

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)

2008

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 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ARMED SERVICES YMCA OF THE USA		D Employer identification number 91-1883466
		GROUP RETURN		E Telephone number 703-313-9600
		Doing Business As		G Gross receipts \$ 23,464,489.
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6359 WALKER LANE 200		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22310		H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
F Name and address of principal officer: S. FRANK GALLO		If "No," attach a list. (see instructions)		
SAME AS C ABOVE		H(c) Group exemption number ▶ 9372		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.ASYMCA.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH VARIOUS PROGRAMS-SEE SCH O FOR CONTINUATION(S)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of employees (Part V, line 2a)	5	968
	6 Total number of volunteers (estimate if necessary)	6	1653
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	54,013.
b Net unrelated business taxable income from Form 990-T, line 34	7b	47,711.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,318,641.	Current Year 10,381,208.
	9 Program service revenue (Part VIII, line 2g)	6,708,851.	6,450,258.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	649,336.	696,517.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,913,882.	1,969,755.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,590,710.	19,497,738.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	948,716.	1,668,077.
	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)	8,478,113.	10,113,437.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 716,110.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,380,033.	6,826,280.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,806,862.	18,607,794.	
19 Revenue less expenses. Subtract line 18 from line 12	1,783,848.	889,944.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 30,866,137.	End of Year 28,895,039.
	21 Total liabilities (Part X, line 26)	1,479,108.	2,467,852.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,387,029.	26,427,187.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **S. FRANK GALLO, NATIONAL EXEC. 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 identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶		Phone no. ▶
RSM MCGLADREY, INC.			703-336-6400
8000 TOWERS CRESCENT DR. STE 500			
VIENNA, VA 22182-6205			

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

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Part III Statement of Program Service Accomplishments (see instructions)

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 IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE
THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS PROGRAMS AND
SERVICES FOR MILITARY PERSONNEL, BOTH SINGLE AND MARRIED AND THEIR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the 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 \$ 6,638,394. including grants of \$ 671,984.) (Revenue \$ 1,846,436.)
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:

- | | |
|--|---|
| <input type="checkbox"/> EMERGENCY FOOD SUPPLIES | <input type="checkbox"/> YOUNG FAMILY SUPPORT |
| <input type="checkbox"/> FAMILY UNITY | <input type="checkbox"/> MOM AND TOTS TIME |
| <input type="checkbox"/> SHARING CARING MOMS | <input type="checkbox"/> FAMILY GRAMS |
| <input type="checkbox"/> DADDY & ME/MOMMY & ME | <input type="checkbox"/> FOOD FOR FAMILIES |
| <input type="checkbox"/> FAMILY ABUSE SHELTER | <input type="checkbox"/> CHILD ABUSE PREVENTION |
| <input type="checkbox"/> PARENTING WORKSHOPS | <input type="checkbox"/> INFANT CAR SEAT LOAN |

4b (Code:) (Expenses \$ 5,666,922. including grants of \$ 573,645.) (Revenue \$ 1,576,226.)
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 \$ 2,104,856. including grants of \$ 213,068.) (Revenue \$ 585,455.)
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:

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,970,217. including grants of \$ 180,288.) (Revenue \$ 495,385.)

4e **Total program service expenses** ▶ \$ 16,380,389. (Must equal Part IX, Line 25, column (B).)

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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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	66	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	968	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter: N/A			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AK, CA, HI, IL, KY, MO, NC, OK, TX, VA, WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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, 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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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					0.	0.	0.	
VERNON CLARK, ADM, USN, VICE CHAIRMAN OF THE BOA	3.00	X					0.	0.	0.	
MAUREEN CRAGIN SECRETARY OF THE BOARD	3.00	X					0.	0.	0.	
JOHN C. ROOTS, COL, USMC TREASURER OF THE BOARD	3.00	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.	

**ARMED SERVICES YMCA OF THE USA
GROUP RETURN**

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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.	
1b Total							494,716.	0.	54,541.	

2 Total number of individuals (including those in 1a) 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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DITTUS COMMUNICATIONS 1150 17TH ST. NW, WASHINGTON, DC 20036	PUBLIC RELATIONS	117,108.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

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

Form **990** (2008)

**ARMED SERVICES YMCA OF THE USA
GROUP RETURN**

Form 990 (2008)

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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				
	b Membership dues	1b 1,046,467.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,334,741.				
	g Noncash contributions included in lines 1a-1f: \$	1,523,820.				
	h Total. Add lines 1a-1f	▶ 10,381,208.				
	Program Service Revenue	2 a <u>PROGRAM SERVICE FEES</u>	Business Code 4503503.	4503503.		
		b <u>FEES & CONTRACTS FROM</u>	1256979.	1256979.		
c <u>RESIDENCE & RELATED SE</u>		689,776.	689,776.			
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 6450258.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 232,122.			232,122.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real	(ii) Personal			
		1,374,374.				
		b Less: rental expenses				
	c Rental income or (loss)	1,374,374.				
	d Net rental income or (loss)	▶ 1374374.			1,374,374.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		4,115,944.				
		b Less: cost or other basis and sales expenses	3,651,508.	41.		
		c Gain or (loss)	464436.	-41.		
	d Net gain or (loss)	▶ 464,395.			464,395.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 600678.				
		b Less: direct expenses	b 187930.			
		c Net income or (loss) from fundraising events	▶ 412,748.			412,748.
	9 a Gross income from gaming activities. See Part IV, line 19	a 106805.				
b Less: direct expenses		b 52,792.				
c Net income or (loss) from gaming activities		▶ 54,013.		54,013.		
10 a Gross sales of inventory, less returns and allowances	a 146430.					
	b Less: cost of goods sold	b 74,480.				
	c Net income or (loss) from sales of inventory	▶ 71,950.			71,950.	
Miscellaneous Revenue		Business Code				
11 a <u>OTHER INCOME</u>		56,670.			56,670.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 56,670.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶ 19,497,738.	6450258.	54,013.	2,612,259.		

**ARMED SERVICES YMCA OF THE USA
GROUP RETURN**

Form 990 (2008)

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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	1,668,077.	1,668,077.		
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	537,253.	333,163.	140,356.	63,734.
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	8,063,379.	7,140,796.	670,175.	252,408.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	525,155.	411,811.	92,337.	21,007.
9 Other employee benefits	185,873.	169,714.	9,959.	6,200.
10 Payroll taxes	801,777.	712,441.	61,171.	28,165.
11 Fees for services (non-employees):				
a Management				
b Legal	4,241.	1,390.	2,851.	
c Accounting	45,689.	12,354.	29,115.	4,220.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,453.		32,453.	
g Other	871,114.	619,162.	26,023.	225,929.
12 Advertising and promotion	210,294.	193,437.	7,960.	8,897.
13 Office expenses	2,166,327.	2,017,531.	106,360.	42,436.
14 Information technology	65,329.	54,355.	7,290.	3,684.
15 Royalties				
16 Occupancy	769,934.	687,618.	65,325.	16,991.
17 Travel	182,048.	132,707.	43,973.	5,368.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	185,510.	165,200.	18,416.	1,894.
20 Interest	44,368.	30,087.	14,281.	
21 Payments to affiliates	128,583.	128,583.		
22 Depreciation, depletion, and amortization	1,110,423.	958,881.	134,233.	17,309.
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 RENTALS, REPAIRS & MAIN	471,389.	428,948.	31,267.	11,174.
b APPRECIATIONS & GIFTS	289,283.	278,135.	8,640.	2,508.
c AWARDS	117,338.	115,691.	150.	1,497.
d STAFF TRAINING	87,869.	83,309.	3,134.	1,426.
e MEMBERSHIP DUES	27,167.	20,141.	5,763.	1,263.
f All other expenses	16,921.	16,858.	63.	
25 Total functional expenses. Add lines 1 through 24f	18,607,794.	16,380,389.	1,511,295.	716,110.
26 Joint Costs. 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 ...				

**ARMED SERVICES YMCA OF THE USA
GROUP RETURN**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,831,608.	1	2,734,290.	
	2 Savings and temporary cash investments	1,852,224.	2	1,811,883.	
	3 Pledges and grants receivable, net	322,385.	3	718,541.	
	4 Accounts receivable, net	67,492.	4	359,477.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	16,556.	8	11,665.	
	9 Prepaid expenses and deferred charges	536,867.	9	495,637.	
	10a Land, buildings, and equipment: cost basis ...	19,146,885.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10,556,041.	9,235,550.	10c	8,590,844.
	11 Investments - publicly traded securities	15,239,144.	11	11,988,395.	
	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	1,764,311.	15	2,184,307.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,866,137.	16	28,895,039.		
Liabilities	17 Accounts payable and accrued expenses	983,312.	17	1,335,644.	
	18 Grants payable		18		
	19 Deferred revenue	43,249.	19	636,373.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow 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	94,213.	23	52,000.	
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	358,334.	25	443,835.	
	26 Total liabilities. Add lines 17 through 25	1,479,108.	26	2,467,852.	
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	28,210,652.	27	25,128,262.	
	28 Temporarily restricted net assets	904,470.	28	1,013,060.	
	29 Permanently restricted net assets	271,907.	29	285,865.	
	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 Total net assets or fund balances	29,387,029.	33	26,427,187.		
34 Total liabilities and net assets/fund balances	30,866,137.	34	28,895,039.		

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,342,390.	8,839,699.	9,243,989.	10,198,625.	9,985,052.	45,609,755.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	7,342,390.	8,839,699.	9,243,989.	10,198,625.	9,985,052.	45,609,755.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						774,828.
6 Public Support. Subtract line 5 from line 4.						44,834,927.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7,342,390.	8,839,699.	9,243,989.	10,198,625.	9,985,052.	45,609,755.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,145,615.	1,373,368.	1,564,826.	1,578,971.	1,606,496.	8,269,276.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		39,712.	28,983.	54,226.	56,670.	179,591.
11 Total support. Add lines 7 through 10						54,058,622.
12 Gross receipts from related activities, etc. (see instructions)					12	32,629,582.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	82.94 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	83.62 %
16a 33 1/3% support test - 2008. 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 33 1/3% support test - 2007. 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"/>
17a 10% -facts-and-circumstances test - 2008. 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 10% -facts-and-circumstances test - 2007. 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"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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, and 990-PF.

OMB No. 1545-0047

2008

Name of the 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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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		\$ 476,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 300,000.	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.)
4		\$ 479,191.	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.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

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

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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 ▶ \$ _____

**ARMED SERVICES YMCA OF THE USA
GROUP RETURN**

Schedule D (Form 990) 2008

91-1883466 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,497,738.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,607,794.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	889,944.
4	Net unrealized gains (losses) on investments	4	-3,852,730.
5	Donated services and use of facilities	5	2,944.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-3,849,786.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,959,842.

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

1	Total revenue, gains, and other support per audited financial statements	1	20,872,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,852,730.
b	Donated services and use of facilities	2b	4,911,952.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,059,222.
3	Subtract line 2e from line 1	3	19,812,941.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-315,203.
c	Add lines 4a and 4b	4c	-315,203.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	19,497,738.

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

1	Total expenses and losses per audited financial statements	1	23,832,005.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,909,008.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	315,203.
e	Add lines 2a through 2d	2e	5,224,211.
3	Subtract line 2e from line 1	3	18,607,794.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	18,607,794.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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.

ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Part XIV Supplemental Information *(continued)*

PART XII, 4B: SPECIAL EVENT EXPENSE: 240,723; COST OF GOODS SOLD: 74,480

PART XIII, 2D: SPECIAL EVENT EXPENSE: 240,723; COST OF GOODS SOLD: 74,480

ARMED SERVICES YMCA OF THE USA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	MUD RUN (event type)	NONE (total number)		
Revenue	1	Gross receipts	307,525.	293,153.		600,678.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	307,525.	293,153.		600,678.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	123,137.	64,793.		187,930.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(187,930.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				412,748.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue	106,805.		106,805.	
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		52,792.		52,792.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(52,792.)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				54,013.

9 Enter the state(s) in which the organization operates gaming activities: AK

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► WENDY PRIEST

Address ► P.O. BOX 6272 - ELMENDORF AFB, AK 99506

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

	Yes	No
13a		
13b		
14		
15a		X
15b		
16		
17a	X	

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► DAVE GOMEZ

Gaming manager compensation ► \$ _____

Description of services provided ► CHARITABLE GAMING PULLTABS

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 106,805.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

**Employer identification number
91-1883466**

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" on 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
ARMED SERVICES YMCA OF ALASKA P.O. BOX 6272 ELMENDORF AFB, AK 99506	92-0016680		36,300.	0.	BOOK		
AUGUSTA SOUTH FAMILY Y ARMED SERVICES - 2215 TOBACCO ROAD - AUGUSTA, GA 30906	58-0566254		89,750.	0.	BOOK		
BEALE AFB 9SVS/SVYY, 6249 C STREET BEALE AFB, CA 95903	94-1518880		57,008.	0.	BOOK		
CAMP PENDELTON ASYMCA BOX 555028, BUILDING 16144 CAMP PENDLETON, CA 92055	95-2486118		78,593.	0.	BOOK		
EL CAMINO YMCA 2400 GENG ROAD, SUITE 120 PALO ALTO, CA 94303	94-1156318		47,100.	0.	BOOK		
EL PASO ASYMCA 7060 COMINGTON ST EL PASO, TX 79930	74-1146782		23,500.	0.	BOOK		

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

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

Schedule I (Form 990) 2008

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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.

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

**Employer identification number
91-1883466**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FORT BRAGG/POPE AFB ASYMCA 208 THORNCLIFF DRIVE FAYETTEVILLE, NC 28303	56-2159770		36,450.	0.	BOOK		
FORT LEE SCHOOL AGE PROGRAM 1100 LEE AVENUE FT LEE, VA 23801	03-0573899		22,145.	0.	BOOK		
FT BELVOIR HERO 5970 MEERS ROAD, SLDG 1700 FT BELVOIR, VA 22060	36-3274346		5,986.	0.	BOOK		
FT BENNING GA, MWR IMWR, PO BOX 51996, FT BENNING, GA 31905	58-1076275		16,500.	0.	BOOK		
FT. HUACHUCA SCHOOL AGE PROGRAM SCHOOLAGE PROGRAM, CENTRAL ADM. OFFI FT HUACHUCA, AZ 85670	86-0101982		11,704.	0.	BOOK		
HAMPTON ROADS REGIONAL ASYMCA 1465 LAKESIDE ROAD VIRGINIA BEACH, VA 23455	54-0525308		30,030.	0.	BOOK		
HONOLULU ASYMCA P.O. BOX 29333 HONOLULU, HI 96820	99-0075037		36,965.	0.	BOOK		
JUNCTION CITY FAMILY YMCA P.O. BOX 113 JUNCTION CITY, KS 66441	48-0677789		233,821.	0.	BOOK		

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

**Employer identification number
91-1883466**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KILLEEN ASYMCA 415 N. 8TH ST KILLEEN, TX 76541	74-1902832		24,748.	0.	BOOK		
KINGS COUNTY YMCA OF HANFORD 1010 W. GRANGEVILLE BLVD. HANFORD, CA 93230	94-1218314		51,808.	0.	BOOK		
KITSAP FAM YMCA 60 MAGNUSON WAY BREMERTON, WA 98310	91-0573110		22,525.	0.	BOOK		
LAWTON ASYMCA 201 SOUTH 4TH STREET LAWTON, OK 73501	73-0583931		19,520.	0.	BOOK		
LIBERTY COUNTY ARMED SERVICES YMCA 201 MARY LOU DRIVE HINESVILLE, GA 31313	58-0603160		95,020.	0.	BOOK		
MAINE NATIONAL GUARD DVEM, STATE HOUSE STATION #33, CAMP AUGUSTA, ME 04333	01-0450803		31,580.	0.	BOOK		
SAN DIEGO ASYMCA 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700		46,131.	0.	BOOK		
TRAVIS HERO 60 MSS/DPF, FAMILY SUPPORT CENTER, 351 TRAVIS AVE., STE 1 - TRAVIS AFB, CA 9453	36-3274346		70,568.	0.	BOOK		

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

**Employer identification number
91-1883466**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TWENTYNINE PALMS ASYMCA P.O. BOX 6002, BUILDING 696 TWENTYNINE PALMS, CA 92278	91-1883458		38,475.	0.	BOOK		
WATERTOWN FAMILY YMCA 119 WASHINGTON ST WATERTOWN, NY 13601	15-0559207		121,868.	0.	BOOK		
WHIDBEY ISLAND ASYMCA 540 SOUTH EAST PIONEER WAY OAK HARBOR, WA 98277	91-0568715		4,555.	0.	BOOK		
YMCA CAMP OF ST. CROIX 532 COUNTY ROAD F HUDSON, WI 54016	41-0693932		22,372.	0.	BOOK		
YMCA OF GREATER OKLAHOMA 500 NORTH BROADWAY, SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270		26,328.	0.	BOOK		
YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVENUE EVERETT, WA 98201	91-0565561		98,490.	0.	BOOK		
YMCA OF THE EAST BAY 2330 BROADWAY OAKLAND, CA 96412	94-1156317		69,342.	0.	BOOK		
YMCA OF THE PIKES PEAK REGION 2190 JET WING DRIVE COLORADO SPRINGS, CO 80916	84-0404266		113,399.	0.	BOOK		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

**Employer identification number
91-1883466**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 65364	86-0096799		31,320.	0.	BOOK		
SAN JUAN, MWR PUERTO RICO US COAST GUARD, STE 161, 500 CARR BAYAMON, PR 00959	54-6010204		10,409.	0.	BOOK		
KADENA STORKS NEST PSC 559 BOX 6895 FPO, AP 96377	36-3274346		43,767.	0.	BOOK		

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

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 line 1a is 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:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

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

Schedule J (Form 990) 2008

**ARMED SERVICES YMCA OF THE USA
GROUP RETURN**

91-1883466

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
S. FRANK GALLO, RADM, US	(i)	215,875.	35,000.	0.	27,125.	1,239.	279,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J. LANDERS, CAPT	(i)	133,000.	30,000.	0.	16,598.	758.	180,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

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

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

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ASYMCA IS THE CONTRACTOR FOR A DEPARTMENT OF DEFENSE INITIATIVE TO SUPPORT MILITARY FAMILY READINESS AND TO ENSURE THAT FAMILY READINESS PROGRAMS AND ACTIVITIES ARE AVAILABLE TO ALL ACTIVE DUTY MILITARY FAMILIES, INCLUDING MEMBERS OF THE GUARD AND RESERVE COMPONENTS. THESE PROGRAMS ARE KEY TO PERSONAL HEALTH AND WELL-BEING, TO HELP BUILD STRONG FAMILIES AND REDUCE STRESS AND DEPRESSION. FAMILY PROGRAMMING REDUCES THE ISOLATION, LONLINESS AND ALIENATION OFTEN FELT BY THESE FAMILIES SEPERATED FROM THE MILITARY COMMUNITY. THESE HEALTH AND WELLNESS PROGRAMS ARE DELIVERED THROUGH THE NETWORK OF COMMUNITY YMCA'S ACROSS THE NATION.

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

O MOTHER/DAUGHTER TEA

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

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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

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.

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

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:

SUMMER DAY CAMPS

MILITARY CHILDREN'S FAIR

TEEN PROGRAMS

KIDS ZONE PARTIES

LATE NIGHT RECREATIONAL ACTIVITIES

AFTER SCHOOL ENRICHMENT

CHESS/GAME TOURNAMENTS

HEALTHY KIDS DAY

KIDS IN ACTION

SUPPORT GROUP FOR SIBLINGS OF SPECIAL NEEDS CHILDREN

KIDS OLYMPICS

Y ON WHEELS

EXPENSES \$ 647648. INCLUDING GRANTS OF \$ 65559. REVENUE \$ 180140.

E. OTHER PROGRAMS: MEDICAL AND HEALTH CARE ASSISTANCE, RECREATIONAL,

RESIDENCE AND AWARDS

ASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO

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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:

- 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

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

BRANCH PROGRAMS INCLUDE:

DANCE CLASSES

TAE KWON DO

PILATES/YOGA

WALKING GROUPS

SELF-WORTH WORKSHOPS

NUTRITION PROGRAM

HEALTHY LIFESTYLES CLASSES

YOUTH SPORTS, CAMPS, AND AQUATICS

GOLF TOURNAMENTS

10K RACES

CERTIFIED AEROBICS CLASSES

ALL SERVICES ENLISTED BASEBALL

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. 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.

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EXPENSES \$ 1322569. INCLUDING GRANTS OF \$ 114729. REVENUE \$ 315245.

FORM 990, PART VI, SECTION A, LINE 10: THE IRS 990 IS REVIEWED AT THE MAY NATIONAL BOARD MEETING EACH YEAR. THE COMPLETED 990 IS REVIEWED BY THE COMPENSATION COMMITTEE AND THE AUDIT COMMITTEE BEFORE IT IS SIGNED BY THE CEO. IN THE PAST THE COMMITTEES HAVE ENSURED THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSE, EXECUTIVE COMPENSATION AND MISSION ACCOMPLISHMENT. THE COMMITTEE HAS BEEN CONCERNED THAT THE STATED FUNCTIONAL EXPENSES AGREE ON BOTH DOCUMENTS, THAT THE STATED EXECUTIVE COMPENSATION IS PROPERLY RECORDED, AND THAT THE MISSION DESCRIPTIONS AND EXPENSES HAVE BEEN CONSISTENT WITH THE ORGANIZATIONAL MISSION. THIS YEAR THEY WILL SPECIFICALLY FOCUS ON THOSE AREAS AS WELL AS THE NEW GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 TO ENSURE THEY ARE ALL PROPERLY DOCUMENTED. THIS DOCUMENT IS MADE AVAILABLE TO THE ENTIRE NATIONAL 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) ALSO COMPLETE THE CONFLICT OF INTEREST FORMS. THE EXECUTIVE DIRECTORS OF EACH ASYMCA BRANCH ALSO COMPLETE

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A NEW FORM EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15: THE COO GATHERS ALL COMPARABILITY DATA FROM THE YMCA OF THE USA AND OUTSIDE NON-PROFIT ORGANIZATIONS OF LIKED SIZE AND SCOPE.

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

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

THE COMPENSATION COMMITTEE MEETS IN NOVEMBER EACH YEAR TO REVIEW THE EVALUATIONS, THE COMPENSATION COMPARABILITY DATA AND THEY MAKE THE DETERMINATION THAT THE RECOMMENDED COMPENSATION IS NOT EXCESSIVE. THEY MEET WITHOUT STAFF PRESENT AND KEEP A SET OF COMMITTEE MINUTES TO REVIEW WITH THE ENTIRE BOARD OF DIRECTORS. ALL COMMITTEE AND BOARD MEMBERS ARE INDEPENDENT.

THE COMPENSATION COMMITTEE MAKES THEIR REPORT TO THE ENTIRE BOARD AND THE BOARD OF DIRECTORS VOTES ON THE EXECUTIVE COMPENSATION PACKAGE AFTER THE

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DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE.

FOR THE COO AND CFO: THE EXECUTIVE DIRECTOR PREPARES THE COMPENSATION PACKAGES FOR THE COMPENSATION COMMITTEE AND THEY CONCUR IN HIS RECOMMENDATION FOR THE COMPENSATION OF THE COO AND THE CFO. 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: THROUGH OUR WEBSITE
HTTP:WWW.ASYMCA.ORG

PROCESS HAS NOT BEEN CHANGED FROM PREVIOUS YEAR.

FORM 990, PART I, LINE 6

THE YMCA OF THE USA HAS AN ANNUAL REPORT REQUIREMENT WHEREBY EVERY BRANCH ASSOCIATION REPORTS THE NUMBER OF VOLUNTEERS AND VOLUNTEER HOURS WORKED. THEY COMPILE THESE LISTS OVER THE COURSE OF THE YEAR BY ACTUAL ATTENDANCE RECORDS INDICATING NAME AND NUMBER OF HOURS OF VOLUNTEER SERVICE. THE 1,653 VOLUNTEERS DONATED 86,480 HOURS OF SERVICE TO THE ARMED SERVICES YMCA IN 2008.