GOALS FOR THE NEXT YEAR. THESE EVALUATIONS ARE

COMBINED INTO ONE MASTER DOCUMENT WHICH CONTAINS THE OVERALL EVALUATION AND

THE RECOMMENDATION FOR THE CEO'S COMPENSATION FOR THE NEW PERFORMANCE YEAR.

THE COMPENSATION COMMITTEE MEETS IN NOVEMBER EACH YEAR TO REVIEW THE

EVALUATIONS, THE COMPENSATION COMPARABILITY DATA AND THEY MAKE THE FINAL

DETERMINATION FOR THE ANNUAL COMPENSATION, ANY BONUS AND THE GOALS FOR THE

NEXT YEAR. THEY MEET WITHOUT STAFF PRESENT AND KEEP A SET OF COMMITTEE

MINUTES TO REVIEW WITH THE ENTIRE BOARD OF DIRECTORS. ALL COMMITTEE AND

BOARD MEMBERS ARE INDEPENDENT.

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THE COMPENSATION COMMITTEE MAKES THEIR REPORT TO THE ENTIRE BOARD (IN  
EXECUTIVE SESSION WITHOUT STAFF PRESENT) AND THE BOARD OF DIRECTORS VOTES  
ON THE MOTION FOR THE EXECUTIVE COMPENSATION PACKAGE AFTER THEY DETERMINE  
THAT THE COMPENSATION IS NOT EXCESSIVE.

FOR THE COO AND CFO: THE CEO PREPARES THE COO AND CFO COMPENSATION PACKAGES  
FOR THE COMPENSATION COMMITTEE TO REVIEW USING THE SAME COMPARABILITY DATA  
MENTIONED ABOVE FOR THEIR INFORMATION AND CONCURRENCE. ALL OF THE  
COMPARABILITY DATA FROM THE YMCA OF THE USA AND OTHER NON-PROFITS OF  
SIMILAR SIZE AND SCOPE ARE COMPARED TO ENSURE THE COMPENSATION FOR THE  
OFFICERS 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.

FORM 990, PAGE 6, PART VI, LINE 13  
DESCRIPTION OF THE WHISTLE BLOWER POLICY

THE ARMED SERVICES YMCA WILL ESTABLISH AND IMPLEMENT POLICIES AND  
PROCEDURES THAT ENABLE INDIVIDUALS TO COME FORWARD WITH INFORMATION ON  
ILLEGAL PRACTICES OR VIOLATIONS OF ORGANIZATIONAL POLICIES.

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THE ARMED SERVICES YMCA WHISTLEBLOWER PROTECTION POLICY IS IMPLEMENTED  
IN COMPLIANCE WITH THE PUBLIC COMPANY ACCOUNTING REFORM AND INVESTOR  
PROTECTION ACT OF 2002 (SARBANES-OXLEY ACT). THE WHISTLEBLOWER  
PROTECTION PROVISION IN THIS LEGISLATION APPLIES TO ALL ORGANIZATIONS,  
INCLUDING ARMED SERVICES YMCA.

AT HEADQUARTERS ARMED SERVICES YMCA (ASYMCAHQ) AND ALL OF OUR BRANCHES,  
ANY STAFF MEMBER, VOLUNTEER, VENDOR, OR AGENT WHO REPORTS MISCONDUCT,  
FRAUD, OR ABUSE WILL NOT BE FIRED OR OTHERWISE RETALIATED AGAINST FOR  
MAKING THE REPORT.

THE REPORT WILL BE INVESTIGATED AND EVEN IF DETERMINED NOT TO BE  
MISCONDUCT, FRAUD, OR ABUSE, THE INDIVIDUAL MAKING THE REPORT WILL NOT  
BE RETALIATED AGAINST. THERE WILL BE NO PUNISHMENT FOR REPORTING  
PROBLEMS - INCLUDING FIRING, DEMOTION, SUSPENSION, HARASSMENT, FAILURE  
TO CONSIDER THE EMPLOYEE FOR PROMOTION, OR ANY OTHER KIND OF  
DISCRIMINATION.

THERE ARE SEVERAL WAYS TO MAKE A REPORT OF SUSPECTED MISCONDUCT, FRAUD  
OR ABUSE:

- VERBALLY REPORT THE ALLEGATION DIRECTLY TO MANAGEMENT.
- SUBMIT A REPORT IN WRITING TO HEADQUARTERS ASYMCA OR BRANCH OFFICE.
- TELEPHONE THE ANONYMOUS HOTLINE SILENTWHISTLE AT 1-877-874-8416.
- ELECTRONICALLY REPORT THE ALLEGATIONS ANONYMOUSLY AT:  
[HTTPS://AER.SILENTWHISTLE.COM](https://aer.silentwhistle.com)

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HERE IS WHAT WE WILL DO WITH ANY REPORT OF MISCONDUCT, FRAUD, OR ABUSE:

ASYMCA MANAGEMENT WILL INVESTIGATE EACH REPORT.

IF THE REPORT ALLEGES ASYMCA MANAGEMENT INVOLVEMENT, THE INCIDENT

WILL BE INVESTIGATED BY THE NATIONAL BOARD OF DIRECTORS.

CRIMINAL ACTION WILL BE REPORTED BY ASYMCA MANAGEMENT TO THE

APPROPRIATE LAW ENFORCEMENT AGENCY HAVING JURISDICTION IN THE CASE.

IF THE REPORT IS CORRECT AND/OR THE ALLEGATIONS ARE TRUE, APPROPRIATE

DISCIPLINARY ACTION WILL BE TAKEN, AND/OR OPERATIONAL AND PERSONNEL

CHANGES WILL BE MADE.

IF THE REPORT IS INCORRECT AND/OR THE ALLEGATIONS ARE UNTRUE, THE

CASE WILL BE DISMISSED AND NO FURTHER ACTION WILL BE TAKEN.

ASYMCA WILL PROVIDE THE PERSON FILING A REPORT WITH A SUMMARY OF OUR

FINDINGS AND ACTIONS TAKEN.

FORM 990, PAGE 6, PART VI, LINE 14

DESCRIPTION OF THE DOCUMENT DESTRUCTION POLICY

THE ARMED SERVICES YMCA HAS ESTABLISHED AND IMPLEMENTED POLICIES AND

PROCEDURES TO PROTECT AND PRESERVE THE ORGANIZATION'S IMPORTANT

DOCUMENTS AND BUSINESS RECORDS.

RECORD RETENTION WITH DOCUMENT DESTRUCTION INFORMATION:

IN ACCORDANCE WITH THE SARBANES-OXLEY ACT, WHICH MAKES IT A CRIME TO

ALTER, COVER UP, FALSIFY, OR DESTROY ANY DOCUMENT WITH THE INTENT OF

IMPEDING OR OBSTRUCTING ANY OFFICIAL PROCEEDING, THIS POLICY PROVIDES

FOR THE SYSTEMATIC REVIEW, RETENTION, AND DESTRUCTION OF DOCUMENTS

RECEIVED OR CREATED BY THE ARMED SERVICES YMCA (AND ITS BRANCHES) IN

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

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CONNECTION WITH THE TRANSACTION OF ORGANIZATION BUSINESS. THIS POLICY  
COVERS ALL RECORDS AND DOCUMENTS, REGARDLESS OF PHYSICAL FORM, CONTAINS  
GUIDELINES FOR HOW LONG CERTAIN DOCUMENTS SHOULD BE KEPT, AND HOW  
RECORDS SHOULD BE DESTROYED (UNLESS UNDER A LEGAL HOLD). THE POLICY IS  
DESIGNED TO ENSURE COMPLIANCE WITH FEDERAL AND STATE LAWS AND  
REGULATIONS, TO ELIMINATE ACCIDENTAL OR INNOCENT DESTRUCTION OF  
RECORDS, AND TO FACILITATE THE ARMED SERVICES YMCA'S OPERATIONS BY  
PROMOTING EFFICIENCY AND FREEING UP VALUABLE STORAGE SPACE.

DOCUMENT RETENTION:

THE ARMED SERVICES YMCA (AND ITS BRANCHES) FOLLOWS THE DOCUMENT  
RETENTION PROCEDURES OUTLINED BELOW. DOCUMENTS THAT ARE NOT LISTED, BUT  
ARE SUBSTANTIALLY SIMILAR TO THOSE LISTED IN THE SCHEDULE, WILL BE  
RETAINED FOR THE APPROPRIATE LENGTH OF TIME.

CORPORATE RECORDS:

- ANNUAL REPORTS TO SECRETARY OF STATE/ATTORNEY GENERAL - PERMANENT
- ARTICLES OF INCORPORATION - PERMANENT
- BOARD MEETING AND BOARD COMMITTEE MINUTES - PERMANENT
- BOARD POLICIES/RESOLUTIONS - PERMANENT
- BYLAWS - PERMANENT
- CONSTRUCTION DOCUMENTS - PERMANENT
- FIXED ASSET RECORDS - PERMANENT
- IRS APPLICATION FOR TAX-EXEMPT STATUS (FORM 1023) - PERMANENT
- IRS DETERMINATION LETTER - PERMANENT

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STATE SALES TAX EXEMPTION LETTER - PERMANENT

CONTRACTS (AFTER EXPIRATION) - 7 YEARS

CORRESPONDENCE (GENERAL) - 3 YEARS

ACCOUNTING AND CORPORATE TAX RECORDS:

ANNUAL AUDITS AND FINANCIAL STATEMENTS - PERMANENT

DEPRECIATION SCHEDULES - PERMANENT

IRS FORM 990 TAX RETURNS - PERMANENT

IRS FORM 1023 AND EXEMPTION LETTER - PERMANENT

GENERAL LEDGERS - PERMANENT

BUSINESS EXPENSE RECORDS - 7 YEARS

IRS FORMS 1099 - 7 YEARS

JOURNAL ENTRIES - 7 YEARS

INVOICES - 7 YEARS

SALES RECORDS (BOX OFFICE, CONCESSIONS, GIFT SHOP) - 5 YEARS

CASH RECEIPTS - 3 YEARS

CREDIT CARD RECEIPTS - 3 YEARS

BANK RECORDS:

CHECK REGISTERS - 7 YEARS

BANK DEPOSIT SLIPS - 7 YEARS

BANK STATEMENTS AND RECONCILIATION - 7 YEARS

ELECTRONIC FUND TRANSFER DOCUMENTS - 7 YEARS

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PAYROLL AND EMPLOYMENT TAX RECORDS:

PAYROLL REGISTERS - PERMANENT

STATE UNEMPLOYMENT TAX RECORDS- PERMANENT

EARNINGS RECORDS - 7 YEARS

GARNISHMENT RECORDS - 7 YEARS

PAYROLL TAX RETURNS - 7 YEARS

W-2 STATEMENTS - 7 YEARS

EMPLOYEE RECORDS

EMPLOYMENT AND TERMINATION AGREEMENTS - PERMANENT

RETIREMENT AND PENSION PLAN DOCUMENTS - PERMANENT

RECORDS RELATING TO PROMOTION, DEMOTION, OR DISCHARGE - 7 YEARS AFTER

TERMINATION

ACCIDENT REPORTS AND WORKER'S COMPENSATION RECORDS - 5 YEARS

SALARY SCHEDULES - 5 YEARS

EMPLOYMENT APPLICATIONS - 3 YEARS

I-9 FORMS - 3 YEARS AFTER TERMINATION

TIME CARDS - 2 YEARS

DONOR AND GRANT RECORDS:

DONOR RECORDS AND ACKNOWLEDGMENT LETTERS - 7 YEARS

GRANT APPLICATIONS AND CONTRACTS - 7 YEARS AFTER COMPLETION

LEGAL, INSURANCE, AND SAFETY RECORDS:

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

APPRAISALS- PERMANENT

COPYRIGHT REGISTRATIONS - PERMANENT

ENVIRONMENTAL STUDIES - PERMANENT

INSURANCE POLICIES - PERMANENT

REAL ESTATE DOCUMENTS - PERMANENT

STOCK AND BOND RECORDS - PERMANENT

TRADEMARK REGISTRATIONS - PERMANENT

LEASES - 6 YEARS AFTER EXPIRATION

OSHA DOCUMENTS - 5 YEARS

GENERAL CONTRACTS - 3 YEARS AFTER TERMINATION

ELECTRONIC DOCUMENTS AND RECORDS:

ELECTRONIC DOCUMENTS WILL BE RETAINED AS IF THEY WERE PAPER DOCUMENTS.

THEREFORE, ANY ELECTRONIC FILES, INCLUDING RECORDS OF DONATIONS MADE

ONLINE, THAT FALL INTO ONE OF THE DOCUMENT TYPES ON THE ABOVE SCHEDULE

WILL BE MAINTAINED FOR THE APPROPRIATE AMOUNT OF TIME. IF A USER HAS

SUFFICIENT REASON TO KEEP AN E-MAIL MESSAGE, THE MESSAGE SHOULD BE

PRINTED IN HARD COPY AND KEPT IN THE APPROPRIATE FILE OR MOVED TO AN

"ARCHIVE" COMPUTER FILE FOLDER. BACKUP AND RECOVERY METHODS WILL BE

TESTED ON A REGULAR BASIS.

EMERGENCY PLANNING:

ARMED SERVICES YMCA'S RECORDS WILL BE STORED IN A SAFE, SECURE, AND

ACCESSIBLE MANNER. DOCUMENTS AND FINANCIAL FILES THAT ARE ESSENTIAL TO

KEEPING THE ARMED SERVICES YMCA OPERATING IN AN EMERGENCY WILL BE

DUPLICATED OR BACKED UP AT LEAST EVERY WEEK AND MAINTAINED OFF-SITE.

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Inspection

Name of the organization <b>ARMED SERVICES YMCA OF THE USA</b>	Employer identification number <b>36-3274346</b>
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**DOCUMENT DESTRUCTION:**

**ARMED SERVICES YMCA'S [DEPUTY NATIONAL DIRECTOR] IS RESPONSIBLE FOR THE**  
**ONGOING PROCESS OF IDENTIFYING ITS RECORDS, WHICH HAVE MET THE REQUIRED**  
**RETENTION PERIOD, AND OVERSEEING THEIR DESTRUCTION. DESTRUCTION OF**  
**FINANCIAL AND PERSONNEL-RELATED DOCUMENTS WILL BE ACCOMPLISHED BY**  
**SHREDDING.**

**DOCUMENT DESTRUCTION WILL BE SUSPENDED IMMEDIATELY, UPON ANY INDICATION**  
**OF AN OFFICIAL INVESTIGATION OR WHEN A LAWSUIT IS FILED OR APPEARS**  
**IMMINENT. DESTRUCTION WILL BE REINSTATED UPON CONCLUSION OF THE**  
**INVESTIGATION.**

**DOCUMENT RETENTION COMPLIANCE:**

**FAILURE ON THE PART OF EMPLOYEES TO FOLLOW THIS POLICY CAN RESULT IN**  
**POSSIBLE CIVIL AND CRIMINAL SANCTIONS AGAINST THE ARMED SERVICES YMCA**  
**AND ITS EMPLOYEES AND POSSIBLE DISCIPLINARY ACTION AGAINST RESPONSIBLE**  
**INDIVIDUALS. THE [CONTROLLER AND FINANCE/AUDIT COMMITTEE CHAIR] WILL**  
**PERIODICALLY REVIEW THESE PROCEDURES WITH LEGAL COUNSEL OR THE**  
**ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANT TO ENSURE THAT THEY ARE IN**  
**COMPLIANCE WITH NEW OR REVISED REGULATIONS**





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

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

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

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) YMCA OF THE USA	B	0.
(2)		
(3)		
(4)		
(5)		
(6)		

