

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. C Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN Doing Business As	D Employer identification number 91-1883466
	See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6359 WALKER LANE 200	E Telephone number 703-313-9600
	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22310	G Gross receipts \$ 16,988,442.
	F Name and address of principal officer: S. FRANK GALLO SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 9372

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

J Website: ▶ WWW.ASYMCA.ORG

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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE ARMED SERVICES YMCA OF THE USA- SEE SCH. O FOR CONTINUATION</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	251
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	251
	5 Total number of employees (Part V, line 2a)	5	1012
	6 Total number of volunteers (estimate if necessary)	6	9385
	7a Total gross unrelated business revenue from Part VIII, column (C), line 7a	7a	26,737.
7b Net unrelated business taxable income from Form 990-T, line 14	7b	23,163.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,381,208.	8,249,804.
	9 Program service revenue (Part VIII, line 2g)	6,450,258.	6,372,156.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	696,517.	78,970.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,969,755.	1,778,384.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,497,738.	16,479,314.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	10,113,437.	9,659,234.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 638,325.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,826,280.	7,007,212.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,607,794.	16,666,446.	
19 Revenue less expenses. Subtract line 18 from line 12	889,944.	-187,132.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	28,895,039.	15,266,771.
	21 Total liabilities (Part X, line 26)	2,467,852.	2,238,906.
	22 Net assets or fund balances. Subtract line 21 from line 20	26,427,187.	13,027,865.

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: S. FRANK GALLO, NATIONAL EXEC. DIRECTOR Date: _____
 Type or print name and title

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE MISSION OF THE ARMED SERVICES YMCA OF THE USA ON BEHALF OF THE NATIONAL COUNCIL OF 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 [x] No If "Yes," describe these new services on Schedule O.

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

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 6,134,563, including grants of \$) (Revenue \$ 1,877,158.)

A. PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES & FAMILIES:

ASYMCA PROGRAMS AIM TO BRING FAMILIES CLOSER TOGETHER WHILE AT HOME AND ESPECIALLY DURING DEPLOYMENT. HEALTHY FAMILIES CONTRIBUTE SUBSTANTIALLY TO THE SUCCESS OF SERVICE MEMBERS AND THE ENTIRE MILITARY, PROVIDING CONFIDENCE AND PEACE OF MIND. HIGHLIGHTS OF LOCAL PROGRAMS INCLUDE:

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

4b (Code:) (Expenses \$ 5,380,027, including grants of \$) (Revenue \$ 1,642,513.)

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 \$ 2,305,726, including grants of \$) (Revenue \$ 703,934.)

C. EDUCATIONAL ASSISTANCE PROGRAMS

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,214,455, including grants of \$) (Revenue \$ 469,290.)

4e Total program service expenses \$ 15,034,771.

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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		x				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		x				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		x				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		x				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	x					
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	x					
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>						
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>						
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>						
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>						
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		x				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>x</td> <td></td> </tr> </table>	Yes	No	x		
Yes	No						
x							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		x				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		x				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		x				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		x				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		x				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		x				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	x					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	x					
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		x				

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	x	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		x
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		x
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		x
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		x
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		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>		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>		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>		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	x	

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 90		
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?	<input checked="" type="checkbox"/>	
	1c		
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 1012		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<input checked="" type="checkbox"/>	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
	3b		
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)?		<input checked="" type="checkbox"/>
	4a		
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.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<input checked="" type="checkbox"/>
	6a		
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	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:		
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:		
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	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
b	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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE J. LINGLE- ALTUS CHAIRMAN OF THE BOARD	25.00	X		X				0.	0.	0.
STEPHAN FRANCIS- ALTUS VICE CHAIRMAN OF THE BOA	25.00	X		X				0.	0.	0.
GLEN GOFORTH- ALTUS BOARD TREASURER	25.00	X		X				0.	0.	0.
GAIL DESNOYER- ALTUS BOARD SECRETARY	25.00	X		X				0.	0.	0.
DAVID HUEY- ALTUS BOARD DIRECTOR	25.00	X						0.	0.	0.
RANDY CUMBY- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
MATT LITSCH- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
NORM WEBER- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
KENTON MCKNIGHT- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
NANCY WALL- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
JOHN HORSCHLER- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
DARRYL KNOWLES- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
LINDA WOOD- ALTUS BOARD DIRECTOR	5.00	X						0.	0.	0.
JAMES D. MECHEM- ANCHORA CHAIRMAN OF THE BOARD	10.00	X		X				0.	0.	0.
JOHN PARROTT- ANCHORAGE FIRST VICE CHAIR	5.00	X		X				0.	0.	0.
LARRY SUTTERER- ANCHORAG SECOND VICE CHAIR	7.00	X		X				0.	0.	0.
BERNARD JACKSON- ANCHORA SECRETARY	5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
INGRID KARN- ANCHORAGE TREASURER	4.00	X		X				0.	0.	0.
RANDY BECKER- ANCHORAGE BOARD MEMBER	1.00	X						0.	0.	0.
NICK BRORSON- ANCHORAGE BOARD MEMBER	2.00	X						0.	0.	0.
JACK CROCKETT- ANCHORAGE BOARD MEMBER	4.00	X						0.	0.	0.
CANDI DIERENFIELD- ANCHO BOARD MEMBER	3.00	X						0.	0.	0.
BARBARA FULLMER- ANCHORA BOARD MEMBER	3.00	X						0.	0.	0.
MIKE LASHER- ANCHORAGE BOARD MEMBER	2.00	X						0.	0.	0.
ERIK LIND- ANCHORAGE BOARD MEMBER	3.00	X						0.	0.	0.
SUSAN MACK- ANCHORAGE BOARD MEMBER	3.00	X						0.	0.	0.
KEITH MANTERNACH- ANCHOR BOARD MEMBER	10.00	X						0.	0.	0.
1b Total								1,465,204.	0.	264,232.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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	432,005.					
	b	Membership dues	1,108,152.					
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	6,709,647.					
	g	Noncash contributions included in lines 1a-1f: \$	1,687,577.					
	h	Total. Add lines 1a-1f		8,249,804.				
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	900099	4,692,606.	4,692,606.		
		b	FEES & CONTRACTS FROM	900099	1,109,992.	1,109,992.		
c		RESIDENCE & RELATED SE	900099	569,558.	569,558.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		6,372,156.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		119,414.		119,414.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	1,268,715.				
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	1,268,715.			
	d	Net rental income or (loss)		1,268,715.		1,268,715.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	35,931.				
			(ii) Other	54,809.				
			b	Less: cost or other basis and sales expenses	81,400.	49,784.		
			c	Gain or (loss)	-45,469.	5,025.		
	d	Net gain or (loss)		-40,444.		-40,444.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	632,485.				
			b	Less: direct expenses	277,939.			
c			Net income or (loss) from fundraising events		354,546.		354,546.	
9 a	Gross income from gaming activities. See Part IV, line 19	a	71,495.					
		b	Less: direct expenses	44,758.				
		c	Net income or (loss) from gaming activities		26,737.	26,737.		
10 a	Gross sales of inventory, less returns and allowances	a	221,950.					
		b	Less: cost of goods sold	55,247.				
		c	Net income or (loss) from sales of inventory		166,703.		166,703.	
Miscellaneous Revenue		Business Code						
11 a	OTHER	900099	-38,317.			-38,317.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		-38,317.					
12	Total revenue. See instructions.		16,479,314.	6,372,156.	26,737.	1,830,617.		

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				
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	1,538,177.	922,906.	461,453.	153,818.
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	6,832,450.	6,585,718.	126,187.	120,545.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	345,230.	328,030.	12,435.	4,765.
9 Other employee benefits	135,320.	129,370.	3,121.	2,829.
10 Payroll taxes	808,057.	728,310.	49,893.	29,854.
11 Fees for services (non-employees):				
a Management				
b Legal	12,464.	4,773.	7,650.	41.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,595.		4,595.	
g Other	274,936.	186,089.	46,284.	42,563.
12 Advertising and promotion	28,473.	17,962.	8,472.	2,039.
13 Office expenses	3,780,301.	3,598,855.	86,450.	94,996.
14 Information technology	27,329.	24,363.	2,194.	772.
15 Royalties				
16 Occupancy	428,220.	408,605.	16,345.	3,270.
17 Travel	94,663.	79,037.	11,994.	3,632.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,095.	18,396.	7,744.	955.
20 Interest	49,587.	39,287.	10,300.	
21 Payments to affiliates	327,118.	316,110.	8,485.	2,523.
22 Depreciation, depletion, and amortization	999,803.	899,818.	84,106.	15,879.
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	386,310.	356,649.	25,995.	3,666.
b PROGRAM EVENTS	357,978.	204,466.	2,275.	151,237.
c GIFTS	120,505.	110,755.	9,455.	295.
d AWARDS & HONORARIA	38,308.	35,023.	0.	3,285.
e STAFF TRAINING	30,142.	27,868.	1,662.	612.
f All other expenses	19,385.	12,381.	6,255.	749.
25 Total functional expenses. Add lines 1 through 24f	16,666,446.	15,034,771.	993,350.	638,325.
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 ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,734,290.	1	3,783,580.
	2	Savings and temporary cash investments	1,811,883.	2	
	3	Pledges and grants receivable, net	718,541.	3	299,818.
	4	Accounts receivable, net	359,477.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	11,665.	8	14,338.
	9	Prepaid expenses and deferred charges	495,637.	9	7,123.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,092,388.		
	b	Less: accumulated depreciation	10b 11,029,524.	8,590,844.	10c 7,062,864.
	11	Investments - publicly traded securities	11,988,395.	11	1,580,162.
	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	2,184,307.	15	2,518,886.
16	Total assets. Add lines 1 through 15 (must equal line 34)	28,895,039.	16	15,266,771.	
Liabilities	17	Accounts payable and accrued expenses	1,335,644.	17	835,334.
	18	Grants payable		18	
	19	Deferred revenue	636,373.	19	101,081.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	52,000.	23	139,729.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	443,835.	25	1,162,762.
	26	Total liabilities. Add lines 17 through 25	2,467,852.	26	2,238,906.
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	25,128,262.	27	12,258,893.
	28	Temporarily restricted net assets	1,013,060.	28	465,401.
	29	Permanently restricted net assets	285,865.	29	303,571.
	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	26,427,187.	33	13,027,865.
34	Total liabilities and net assets/fund balances	28,895,039.	34	15,266,771.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,655,961.	7,148,490.	7,433,718.	8,702,647.	8,249,804.	41,190,620.
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 through 3	9,655,961.	7,148,490.	7,433,718.	8,702,647.	8,249,804.	41,190,620.
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)						
6 Public support. Subtract line 5 from line 4.						41,190,620.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,655,961.	7,148,490.	7,433,718.	8,702,647.	8,249,804.	41,190,620.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,203,518.	1,392,289.	1,366,034.	1,449,494.	1,388,129.	6,799,464.
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.)						
11 Total support. Add lines 7 through 10						47,990,084.
12 Gross receipts from related activities, etc. (see instructions)					12	29,095,274.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	85.83 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	82.94 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number 91-1883466

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for types of easements and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2 with dollar amounts.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	285,865.	271,907.			
b Contributions	17,706.	13,958.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	303,571.	285,865.			

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,184,808.		2,184,808.
b Buildings		12,057,205.	7,906,452.	4,150,753.
c Leasehold improvements		491,544.	410,146.	81,398.
d Equipment		835,880.	698,464.	137,416.
e Other		2,522,951.	2,014,462.	508,489.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,062,864.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	16,479,314.
2	Total expenses (Form 990, Part IX, column (A), line 25)	16,666,446.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-187,132.
4	Net unrealized gains (losses) on investments	253,294.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	-13,465,484.
9	Total adjustments (net). Add lines 4 through 8	-13,212,190.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-13,399,322.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	20,854,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	253,294.
b	Donated services and use of facilities	3,743,742.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	3,997,036.
3	Subtract line 2e from line 1	16,857,258.
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	
b	Other (Describe in Part XIV.)	-377,944.
c	Add lines 4a and 4b	-377,944.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	16,479,314.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	20,788,132.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	3,743,742.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	377,944.
e	Add lines 2a through 2d	4,121,686.
3	Subtract line 2e from line 1	16,666,446.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	16,666,446.

Part XIV Supplemental Information

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

PART V, LINE 4: THE PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS

CREATED ON BEHALF OF THE BRANCHES AND INVESTMENTS HELD BY LOCAL COMMUNITY

FOUNDATIONS. THESE ARE THE LAWTON COMMUNITY FOUNDATION, SAN DIEGO

FOUNDATION AND EL PASO COMMUNITY FOUNDATION. THE PURPOSE OF THESE

FOUNDATION IS TO ENSURE THE CONTINUED SOCIAL, RECREATIONAL, EDUCATIONAL

AND SPIRITUAL SERVICES TO TO MILITARY MEMBERS AND FAMILIES IN THE

RESPECTIVE AREAS/BRANCHES.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET ASSETS CHANGE AS A RESULT OF THE REMOVAL OF THE CENTRAL

ORGANIZATION: -13465484.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE: -277939.

COST OF GOODS SOLD: -55247.

EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES: -44758.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE: 277939.

COST OF GOODS SOLD: 55247.

EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES: 44758.

ASYMCA HEADQUARTERS IS NO LONGER BEING REPORTED ON THE ASYMCA GROUP RETURN

AS OF 2009. THE OTHER ADJUSTMENT AMOUNT OF \$13,465,484 REFLECTS THE

HEADQUARTERS' ACTIVITY REMOVED FROM THE PRESENTATION OF ACTIVITIES ON THE

2009 FORM 990.

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	270,293.	362,192.	632,485.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	270,293.	362,192.	632,485.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	148,852.	129,087.	277,939.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(277,939)
	11	Net income summary. Combine line 3, column (d), and line 10			354,546.

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	71,495.		71,495.
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		44,758.	44,758.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input 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)			(44,758)
	8	Net gaming income summary. Combine line 1, column (d), and line 7			26,737.

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 Enter 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?

15a	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 of the third party:

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?

17a	x
-----	---

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 71,495.

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

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

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

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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

(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			
GREG MILLER- ANCHORAGE BOARD MEMBER	3.00	X						0.	0.	0.
JIM WOLF- ANCHORAGE BOARD MEMBER	3.00	X						0.	0.	0.
PATRICK BOYLE- BREMERTON CHAIRMAN OF THE BOARD	4.00	X		X				0.	0.	0.
SAM BOSSERT- BREMERTON VICE CHAIRMAN OF THE BOA	2.00	X		X				0.	0.	0.
BILL WALGREN- BREMERTON VICE CHAIRMAN OF THE BOA	2.00	X		X				0.	0.	0.
LAURA LYON- BREMERTON BOARD TREASURER	1.00	X		X				0.	0.	0.
CYNTHIA ENGELGAU- BREMER BOARD SECRETARY	1.00	X		X				0.	0.	0.
MATT BERG- BREMERTON BOARD DIRECTOR	1.00	X						0.	0.	0.
AARON CAPPS- BREMERTON BOARD DIRECTOR	1.00	X						0.	0.	0.
TERRY HALVORSEN- BREMERT BOARD DIRECTOR	1.00	X						0.	0.	0.
CHARLES HENDERSON- BREME BOARD DIRECTOR	1.00	X						0.	0.	0.
CHRIS LEMKE- BREMERTON BOARD DIRECTOR	1.00	X						0.	0.	0.
SCARLETTE SLOAN- BREMERT BOARD DIRECTOR	1.00	X						0.	0.	0.
JOHN STANLEY, MD- BREMER BOARD DIRECTOR	1.00	X						0.	0.	0.
ODETTE VACHON- BREMERTON BOARD DIRECTOR	1.00	X						0.	0.	0.
ROB FORBES- BREMERTON BOARD DIRECTOR	1.00	X						0.	0.	0.
KEN HILLS- BREMERTON BOARD DIRECTOR	1.00	X						0.	0.	0.
CLARKE WHITNEY- BREMERTO BOARD DIRECTOR	1.00	X						0.	0.	0.
CHARLES VANHORNE, COL, U CHAIRMAN OF THE BOARD	15.00	X		X				0.	0.	0.
LEWIS SUMMERVILLE, SGTMAJ BOARD TREASURER	3.00	X		X				0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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

(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			
AMANDA CROMPTON- CAMP LE BOARD SECRETARY	20.00	X		X				0.	0.	0.
DON PERRY- CAMP LEJEUNE BOARD DIRECTOR	3.00	X						0.	0.	0.
JOE HARRINGTON- CAMP LEJ BOARD DIRECTOR	6.00	X						0.	0.	0.
KEVIN ISAKSON, CMSGT, USA BOARD DIRECTOR	3.00	X						0.	0.	0.
TED MCCLEAN- CAMP LEJEUN BOARD DIRECTOR	15.00	X						0.	0.	0.
JOE HOULE, SGMJ, USMC, (RET BOARD DIRECTOR	10.00	X						0.	0.	0.
JOSE PADIA, 1SGT, USMC, (RE BOARD DIRECTOR	3.00	X						0.	0.	0.
GENIEVE SALSIBURY- EL PA CHAIRMAN OF THE BOARD	3.00	X		X				0.	0.	0.
SARAH POTTER- EL PASO VICE CHAIRMAN OF THE BOA	3.00	X		X				0.	0.	0.
JUDY RICH- EL PASO BOARD TREASURER	3.00	X		X				0.	0.	0.
NANCY MADISON- EL PASO BOARD SECRETARY	3.00	X		X				0.	0.	0.
JOHN POTTER - EL PASO BOARD DIRECTOR	3.00	X						0.	0.	0.
STEPHEN D. MILBURN- FAYE BOARD PRESIDENT	5.00	X		X				0.	0.	0.
JOSEPHINE MILLER- FAYETT BOARD TREASURER	10.00	X		X				0.	0.	0.
ANNMARIE ADAMS- FAYETTEV BOARD MEMBER	5.00	X						0.	0.	0.
BARBARA BENTLEY- FAYETTE BOARD MEMBER	2.00	X						0.	0.	0.
JACK COX- FAYETTEVILLE BOARD MEMBER	5.00	X						0.	0.	0.
DALE GODWIN- FAYETTEVILL BOARD MEMBER	3.00	X						0.	0.	0.
CRIS NUNEZ- FAYETTEVILLE BOARD MEMBER	2.00	X						0.	0.	0.
TONY FARMER- FAYETTEVILL BOARD MEMBER	5.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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

(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			
MARK WILDERMAN- FAYETTEV BOARD MEMBER	2.00	X						0.	0.	0.
LIZ SCRUGGS- FAYETTEVILL BOARD MEMBER	5.00	X						0.	0.	0.
KELLY DOUGLAS- FAYETTEVI BOARD MEMBER	5.00	X						0.	0.	0.
DR LANA BASTIN- FORT CAM CHAIRMAN OF THE BOARD	2.00	X		X				0.	0.	0.
COLLEEN OCHS- FORT CAMPB BOARD TREASURER	2.00	X		X				0.	0.	0.
KAREN GRIMSLEY- FORT CAM BOARD SECRETARY	2.00	X		X				0.	0.	0.
BRANDT LYON- FORT CAMPBE BOARD DIRECTOR	2.00	X						0.	0.	0.
SYLVIA PHIPPS- FORT CAMP BOARD DIRECTOR	2.00	X						0.	0.	0.
SANDRA COOPER- FORT CAMP BOARD DIRECTOR	2.00	X						0.	0.	0.
RACHEL SANCHEZ- FORT CAM BOARD DIRECTOR	2.00	X						0.	0.	0.
MARC BARKER- FORT CAMPBE BOARD DIRECTOR	2.00	X						0.	0.	0.
ROYCE STEVENS- FORT CAMP BOARD DIRECTOR	2.00	X						0.	0.	0.
LINDA GIFFORD- FT LEONAR BOARD CHAIR	3.00	X		X				0.	0.	0.
LINDA DOWELL- FT LEONARD BOARD VICE CHAIR	3.00	X		X				0.	0.	0.
NICOLE PALMER- FT LEONAR BOARD SECRETARY	3.00	X		X				0.	0.	0.
CONNIE ELLZEY- FT LEONAR BOARD TREASURER	3.00	X		X				0.	0.	0.
LINDALL MOSTAJO- FT LEON BOARD DIRECTOR	2.00	X						0.	0.	0.
MICHAEL BRAME- FT LEONAR BOARD DIRECTOR	2.00	X						0.	0.	0.
SCOTT JOHN- FT LEONARD W BOARD DIRECTOR	2.00	X						0.	0.	0.
AMANDA LARSEN- FT LEONAR BOARD DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**
▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009

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

(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			
STEVE LYNCH- FT LEONARD BOARD DIRECTOR	1.00	X						0.	0.	0.
VANEDRA SMITH- FT LEONAR BOARD DIRECTOR	1.00	X						0.	0.	0.
LINDELL G. RUTHERFORD, U CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
MS. HEATHER TACE- HAMPTO VICE CHAIRMAN OF THE BOA	1.00	X		X				0.	0.	0.
PHILIP GRATHWOL, LTCOL, BOARD TREASURER	3.00	X		X				0.	0.	0.
DOULGAS THIRY- HAMPTON R BOARD SECRETARY	3.00	X		X				0.	0.	0.
THERESA SOSKA- HAMPTON R BOARD MEMBER	1.00	X						0.	0.	0.
JEFFERY GERACI- HAMPTON BOARD MEMBER	1.00	X						0.	0.	0.
MEYERA OBERNDORF- HAMPTO BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT KIRK- HAMPTON ROA BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL GROOTHOUSEN, RAD BOARD MEMBER	1.00	X						0.	0.	0.
DONNA DAMBEKALN- HAMPTON BOARD MEMBER	1.00	X						0.	0.	0.
CAPTAIN KRAIG KENNEDY, CHAIRMAN OF THE BOARD	10.00	X		X				0.	0.	0.
DON ANDERSON- HONOLULU VICE CHAIRMAN OF THE BOA	3.00	X		X				0.	0.	0.
SARAH FARGO- HONOLULU BOARD TREASURER	3.00	X		X				0.	0.	0.
ALICE TUCKER- HONOLULU BOARD SECRETARY	3.00	X						0.	0.	0.
DAVID WALLER- HONOLULU BOARD DIRECTOR	5.00	X						0.	0.	0.
MILDRED COURTNEY- HONOLU BOARD DIRECTOR	3.00	X						0.	0.	0.
SUSAN STALDER - HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
ANDY WALSH- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

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

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
TED WONG- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
SHELLEY NORTH - HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
RHONDA MIXON- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
KARL KIYOKAWA- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
CHUCK COTTON- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
AUGUST YEE- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
SALLY MIST- HONOLULU BOARD DIRECTOR	3.00	X						0.	0.	0.
VIVIEN STACKPOLE- HONOLU BOARD DIRECTOR	3.00	X						0.	0.	0.
HERMINIA BROWN - HONOLUL BOARD DIRECTOR	3.00	X						0.	0.	0.
GARY YOUNG- KILLEEN CHAIRMAN OF THE BOARD	2.00	X		X				0.	0.	0.
DONNA CONNELL- KILLEEN VICE CHAIRMAN OF THE BOA	2.00	X		X				0.	0.	0.
TERRY THOMPSON- KILLEEN BOARD TREASURER	2.00	X		X				0.	0.	0.
JACKELINE FOUNTAIN, CSM(BOARD SECRETARY	2.00	X		X				0.	0.	0.
CINDY DAVIS- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
WILL ADAMS- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
DR. JAMES R. ANDERSON, P BOARD DIRECTOR	2.00	X						0.	0.	0.
CARI STARRITT-BURNETT- K BOARD DIRECTOR	2.00	X						0.	0.	0.
DONALD R. FELT, CSM- KIL BOARD DIRECTOR	2.00	X						0.	0.	0.
DEBRA HULL- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
RICK KEAGLE- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

▶ See the Instructions for Form 990.

Name of the Organization
ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Employer Identification number
91-1883466

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(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			
BILL KOZLIK- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
LARRY LINDER- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
ROMY MORTEL- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
DONALD SCOTT- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
MARTY SMITH- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
PAUL STRINGFELLOW, CFP- BOARD DIRECTOR	2.00	X						0.	0.	0.
BOB SYKES- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
CYD WEST- KILLEEN BOARD DIRECTOR	2.00	X						0.	0.	0.
KIMBERLY THOMAS- LAWTON PRESIDENT, BOARD OF TRUS	3.00	X		X				0.	0.	0.
CSM(R) WILLIE BYRD- LAWT 1ST VICE PRESIDENT	3.00	X		X				0.	0.	0.
COL(R) ROB CLINE- LAWTON 2ND VICE PRESIDENT	3.00	X		X				0.	0.	0.
BILL KING- LAWTON BOARD TREASURER	3.00	X		X				0.	0.	0.
LTC(R) MIKE DOOLEY- LAWT PAST PRESIDENT	3.00	X						0.	0.	0.
ZOE DURANT- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
TOM LINVILLE- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
CSM(R) DENNIS MEYER- LAW BOARD OF TRUSTEES	3.00	X						0.	0.	0.
ANITA LOVE- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
JEFF HENDERSON- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
BURL RAGLAND- LAWTON BOARD DIRECTOR	3.00	X						0.	0.	0.
DENNIS CLIPPINGER- LAWTO BOARD OF TRUSTEES	3.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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

(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			
MARILYN JANOSKO- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
KERI DENNIS- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
GENE LOVE- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
MIKE ANDERSON- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
KELLY RUFFRIDGE- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
JOHN NOEL- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
JIM CUNNINGHAM- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
KIM LODEWICK- LAWTON BOARD OF TRUSTEES	3.00	X						0.	0.	0.
LTC(R) JIM RIKARD- LAWTO BOARD OF TRUSTEES	3.00	X						0.	0.	0.
CHAPLAIN JOHN ALEXANDER- ADVISOR TO THE BOARD	1.00	X						0.	0.	0.
BRENDA SPENCER- LAWTON ADVISOR TO THE BOARD	3.00	X						0.	0.	0.
MR. CHRIS BRAUN- OAK HAR CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
MS. PAMELA PRICE- OAK HA VICE CHAIRMAN OF THE BOA	1.00	X		X				0.	0.	0.
MS. BETTY GLEIN- OAK HAR BOARD TREASURER	1.00	X		X				0.	0.	0.
MS. SANDE MULKEY- OAK HA BOARD SECRETARY	1.00	X		X				0.	0.	0.
MR. DOUG PALKO- OAK HARB BOARD DIRECTOR	1.00	X						0.	0.	0.
MS. BARBARA BENEDICT- OA BOARD DIRECTOR	1.00	X						0.	0.	0.
MR. DAVID BOCKMAN- OAK H BOARD DIRECTOR	1.00	X						0.	0.	0.
MRS. BARBARA BOCKMAN- OA BOARD DIRECTOR	1.00	X						0.	0.	0.
MR. FRANCIS BAGARELLA- O BOARD DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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

(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			
MR. RICK ROSE- OAK HARBO BOARD DIRECTOR	1.00	X						0.	0.	0.
CMDC DARIN HAND- OAK HAR BOARD DIRECTOR	1.00	X						0.	0.	0.
CMDCH TRACYE SHERRILL- O BOARD DIRECTOR	1.00	X						0.	0.	0.
HONORABLE JOHN E. RYAN- CHAIRMAN OF THE BOARD	2.00	X		X				0.	0.	0.
INGO HENTSCHEL- CAMP PEN VICE CHAIRMAN OF THE BOA	2.00	X		X				0.	0.	0.
LONNIE LONG, SGTMAJ, USM BOARD TREASURER	2.00	X		X				0.	0.	0.
LIZ RHEA- CAMP PENDLETON BOARD SECRETARY	2.00	X		X				0.	0.	0.
JAIME FAZICA- CAMP PENDL BOARD PARLIAMENTARIAN	2.00	X						0.	0.	0.
ERIC AGUILERA- CAMP PEND BOARD DIRECTOR	2.00	X						0.	0.	0.
DAWN BAKER- CAMP PENDLET BOARD DIRECTOR	2.00	X						0.	0.	0.
WAYNE BELL, SGTMAJ, USMC BOARD DIRECTOR	2.00	X						0.	0.	0.
STEVE BROWNE- CAMP PENDL BOARD DIRECTOR	2.00	X						0.	0.	0.
RICHARD DINSE, MSGT, USM BOARD DIRECTOR	2.00	X						0.	0.	0.
ROBERT DOWNS, CWO, USMC BOARD DIRECTOR	2.00	X						0.	0.	0.
TODD EMERSON- CAMP PENDL BOARD DIRECTOR	2.00	X						0.	0.	0.
MIKE FLEMING- CAMP PENDL BOARD DIRECTOR	2.00	X						0.	0.	0.
MICHAEL ISSA- CAMP PENDL BOARD DIRECTOR	2.00	X						0.	0.	0.
BEVERLY LEE, COL, USAFR BOARD DIRECTOR	2.00	X						0.	0.	0.
TAMI MARANO- CAMP PENDLE BOARD DIRECTOR	2.00	X						0.	0.	0.
RICHARD MARSHACK- CAMP P BOARD DIRECTOR	2.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
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OMB No. 1545-0047

2009

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Inspection

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ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Employer Identification number
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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAT MILLS- CAMP PENDLETO BOARD DIRECTOR	2.00	X						0.	0.	0.
ED MIXON- CAMP PENDLETON BOARD DIRECTOR	2.00	X						0.	0.	0.
JAVIER NICHOLAS, SGTMAJ, BOARD DIRECTOR	2.00	X						0.	0.	0.
DAVID NYDEGGER- CAMP PEN BOARD DIRECTOR	2.00	X						0.	0.	0.
JOE PAPAY, LTCOL, USMC (BOARD DIRECTOR	2.00	X						0.	0.	0.
HELEN HOLMES PEAK- CAMP BOARD DIRECTOR	2.00	X						0.	0.	0.
JOSE PEREZ- CAMP PENDLET BOARD DIRECTOR	2.00	X						0.	0.	0.
DON ROBBINS, MGYSGT, USM BOARD DIRECTOR	2.00	X						0.	0.	0.
DEBORAH ROMERO- CAMP PEN BOARD DIRECTOR	2.00	X						0.	0.	0.
RALPH SANCHEZ, CMC, USN (BOARD DIRECTOR	2.00	X						0.	0.	0.
DAVID SMITH- CAMP PENDLE BOARD DIRECTOR	2.00	X						0.	0.	0.
GEORGE YOUNG- CAMP PENDL BOARD DIRECTOR	2.00	X						0.	0.	0.
PETER OPSAL- SAN DIEGO CHAIRMAN OF THE BOARD	3.00	X		X				0.	0.	0.
KATHIE ZORTMAN- SAN DIEG 1ST VICE CHAIR	3.00	X		X				0.	0.	0.
DAVID R. GUEBERT, CAPT. 2ND VICE CHAIR	3.00	X		X				0.	0.	0.
BARBARA P. ALLEN- SAN DI BOARD SECRETARY	3.00	X		X				0.	0.	0.
TIMOTHY LAFLEUR, VADM US TREASURER	3.00	X		X				0.	0.	0.
JOHN BAER- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
WILLIAM R. BALL, COL. US BOARD DIRECTOR	3.00	X						0.	0.	0.
ANGELA BASHENOW- SAN DIE BOARD DIRECTOR	3.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
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OMB No. 1545-0047

2009

Open to Public
Inspection

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ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Employer Identification number
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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY J. BEDINGER- SAN D BOARD DIRECTOR	3.00	X					0.	0.	0.	
ELAIN BOLAND- SAN DIEGO BOARD DIRECTOR	3.00	X					0.	0.	0.	
DR. JOHN A. BRUHN, SR.- BOARD DIRECTOR	3.00	X					0.	0.	0.	
JUDGE EARL CANTOS- SAN D BOARD DIRECTOR	3.00	X					0.	0.	0.	
MICHAEL CARUSO, CAPT, US BOARD DIRECTOR	3.00	X					0.	0.	0.	
ANN W. EVANS- SAN DIEGO BOARD DIRECTOR	3.00	X					0.	0.	0.	
RICHARD EVERT, CAPT, USN BOARD DIRECTOR	3.00	X					0.	0.	0.	
DR. NED GARRIGUES- SAN D BOARD DIRECTOR	3.00	X					0.	0.	0.	
JUDGE DAVID GILL- SAN DI BOARD DIRECTOR	3.00	X					0.	0.	0.	
DR. MURRAY GOLDMAN- SAN BOARD DIRECTOR	3.00	X					0.	0.	0.	
BRIAN GRAY- SAN DIEGO BOARD DIRECTOR	3.00	X					0.	0.	0.	
E. MILES HARVEY- SAN DIE BOARD DIRECTOR	3.00	X					0.	0.	0.	
WAYNE HOFFMAN, BG USA (R BOARD DIRECTOR	3.00	X					0.	0.	0.	
BOB HUNTER- SAN DIEGO BOARD DIRECTOR	3.00	X					0.	0.	0.	
DEBRA KILCLINE- SAN DIEG BOARD DIRECTOR	3.00	X					0.	0.	0.	
WILLIAM KOWBA, RADM SC, BOARD DIRECTOR	3.00	X					0.	0.	0.	
BRIAN J. LAWLER- SAN DIE BOARD DIRECTOR	3.00	X					0.	0.	0.	
PAMELA LOCKLEAR- SAN DIE BOARD DIRECTOR	3.00	X					0.	0.	0.	
MIKE MADIGAN- SAN DIEGO BOARD DIRECTOR	3.00	X					0.	0.	0.	
RUSSELL E. MCCREERY, LT, BOARD DIRECTOR	3.00	X					0.	0.	0.	

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Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**
▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer Identification number
91-1883466

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(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			
AYNN MCGUIRE- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
ROGER MCTIGHE- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
SAM MERRICK- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
JULIE MIN- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
DAVID NEER- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
JOHN. W. NYQUIST, USN (R BOARD DIRECTOR	3.00	X						0.	0.	0.
KAREN O'CONNOR- SAN DIEG BOARD DIRECTOR	3.00	X						0.	0.	0.
TIM O'REILLY- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
VICTOR PEREZ- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
DALE PURSEL- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
JOHN G. REBELO, JR.- SAN BOARD DIRECTOR	3.00	X						0.	0.	0.
CATHE ROBLING- SAN DIEGO BOARD DIRECTOR	3.00	X						0.	0.	0.
ROBERT SCHMIDT- SAN DIEG BOARD DIRECTOR	3.00	X						0.	0.	0.
JIM SEARS, RADM, USN (RE BOARD DIRECTOR	3.00	X						0.	0.	0.
GEORGE WAGNER, RADM, USN BOARD DIRECTOR	3.00	X						0.	0.	0.
CARL WEISCOFF, CAPT, USN BOARD DIRECTOR	3.00	X						0.	0.	0.
PATTIE WELBORN- SAN DIEG BOARD DIRECTOR	3.00	X						0.	0.	0.
GUY ZELLER, RADM, USN, (BOARD DIRECTOR	3.00	X						0.	0.	0.
ALAN ZUCKERMAN- SAN DIEG BOARD DIRECTOR	3.00	X						0.	0.	0.
GENIEVE SALSIBURY- 29 PA CHAIRMAN OF THE BOARD	3.00	X		X				0.	0.	0.

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Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization
ARMED SERVICES YMCA OF THE USA
GROUP RETURN

Employer Identification number
91-1883466

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(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			
SARAH POTTER- 29 PALMS VICE CHAIRMAN OF THE BOA	3.00	X		X				0.	0.	0.
JUDY RICH- 29 PALMS BOARD TREASURER	3.00	X		X				0.	0.	0.
NANCY MADISON- 29 PALMS BOARD SECRETARY	3.00	X		X				0.	0.	0.
JOHN POTTER - 29 PALMS BOARD DIRECTOR	3.00	X						0.	0.	0.
JOAN WILCOXEN- ALTUS EXECUTIVE DIRECTOR	38.00			X				30,947.	0.	7,129.
DAVE GOMEZ - ANCHORAGE EXECUTIVE DIRECTOR	40.00			X				80,080.	0.	10,051.
MARI JO IMIG - ANCHORAGE DEPUTY DIRECTOR	40.00			X				53,560.	0.	10,145.
WENDY PRIEST - ANCHORAGE BOOKKEEPER	40.00			X				43,680.	0.	88,047.
ANGELA RODRIGUEZ - CAMP EXECUTIVE DIRECTOR	37.00			X				46,522.	0.	5,582.
JOSE MELENDEZ JR. - EL P EXECUTIVE DIRECTOR	40.00			X				60,000.	0.	0.
GUADALUPE T. SHIELDS - E ACCOUNTING MANAGER	40.00			X				39,520.	0.	4,723.
LYNNE M. GRATES - FAYETT EXECUTIVE DIRECTOR	50.00			X				64,483.	0.	7,737.
MELANIE SPANGLER - FAYET BOOKKEEPER	40.00			X				42,871.	0.	5,145.
SHIRLEY WEST - FT CAMPBE EXECUTIVE DIRECTOR	40.00			X				39,055.	0.	4,686.
LINDA BRIGHT - FT. LEAON SR. PROGRAM DIR.	40.00			X				36,421.	0.	4,370.
ROBERT A. DUETSCH - HAMP EXECUTIVE DIRECTOR	50.00			X				60,535.	0.	7,372.
JOY F. GREGOIRE - HAMPTO BUSINESS MANAGER	45.00			X				26,869.	0.	3,348.
JOHN BATES - HONOLULU EXECUTIVE DIRECTOR	40.00			X				70,000.	0.	7,356.
AMY GOZA - HONOLULU BOOKKEEPER	40.00			X				28,074.	0.	0.
ANTHONY MINO - KILLEEN EXECUTIVE DIRECTOR	40.00			X				88,069.	0.	11,161.

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Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
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OMB No. 1545-0047

2009

Open to Public Inspection

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

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
DENISE CHAMBERS - KILLEE ACCOUNTANT	40.00			X				38,997.	0.	4,773.
LIONEL COLLINS - KILLEEN ASSOCIATE EXECUTIVE DIRE	40.00			X				58,653.	0.	7,132.
BILL VAUGHN - LAWTON EXECUTIVE DIRECTOR	37.00			X				61,562.	0.	7,387.
VIRGINIA HATCHER - LAWTO CENTER DIRECTOR	40.00			X				32,911.	0.	7,938.
KATHERINE SWANSON - LAWT DEVELOPMENT DIRECTOR	40.00			X				22,339.	0.	3,406.
MAJOR W. LAURION - OAK H EXECUTIVE DIRECTOR	55.00			X				46,708.	0.	5,605.
GEORGE BROWN - CAMP PEND EXECUTIVE DIRECTOR	40.00			X				82,600.	0.	10,366.
SAMANTHA HOLT - CAMP PEN FAMILY PROGRAMS DIRECTOR	40.00			X				47,923.	0.	5,945.
SHELA BULARAN - CAMP PEN BUSINESS MANAGER/ HR	40.00			X				40,769.	0.	5,026.
PAUL STEFFENS - SAN DIEG EXECUTIVE DIRECTOR	40.00			X				85,000.	0.	10,558.
LOREE SOWDEN - SAN DIEGO BUSINESS MANAGER	40.00			X				64,246.	0.	10,944.
ANITA NEU-FULTZ - TWENTY EXECUTIVE DIRECTOR	38.00			X				39,736.	0.	8,300.
GAIL THOMPSON - TWENTY N BUSINESS MGR	38.00			X				24,448.	0.	0.
DAWN CLARK - TWENTY NINE BUSINESS MGR	38.00			X				8,626.	0.	0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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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 4A, PROGRAM SERVICE ACCOMPLISHMENTS

MOTHER/DAUGHTER TEA OPERATION KID COMFORT

FEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF

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

DEPLOYED, A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF

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

ENDS MEET. LOCAL PROGRAMS INCLUDE:

SPOUSE SUPPORT AND CRAFT GROUPS

SEPARATE BUT TOGETHER

COUPLES NIGHT

ENLISTED WIVES CLUB

HOLIDAY DINNERS AND DANCES

ACTIVE DUTY PREGNANCY CLASSES

LATE NIGHT RECREATIONAL ACTIVITIES

PARENTING WORKSHOPS

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

TUITION ASSISTANCE

AFTER SCHOOL ENRICHMENT

COMPUTER CLASSES

ABCS AND 123S

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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--	--

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.

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

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

RESIDENCE AND AWARDS

ASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO

JUNIOR-ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES, RANGING FROM

FINANCIAL ASSISTANCE FOR EYEGLASSES TO BABYSITTING SO THAT MOMS AND

DADS CAN ATTEND MEDICAL APPOINTMENTS. ASYMCA EVEN OFFERS NON-MEDICAL

ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING

INFORMATION ABOUT INFANT CHILDCARE. PROGRAMS OFFERED AT LOCAL BRANCHES

INCLUDE:

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

VOLUNTEERS IN PEDIATRICS

INFANT IMMUNIZATION FOLLOW-UP

CHILDREN'S PRE-OPERATING PROGRAM

NEONATAL INTENSIVE CARE REUNION

SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS

HEALING HEARTS

AQUACISE (AQUATICS PROGRAM)

BREAST CANCER AWARENESS GROUP

ACTIVE DUTY PREGNANCY CLASSES

RESPITE CARE

CPR TRAINING/FIRST AID

DISCOUNT VISION SERVICE/FREE EYE EXAMS

ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND

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

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

OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR HOSPITAL PATIENTS TO

ENJOY RECREATION ACTIVITIES SUCH AS TRIPS WITH GREAT SEATS TO PADRE

GAMES, THERAPY DOG VISITATION, AND AQUATICS CLASSES. OUR BRANCH IN

TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE

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

BRANCH PROGRAMS INCLUDE:

DANCE CLASSES

TAE KWON DO

PILATES/YOGA

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Department of the Treasury
Internal Revenue Service

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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. EXEMPLIFY THE ASYMCA MISSION OF

ENRICHING THE QUALITY OF LIFE OF MILITARY PERSONNEL AND THEIR FAMILIES.

AT THIS YEAR'S AWARDS LUNCHEON, SPONSORED BY GENERAL DYNAMICS, THE

ASYMCA ALSO ANNOUNCED THE WINNERS OF ITS ANNUAL ART AND ESSAY CONTESTS

FOR CHILDREN OF MILITARY FAMILIES.

EXPENSES \$ 1214455. INCLUDING GRANTS OF \$ 0. REVENUE \$ 469290.

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

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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
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.

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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 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

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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

FORM 990, PART I, LINE 1
THE MISSION OF THE ARMED SERVICES YMCA OF THE USA ON BEHALF OF THE
NATIONAL COUNCIL OF THE YMCA OF THE USA, IS TO PUT CHRISTIAN PRINCIPLES
INTO PRACTICE THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS
PROGRAMS AND SERVICES FOR MILITARY PERSONNEL, BOTH SINGLE AND MARRIED
AND THEIR FAMILY MEMBERS. THIS MISSION IS CARRIED OUT IN COOPERATION
WITH THE MILITARY.

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 9,385 VOLUNTEERS DONATED 169,803 HOURS OF SERVICE TO THE
ARMED SERVICES YMCA IN 2009.