

Form 990

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN D Employer identification number 91-1883466 E Telephone number 703-313-9600 F Accounting method: Cash [X] Accrual [] Other (specify) []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations.

G Website: WWW.ASYMCA.ORG H(a) Is this a group return for affiliates? [X] Yes [] No H(b) If "Yes," enter number of affiliates 17

J Organization type (check only one) [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527 H(c) Are all affiliates included? [X] Yes [] No (If "No," attach a list.)

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Group Exemption Number 9372 M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 20,396,669.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less: rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less: cost or other basis and sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 9 a Gross revenue; 9 b Less: direct expenses other than fundraising expenses; 9 c Net income or (loss) from special events; 10 a Gross sales of inventory, less returns and allowances; 10 b Less: cost of goods sold; 10 c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | STATEMENT 8 | |
| 22b Other grants and allocations (attach schedule) (cash \$ 948716 noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 948,716. | 948,716. | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 445,153. | 293,271. | 89,039. | 62,843. |
| 25b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| 25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 7,373,555. | 6,487,183. | 574,830. | 311,542. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 499,847. | 411,565. | 67,265. | 21,017. |
| 28 Employee benefits not included on lines 25a - 27 | 159,558. | 136,303. | 18,164. | 5,091. |
| 29 Payroll taxes | 765,020. | 667,977. | 59,280. | 37,763. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | | | | |
| 32 Legal fees | | | | |
| 33 Supplies | 1,733,130. | 1,602,507. | 28,510. | 102,113. |
| 34 Telephone | 290,103. | 272,687. | 14,621. | 2,795. |
| 35 Postage and shipping | 43,132. | 35,560. | 4,613. | 2,959. |
| 36 Occupancy | 567,135. | 496,152. | 51,713. | 19,270. |
| 37 Equipment rental and maintenance | 527,081. | 494,989. | 22,896. | 9,196. |
| 38 Printing and publications | 73,326. | 56,179. | 6,651. | 10,496. |
| 39 Travel | 166,582. | 128,866. | 30,683. | 7,033. |
| 40 Conferences, conventions, and meetings | 185,169. | 158,839. | 24,596. | 1,734. |
| 41 Interest | 38,606. | 36,307. | 2,299. | |
| 42 Depreciation, depletion, etc. (attach schedule) | 1,046,624. | 907,753. | 122,116. | 16,755. |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 7 | 1,944,125. | 1,580,009. | 142,075. | 222,041. |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 16,806,862. | 14,714,863. | 1,259,351. | 832,648. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| | |
|---|--|
| What is the organization's primary exempt purpose? ► SEE STATEMENT 12 | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | |
| a SEE STATEMENT 9 | |
| (Grants and allocations \$ 234,994.) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 5,379,468. |
| b B. CHILD CARE PROGRAMS DAYCARE AND LATCHKEY SERVICES TO MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT ZERO OR REDUCED COST AT ASYMCA BRANCHES AND AFFILIATES. | |
| (Grants and allocations \$ 89,560.) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 3,594,870. |
| c SEE STATEMENT 10 | |
| (Grants and allocations \$ 229,152.) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 1,691,685. |
| d SEE STATEMENT 11 | |
| (Grants and allocations \$ 392,663.) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 3,268,605. |
| e Other program services (attach schedule) SEE STATEMENT 13 | |
| (Grants and allocations \$ 2,347.) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 780,235. |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► | 14,714,863. |

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|-------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 2,678,943. | 45 | 1,831,608. |
| | 46 Savings and temporary cash investments | 1,853,178. | 46 | 1,852,224. |
| | 47 a Accounts receivable | 67,492. | | |
| | b Less: allowance for doubtful accounts | | 31,769. | 67,492. |
| | 48 a Pledges receivable | 322,385. | | |
| | b Less: allowance for doubtful accounts | | 181,389. | 322,385. |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | 50b | |
| | 51 a Other notes and loans receivable | | | |
| | b Less: allowance for doubtful accounts | | | |
| | 52 Inventories for sale or use | 15,386. | 52 | 16,556. |
| | 53 Prepaid expenses and deferred charges | 524,426. | 53 | 536,867. |
| | 54 a Investments - publicly-traded securities STMT 17 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 13,113,740. | 54a | 15,239,144. |
| | b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| | 55 a Investments - land, buildings, and equipment: basis | | | |
| | b Less: accumulated depreciation | | | |
| | 56 Investments - other | | 56 | |
| 57 a Land, buildings, and equipment: basis | 18,688,176. | | | |
| b Less: accumulated depreciation STMT 14 | 9,452,626. | 9,132,578. | 9,235,550. | |
| 58 Other assets, including program-related investments (describe DEFERRED RENT RECEIVABLE) | 1,402,463. | 58 | 1,764,311. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 28,933,872. | 59 | 30,866,137. | |
| Liabilities | 60 Accounts payable and accrued expenses | 1,005,285. | 60 | 983,312. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 136,440. | 62 | 43,249. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable STMT 15 | 247,087. | 64b | 94,213. |
| | 65 Other liabilities (describe SEE STATEMENT 16) | 276,035. | 65 | 358,334. |
| | 66 Total liabilities. Add lines 60 through 65 | 1,664,847. | 66 | 1,479,108. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 26,181,784. | 67 | 28,210,652. |
| | 68 Temporarily restricted | 893,138. | 68 | 904,470. |
| | 69 Permanently restricted | 194,103. | 69 | 271,907. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 27,269,025. | 73 | 29,387,029. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 28,933,872. | 74 | 30,866,137. | |

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| Part VI Other Information <i>(continued)</i> | | Yes | No |
|---|--|------------|-------------------------------------|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | <input checked="" type="checkbox"/> |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| | 82b 4,533,856. | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | <input checked="" type="checkbox"/> |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83b | <input checked="" type="checkbox"/> |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | 85a | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a | N/A |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | N/A |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | <input checked="" type="checkbox"/> |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | <input checked="" type="checkbox"/> |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | <input checked="" type="checkbox"/> |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | <input checked="" type="checkbox"/> |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | <input checked="" type="checkbox"/> |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | <input checked="" type="checkbox"/> |
| 90 a | List the states with which a copy of this return is filed ▶ VA, CA, IL | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 | 90b | 506 |
| 91 a | The books are in care of ▶ ASYMCA OF THE USA Telephone no. ▶ 703-313-9600 Located at ▶ 6359 WALKER LANE, ALEXANDRIA, VA ZIP + 4 ▶ 22310 | | |
| 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)? | 91b | <input checked="" type="checkbox"/> |
| | If "Yes," enter the name of the foreign country ▶ N/A | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | |

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| | | | | |
|---|---|-----|--------------------------|-------------------------------------|
| Part VI | Other Information <i>(continued)</i> | | Yes | No |
| c At any time during the calendar year, did the organization maintain an office outside of the United States? | | 91c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country N/A | | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> | | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year 92 | | N/A | | |

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| Note: Enter gross amounts unless otherwise indicated. | | | | | |
| 93 Program service revenue: | | | | | |
| a PROGRAM SERVICE FEES | | | | | 4,209,662. |
| b RESIDENCE & RELATED | | | | | |
| c SERVICES | | | | | 520,461. |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | 957,748. |
| 94 Membership dues and assessments | | | | | 1,020,980. |
| 95 Interest on savings and temporary cash investments | | | 14 | 311,384. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | 16 | 1,267,587. | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 337,952. | |
| 101 Net income or (loss) from special events | 713200 | 18,854. | 01 | 423,200. | |
| 102 Gross profit or (loss) from sales of inventory | | | 03 | 150,015. | |
| 103 Other revenue: | | | | | |
| a OTHER INCOME | | | 01 | 54,226. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 18,854. | | 2,544,364. | 6,708,851. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 9,272,069. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

| | |
|------------------|---|
| Part VIII | Relationship of Activities to the Accomplishment of Exempt Purposes <i>(See the instructions.)</i> |
| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
| ▼ | SEE STATEMENT 21 |
| | |
| | |

| Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities <i>(See the instructions.)</i> | | | |
|---|---|-----------------------------|---------------------|------------------------------|
| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

| | | | | |
|---|--|--|--|--|
| Part X | Information Regarding Transfers Associated with Personal Benefit Contracts <i>(See the instructions.)</i> | | | |
| (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). | | | | |

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

| | | |
|---|------------|-----------|
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | Yes | No |
| | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

| | | |
|--|------------|-----------|
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | Yes | No |
| | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

| | | |
|---|------------|-----------|
| 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | Yes | No |
| | | |

| | | | | |
|---------------------------------|---|------|---|---|
| Please Sign Here | 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. | | | |
| | _____ Signature of officer | | _____ | Date |
| | S. FRANK GALLO, NATIONAL EXECUTIVE DIRECTOR Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | EIN | |
| | RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205 | | | Phone no. 703-336-6400 |

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| SUSAN SIMMS 6359 WALKER LN STE. 200, ALEX., VA 22 | PRGM. MGR 37.50 | 68,991. | 11,777. | 0. |
| ANTHONY MINO 6359 WALKER LN STE. 200, ALEX., VA 22 | EXEC. DIR. 37.50 | 81,236. | 13,413. | 0. |
| PETER MULCHAY 6359 WALKER LN STE. 200, ALEX., VA 22 | EXEC. DIR. 37.50 | 74,323. | 9,337. | 0. |
| GEORGE BROWN 6359 WALKER LN STE. 200, ALEX., VA 22 | EXEC. DIR. 37.50 | 73,919. | 9,290. | 0. |
| PAUL STEFFENS 6359 WALKER LN STE. 200, ALEX., VA 22 | EXEC. DIR. 37.50 | 73,500. | 9,233. | 0. |
| Total number of other employees paid over \$50,000 ▶ | 5 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| DITTUS COMMUNICATIONS 1150 17TH ST. NW, WASHINGTON, DC 20036 | PUBLIC RELATIONS | 112,815. |
| MAIKE LUNA 310 N 8TH ST., NOLANVILLE, TX 76559 | CONSTRUCTION | 64,500. |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0 | |

Part III **Statements About Activities** (See page 2 of the instructions.)

| | | Yes | No |
|-----|--|-----|-----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | X |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | 2a | X |
| b | Lending of money or other extension of credit? | 2b | X |
| c | Furnishing of goods, services, or facilities? | 2c | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 | 2d | X |
| e | Transfer of any part of its income or assets? | 2e | X |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | 3b | X |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | 3c | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | X |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | 4a | X |
| b | Did the organization make any taxable distributions under section 4966? | 4b | N/A |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N/A |
| d | Enter the total number of donor advised funds owned at the end of the tax year | N/A | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | N/A | |
| f | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | 0. | |
| g | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year | 0. | |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | ▶ |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

ARMED SERVICES YMCA OF THE USA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|------------|------------|------------------|------------|-----------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 8,373,067. | 7,982,903. | 6,522,531. | 6,679,830. | 29,558,331. |
| 16 Membership fees received | 870,922. | 856,796. | 819,859. | 792,555. | 3,340,132. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 6,641,491. | 6,630,854. | 5,385,880. | 5,022,961. | 23,681,186. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 1,564,826. | 1,373,368. | 2,145,615. | 1,214,535. | 6,298,344. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | 28,983. | 39,712. | SEE STATEMENT 22 | 76,904. | 145,599. |
| 23 Total of lines 15 through 22 | 17479289. | 16883633. | 14873885. | 13786785. | 63,023,592. |
| 24 Line 23 minus line 17 | 10837798. | 10252779. | 9,488,005. | 8,763,824. | 39,342,406. |
| 25 Enter 1% of line 23 | 174,793. | 168,836. | 148,739. | 137,868. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 786,848. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 0. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 39,342,406. |
| d Add: Amounts from column (e) for lines: 18 6,298,344. 19 _____ 22 145,599. 26b _____ | | | | | 26d 6,443,943. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 32,898,463. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 83.6209% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add: Line 27a total and line 27b total | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) | | | 27f N/A | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|---|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| _____ | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| _____ | | | |
| _____ | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|-----------------------------------|---|
| | | N/A | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | | |
| If the amount on line 40 is - | The lobbying nontaxable amount is - | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|---------------------------|----|--------|
| | a Volunteers | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h .) | | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Employer identification number

91-1883466

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | | \$ 980,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 300,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

FORM 990 RENTAL INCOME STATEMENT 1

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|------------------------------------|--------------------|------------------------|
| VARIOUS CHAPTER LOCATIONS | 1 | 1,267,587. |
| TOTAL TO FORM 990, PART I, LINE 6A | | 1,267,587. |

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| SALE OF INVESTMENTS | 1,894,392. | 1,545,024. | 0. | 349,368. |
| TO FORM 990, PART I, LINE 8 | 1,894,392. | 1,545,024. | 0. | 349,368. |

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | | |
|--------------------------|-------------------|---------------------|-----------------|---------|--------------------|
| DISPOSAL OF FIXED ASSETS | 06/01/06 | 06/01/07 | PURCHASED | | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
| | 34,498. | 108,521. | 0. | 62,607. | -11,416. |
| TO FM 990, PART I, LN 8 | 34,498. | 108,521. | 0. | 62,607. | -11,416. |

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 4

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME OR (LOSS) |
|----------------------------|----------------|---------------------|---------------|-----------------|----------------------|
| GOLF TOURNAMENT | 247,766. | | 247,766. | 68,616. | 179,150. |
| MUD RUN | 314,294. | | 314,294. | 70,244. | 244,050. |
| CHARITABLE GAMING (ALASKA) | 90,986. | | 90,986. | 72,132. | 18,854. |
| TO FM 990, PART I, LINE 9 | 653,046. | | 653,046. | 210,992. | 442,054. |

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

| | | |
|--|---------|---------|
| 1. GROSS RECEIPTS | 154,044 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 154,044 |
| 4. COST OF GOODS SOLD (LINE 13) | 4,029 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 150,015 |

COST OF GOODS SOLD

| | | |
|--|-------|-------|
| 6. INVENTORY AT BEGINNING OF YEAR | | |
| 7. MERCHANDISE PURCHASED | | |
| 8. COST OF LABOR | | |
| 9. MATERIALS AND SUPPLIES | 4,029 | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 4,029 |
| 12. INVENTORY AT END OF YEAR | | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). | | 4,029 |

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

| DESCRIPTION | AMOUNT |
|------------------------------------|----------|
| UNREALIZED GAIN ON INVESTMENTS | 334,156. |
| TOTAL TO FORM 990, PART I, LINE 20 | 334,156. |

FORM 990

OTHER EXPENSES

STATEMENT 7

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|--|-------------------|----------------------------|----------------------------------|--------------------|
| AWARDS & GIFTS SUPPORT TO Y NATIONAL | 1,113,943. | 955,273. | 9,464. | 149,206. |
| MARKETING | 151,190. | 151,190. | | |
| COMPUTER & IT SERVICES | 207,397. | 194,015. | 5,297. | 8,085. |
| PROFESSIONAL FEES | 62,086. | 52,389. | 5,601. | 4,096. |
| INVESTMENT/BANK FEES | 68,150. | 14,553. | 46,840. | 6,757. |
| STAFF TRAINING | 252,372. | 170,773. | 59,863. | 21,736. |
| OTHER EXPENSES | 50,451. | 41,816. | 8,151. | 484. |
| | 38,536. | | 6,859. | 31,677. |
| TOTAL TO FM 990, LN 43 | 1,944,125. | 1,580,009. | 142,075. | 222,041. |

| | | | |
|----------|--|-----------|---|
| FORM 990 | CASH GRANTS AND ALLOCATIONS TO OTHERS | STATEMENT | 8 |
|----------|--|-----------|---|

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | AMOUNT |
|--|----------|
| GRANTS YMCA OF THE EAST BAY 2330 BROADWAY OAKLAND, CA 96412-2415 | 50,348. |
| GRANTS YMCA OF THE PIKES PEAK REGION 2190 JET WING DRIVE COLORADO SPRINGS, CO 80916 | 84,953. |
| GRANTS YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVENUE EVERRETT, WA 98201 | 56,523. |
| GRANTS JUNCTION CITY FAMILY YMCA P.O. BOX 113 JUNCTION CITY, KS 66441 | 292,527. |
| GRANTS LIBERTY COUNTY ARMED SERVICES YMCA 201 MARY LOU DRIVE HINESVILLE, GA 31313 | 74,280. |
| GRANTS WATERTOWN FAMILY YMCA 119 WASHINGTON ST WATERTOWN, NY 13601 | 109,878. |
| GRANTS AUGUSTA SOUTH FAMILY Y ARMED SERVICES 2215 TOBACCO ROAD AUGUSTA, GA 30906 | 60,000. |
| GRANTS KINGS COUNTY YMCA OF HANFORD 1010 W. GRANGEVILLE BLVD. HANFORD, CA 93230 | 32,459. |
| GRANTS YMCA OF GREATER OKLAHOMA 500 NORTH BROADWAY, SUITE 500 OKLAHOMA CITY, OK 73102 | 12,500. |

| | |
|---|-----------------|
| GRANTS | 26,215. |
| KADENA STORKS NEST | |
| PSC 559 BOX 6895 FPA AP | |
| 96377, OKINAWA, JAPAN | |
| GRANTS | 49,547. |
| TRAVIS HERO | |
| 60 MSS/DPF, FAMILY SUPPORT CENTER, 351 TRAVIS AVE., STE 1 | |
| TRAVIS AFB, CA 94535 | |
| GRANTS | 3,489. |
| FT BELVOIR HERO | |
| 5970 MEERS ROAD, SLDG 1700 | |
| FT. BELVOIR, VA 22060 | |
| GRANTS | 37,000. |
| BEALE AFB | |
| 9SVS/SVYY, 6249 C STREET | |
| BEALE AFB, CA 95903 | |
| GRANTS | 13,433. |
| FT. HUACHUCA SCHOOL AGE PROGRAM | |
| SCHOOLAGE PROGRAM, CENTRAL ADM.OFFICE | |
| FT. HUACHUCA, AZ 85670 | |
| GRANTS | 17,659. |
| FORT LEE SCHOOL AGE PROGRAM | |
| 1100 LEE AVENUE | |
| FT. LEE, VA 23801 | |
| GRANTS | 9,905. |
| SAN JUAN, MWR PUERTO RICO | |
| US COAST GUARD, STE 161, 500 CARR 177 | |
| BAYAMON, 00959, RQ | |
| GRANTS | 18,000. |
| FT BENNING GA, MWR | |
| IMWR, PO BOX 51996, | |
| FT BENNING, GA 31905 | |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22B | <u>948,716.</u> |

DESCRIPTION OF PROGRAM SERVICE ONE

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

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:

- O SPOUSE SUPPORT AND CRAFT GROUPS
- O SEPARATE BUT TOGETHER
- O COUPLES NIGHT
- O ENLISTED WIVES CLUB
- O HOLIDAY DINNERS AND DANCES
- O ACTIVE DUTY PREGNANCY CLASSES
- O LATE NIGHT RECREATIONAL ACTIVITIES
- O PARENTING WORKSHOPS

| | GRANTS | EXPENSES |
|-------------------------------|----------|------------|
| TO FORM 990, PART III, LINE A | 234,994. | 5,379,468. |
| | 234,994. | 5,379,468. |

DESCRIPTION OF PROGRAM SERVICE THREE

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
- O TUITION ASSISTANCE
- O AFTER SCHOOL ENRICHMENT
- O COMPUTER CLASSES
- O ABCS AND 123S
- O GENERAL EDUCATION DIPLOMA
- 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.

| | GRANTS | EXPENSES |
|-------------------------------|----------|------------|
| TO FORM 990, PART III, LINE C | 229,152. | 1,691,685. |

DESCRIPTION OF PROGRAM SERVICE FOUR

D. PROGRAMS AND SUPPORT FOR MILITARY CHILDREN
 THE CHILDREN OF DEPLOYED PARENTS ARE THE ONES WHO SUFFER MOST; CONFUSION, LONELINESS, AND DEPRESSION ARE COMMON. ASYMCA PROGRAMS EDUCATE, ENTERTAIN, STIMULATE, AND COMFORT YOUNG MINDS, HELPING THEM UNDERSTAND AND COPE WITH THE ABSENCE OF THEIR PARENT. ASYMCA HAS SEVERAL LOCAL AND NATIONAL PROGRAMS FOR MILITARY CHILDREN, INCLUDING:

- O SUMMER DAY CAMPS
- O MILITARY CHILDREN'S FAIR
- O TEEN PROGRAMS
- O KIDS ZONE PARTIES
- O LATE NIGHT RECREATIONAL ACTIVITIES
- O AFTER SCHOOL ENRICHMENT
- O CHESS/GAME TOURNAMENTS
- O HEALTHY KIDS DAY
- O KIDS IN ACTION
- O SUPPORT GROUP FOR SIBLINGS OF SPECIAL NEEDS CHILDREN
- O KIDS OLYMPICS
- O Y ON WHEELS

TO FORM 990, PART III, LINE D

| GRANTS | EXPENSES |
|----------|------------|
| 392,663. | 3,268,605. |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 12
PART III

EXPLANATION

THE ARMED SERVICES YMCA (ASYMCA), A NON-PROFIT 501(C)(3) ORGANIZATION, IS A NATIONAL MEMBER ASSOCIATION OF THE YMCA OF THE USA AND WORKS WITH THE DEPARTMENT OF DEFENSE. HEADQUARTERED IN ALEXANDRIA, VIRGINIA. THE ASYMCA HAS PROVIDED SUPPORT SERVICES TO MILITARY SERVICE MEMBERS AND THEIR FAMILIES FOR MORE THAN 140 YEARS, PARTICULARLY FOCUSED ON JUNIOR-ENLISTED MEN AND WOMEN - THE INDIVIDUALS ON THE FRONT LINES DEFENDING OUR NATION AND THEIR FAMILIES. ASYMCA OPERATES AT 15 DEDICATED BRANCH LOCATIONS AND SEVEN AFFILIATED COMMUNITY YMCAS, AS WELL AS 10 DEPARTMENT OF DEFENSE/DEPARTMENT OF HOMELAND SECURITY AFFILIATES WORLDWIDE.

ASYMCA OFFERS ESSENTIAL PROGRAMS SUCH AS CHILDCARE, HOSPITAL ASSISTANCE, SPOUSE SUPPORT SERVICES, FOOD SERVICES, COMPUTER TRAINING CLASSES, HEALTH AND WELLNESS SERVICES, AND HOLIDAY MEALS, AMONG MANY OTHERS. IN 2007, THE ASYMCA SERVED MORE THAN 378,398 MILITARY FAMILY PARTICIPANTS.

| DESCRIPTION OF OTHER PROGRAM SERVICES | GRANTS AND ALLOCATIONS | EXPENSES |
|--|------------------------|----------|
| <p>E. OTHER PROGRAMS: MEDICAL AND HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS</p> <p>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:</p> <ul style="list-style-type: none"> O RECREATION THERAPY O VOLUNTEERS IN PEDIATRICS | 2,347. | 780,235. |
| <ul style="list-style-type: none"> O INFANT IMMUNIZATION FOLLOW-UP O CHILDREN'S PRE-OPERATING PROGRAM O NEONATAL INTENSIVE CARE REUNION O SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS O HEALING HEARTS O AQUACISE (AQUATICS PROGRAM) O BREAST CANCER AWARENESS GROUP O ACTIVE DUTY PREGNANCY CLASSES O RESPITE CARE O CPR TRAINING/FIRST AID | | |
| <ul style="list-style-type: none"> O DISCOUNT VISION SERVICE/FREE EYE EXAMS <p>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:</p> <ul style="list-style-type: none"> O DANCE CLASSES O TAE KWON DO O PILATES/YOGA O WALKING GROUPS O SELF-WORTH WORKSHOPS O NUTRITION PROGRAM O HEALTHY LIFESTYLES CLASSES O YOUTH SPORTS, CAMPS, AND AQUATICS | | |

O GOLF TOURNAMENTS
 O 10K RACES
 O CERTIFIED AEROBICS CLASSES
 O 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.

USE BASE FITNESS EQUIPMENT OR ATTEND YOGA CLASSES.
 OTHER LOCAL BRANCH PROGRAMS INCLUDE:
 O DANCE CLASSES
 O TAE KWON DO
 O PILATES/YOGA
 O WALKING GROUPS
 O SELF-WORTH WORKSHOPS
 O NUTRITION PROGRAM
 O HEALTHY LIFESTYLES CLASSES

O YOUTH SPORTS, CAMPS, AND AQUATICS
 O GOLF TOURNAMENTS
 O 10K RACES
 O CERTIFIED AEROBICS CLASSES
 O 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.

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.

TOTAL TO FORM 990, PART III, LINE E

| | |
|--------|----------|
| 2,347. | 780,235. |
|--------|----------|

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|--|------------------------|-----------------------------|-------------------|
| OFFICE FURNITURE AND FIXTURES | 2,446,080. | 2,046,525. | 399,555. |
| AUTOMOBILES | 1,861,579. | 678,204. | 1,183,375. |
| LEASEHOLD IMPROVEMENTS | 493,525. | 357,813. | 135,712. |
| BUILDINGS AND IMPROVEMENTS | 11,635,527. | 6,370,084. | 5,265,443. |
| CONSTRUCTION IN PROGRESS | 24,657. | 0. | 24,657. |
| LAND | 2,226,808. | 0. | 2,226,808. |
| TOTAL TO FORM 990, PART IV, LN 57 | 18,688,176. | 9,452,626. | 9,235,550. |

FORM 990

MORTGAGES PAYABLE

STATEMENT 15

DESCRIPTION

BALANCE DUE

CITY OF COPPERAS COVE, TX

59,200.

CITY OF KILEEN, TX

35,013.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

94,213.

FORM 990

OTHER LIABILITIES

STATEMENT 16

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|---|----------------------|-------------|
| DEPOSITS ON SALE OF BUILDING | 276,035. | 358,334. |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B | 276,035. | 358,334. |

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 17

| SECURITY DESCRIPTION | COST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES |
|---|----------|------------------|-----------------|----------------------------------|----------------------------|
| MUTUAL AND MONEY MARKET FUNDS | FMV | | | 2,597,663. | 2,597,663. |
| BONDS | FMV | | | 2,306,429. | 2,306,429. |
| INVESTMENTS HELD BY COMMUNITY FOUNDATIONS | FMV | | | 282,576. | 282,576. |
| POOLED INVESTMENTS | FMV | | | 10052476. | 10052476. |
| TO FORM 990, LINE 54A, COL B | | | | 15239144. | 15239144. |

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 18

| DESCRIPTION | AMOUNT |
|------------------------------|----------|
| SPECIAL EVENT EXPENSE | 210,992. |
| COST OF GOODS SOLD | 4,029. |
| TOTAL TO FORM 990, PART IV-B | 215,021. |

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 19

| DESCRIPTION | AMOUNT |
|------------------------------|-----------|
| SPECIAL EVENT EXPENSE | -210,992. |
| COST OF GOODS SOLD | -4,029. |
| TOTAL TO FORM 990, PART IV-A | -215,021. |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 20
TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|------------------------------------|-------------------|---------------------------------|--------------------|
| EUGENE E. HABIGER, GEN, USAF (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | CHAIRMAN OF THE BOARD 3.00 | 0. | 0. | 0. |
| NORBERT R. RYAN, JR., VADM, USN (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | VICE CHAIRMAN OF THE BOARD 3.00 | 0. | 0. | 0. |
| ROBERT F. LONDON 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | SECRETARY OF THE BOARD 3.00 | 0. | 0. | 0. |
| JOHN C. ROOTS, COL, USMCR (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | TREASURER OF THE BOARD 3.00 | 0. | 0. | 0. |
| MICHAEL C. BAKER, MCPO, USN (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| G. KENT BANKUS 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| FRANK S. BOWMAN, ADM, USN (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| SCOTT CELLEY 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| HONORABLE MAUREEN CRAGIN 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| CUTLER DAWSON, VADM, USN (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |

| | | | | |
|--|----------------------|----|----|----|
| HONORABLE RUDY DE LEON 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| LES FRAZEE 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| CINDY GAINEY 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| DONALD INFANTE, MG, USA (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| DONALD W. JONES, LTG, USA (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| VERNON B. LEWIS, MG, USA (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JOHN J. MAZACH, VADM, USN (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JAMES MELLOR 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| RODERICK "ROCKY" MITCHELL 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| CATHY MORRIS 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| KENDELL PEASE, RADM, USN (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| HONORABLE ANTHONY PRINCIPI 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JOHN G. REBELO, JR. 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |

ARMED SERVICES YMCA OF THE USA GROUP RET

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| | | | | |
|--|-------------------------------------|-----------------|----------------|-----------|
| HONORABLE JOE R. REEDER 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| NORMAN T. SAUNDERS, RADM, USCG (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| SUE MANDRY-SCHWARTZ 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JAN VAN PROOYEN, MG, USA (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| GREG VERONE 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| JOSEPH J. WENT, GENERAL, USMC (RET) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| S. FRANK GALLO, RADM, USN (RET.) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | NATIONAL EXEC. DIRECTOR 37.50 | 242,500. | 28,014. | 0. |
| MICHAEL J. LANDERS, CAPT, USN (RET.) 6359 WALKER LANE, SUITE 200 ALEXANDRIA, VA 22310 | DEPUTY NATIONAL EXEC. DIR. 37.50 | 155,200. | 19,439. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | <u>397,700.</u> | <u>47,453.</u> | <u>0.</u> |

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 21

| LINE | EXPLANATION OF RELATIONSHIP OF ACTIVITIES |
|------|--|
| 93A | FEEES FOR VARIOUS PROGRAMS, DESCRIBED IN PART III, PROVIDED TO MILITARY PERSONNEL AND DEPENDENTS. |
| 93B | FEEES FROM PROVIDING SUBSIDIZED RESIDENCE ROOMS TO MILITARY PERSONNEL AND DEPENDENTS. |
| 93G | CONTRACTS TO PROVIDE LOW-COST AND FREE SOCIAL SERVICES PROGRAMS |
| 94 | THE MEMBERSHIP FEEES ARE RECEIVED AT OUR BREMERTON, WA ASYMCA. THIS FACILITY SERVES BOTH COMMUNITY NON-MILITARY AND MILITARY PERSONNEL. YMCA MEMBERSHIP FEEES ALLOW THE PROVISION OF LOW COST SERVICES TO THE COMMUNITY. |

| SCHEDULE A | OTHER INCOME | | | STATEMENT 22 |
|------------------------------|----------------|----------------|----------------|----------------|
| DESCRIPTION | 2006 AMOUNT | 2005 AMOUNT | 2004 AMOUNT | 2003 AMOUNT |
| OTHER INCOME | 28,983. | 39,712. | 0. | 76,904. |
| TOTAL TO SCHEDULE A, LINE 22 | <u>28,983.</u> | <u>39,712.</u> | <u>0.</u> | <u>76,904.</u> |